

FRONT LINES



“We continue to provide the best patient care and overcome the challenges and risks that COVID-19 has created.”

— Respiratory Therapist Kayla Noble

“We’re Feeling it too”

ONA’s health-care professionals discuss the critical role they play during the pandemic and how that work has changed

Members Ramp up Pressure on Bill 124 P. 13

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

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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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ONA MAIL



Brave and Relentless Heroes

I was just reading the report by Mario Possamai regarding the preventable tragedy that occurred in long-term care (LTC).

It made me reflect on your cover story in the spring issue of *Front Lines* ("Holding the Line") and the ONA public awareness campaign, and brings home how important it is to recognize nurses and health-care professionals for our relentless hard work, care and compassion.

This is especially true of the RNs, RPNs, PSWs and other health-care professionals in LTC. As difficult as things are in hospitals, these nurses and health-care professionals are brave and relentless heroes!

LISA WILSON, RRT

Editor's Note: Read the full report, *Fatal Choices: COVID-19, Nursing and the Tragedy of Long-Term Care*, and three other ONA LTC reports at ona.org/commission.



In Spirit

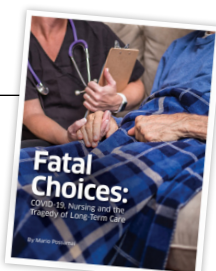
I'm an emergency department (ED) nurse in Winnipeg, Manitoba. I heard how horrible things are in the intensive care unit (and then, one can only assume, the ED as well) at the moment with COVID-19 numbers and presentations.

Having had a terrible fall here with a similar situation, I understand the stress that comes with nursing in this environment.

I wanted to pass on thoughts of encouragement to the nurses in Ontario, especially in the Greater Toronto Area. We are with you in spirit. Stay strong and stay safe, and look after yourselves.

Sincerely,

ERIN KANGAS



Everybody's Hero

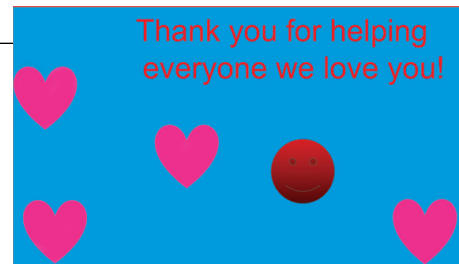
My partner, Bob Schneider and I have been involved in the music business in Canada for many years.

We wrote and recorded a song called, "You're Everybody's Hero," which is a tribute to the doctors, nurses and other front-line workers who have consistently worked on behalf of us all during this long, difficult and dangerous year of crisis. The song is told through the eyes of one of the children of these front-line workers. We had a video produced for the song, which I wanted to share with the members of your organization in appreciation of the work you all do.

Regards,

HALLARY DWORET

Editor's Note: The song, which is sung by Canadian artist Amy Sky, can be viewed youtube.com/watch?v=BUfgmbqTKY0.



Out of the Mouths of Babies

I am a grade 1/2 teacher in Toronto. My students have composed thank you notes to nurses for their incredible efforts on our behalf during these terrible times. Nurses are the unsung heroes.

The messages are simple, but the kids worked so diligently on them for a surprisingly long time given their age and the remote learning aspect of it. I would like to share the link to the cards with your members.

LOU SINCLAIR

Editor's Note: To view, log onto ona.org/nw21 and click on "Messages of thanks..."

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.

- **September 6:** Labour Day
- **October:**
 - Mental Health Awareness Month
 - National Occupational Therapy Month
 - Women's History Month
- **October 1:** National Seniors' Day
- **October 3-9:** Mental Illness Awareness Week
- **October 10:** World Mental Health Day
- **October 24-30:** National Respiratory Therapy Week



Check ona.org for more information



HAVE SOMETHING TO SAY?

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

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



We did Everything We Could – and Then Some

TO SAY THIS HAS BEEN THE SUMMER of our discontent would be a grave understatement.

It started in early June when our win at the Ontario Superior Court over new rules imposed on third-party political advertising by Bill 254 was overturned by the government in a rarely used notwithstanding clause just a few days later (see page 20). Apparently, muzzling his critics in the lead-up to the next provincial election is more important to Premier Ford than our Constitutional rights.

That was closely followed by an overwhelming feeling of uneasiness, waiting for the hospital, nursing home and Victorian Order of Nurses (VON) arbitration decisions – I refuse to call them awards – to come down (at press time, the hospital and VON decisions were pending; read the latest at ona.org/bargaining). Despite our best efforts, we do not expect any more than a one per cent total compensation increase each year of any new contract, thanks to the wage-suppressing Bill 124, one of the most draconian pieces of legislation to be passed by this government (see page 13).

With inflation sitting at 3.4 per cent and projected to increase, a one per cent “raise” is actually a wage cut in real terms and sets pay equity back years, effectively widening the gender wage gap. Then again, this government has proven pay equity isn’t particularly important to them either by appealing another win we received this spring at the Ontario Court of Appeal on pay equity maintenance for women working in participating nursing homes (see page 17). This, despite the countless sacrifices you have made taking care of Ontarians throughout the pandemic.

While these government actions are appalling to say the least, we did everything we could to turn the tide – and then some. Knowing the odds were stacked against them, our central negotiating teams were relentless in their demands that members receive a fair contract that values your work. That means something. The courts sided with our thoughtful arguments on Bill 254, which became Bill 307 after the notwithstanding clause was invoked, and pay equity

maintenance. That means something. We mobilized thousands of members to speak out against Bill 124 and – with just a few hours’ notice – Bill 254. That means something. We are doing good work everywhere and the fact Premier Ford took such drastic measures to silence us is a testament to how powerful and respected our words are. And that means something too.

So, let’s harness that energy and turn our summer of discontent into the fall of fighting back! The Canadian Federation of Nurses Unions is already planning a national day of action on September 22, so check our website and social meeting channels for more information on how you can participate in this event and other actions in the weeks ahead. We can do this!

Sadly, I must conclude my comments on another sombre note. Just as I was preparing this column came news of the discovery of the remains of 215 Indigenous children near the former Kamloops Indian Residential School on the lands of the Tk’emlups te Secwépemc First Nation, closely followed by the deaths of four members of a Muslim family, senselessly murdered because of their faith while walking in London. I am heartbroken and horrified by these tragedies, and my foremost thoughts are with the families and communities of those lost who are suffering unimaginable grief. While these are tremendously dark days for Canada, its history and the systemic racist systems that continue to cause significant harm, I want to reaffirm ONA’s commitment to working with our racialized members on actions that address the deep inequities, oppression and other devastating consequences so many experience. We must do better – and together, we will.

Nous avons fait de notre mieux, même plus

AFFIRMER QUE CET ÉTÉ A ÉTÉ MARQUÉ par notre mécontentement serait un grave euphémisme.

Tout a commencé au début du mois de juin lorsque notre victoire à la Cour supérieure de l’Ontario face aux nouvelles règles imposées à la publicité politique par des tiers à travers le projet de loi 254 a été annulée par le gouvernement qui a eu recours à une disposition de dérogation rarement utilisée quelques jours plus tard (voir page 20). Apparemment, il est plus important pour le premier ministre Ford de museler ses critiques avant les prochaines élections provinciales que de faire valoir nos droits constitutionnels.

Un sentiment de malaise accablant

SUITE À LA PAGE 34



Follow Vicki at twitter.com/vickivickim

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



The Power of My Portfolios

VERY OFTEN, THE TWO SIDES OF MY PORTFOLIO – Local political action and professional issues – collide. And when that happens, the results can be tremendously beneficial to ONA members and those under your care.

Let me give you a recent example. A group of RNs at Guelph General Hospital (GGH) have been speaking out about their employer's decision to merge its special care nursery, which provides highly specialized care to vulnerable infants with increased acuity and complex care needs requiring continuous monitoring, and pediatric unit, which serves a diverse patient population with distinctively different care needs. Each unit requires RNs with appropriate specialty skills, and by being forced to practice a nursing specialty for which they have not been educated or trained to perform, this group knew the merger could result in skill and competency issues leading to potentially negative patient outcomes. Also, some RNs who are specialized in the special care nursery could be assigned to patients who don't require that level of care, making this decision all the more nonsensical.

ONA issued several media releases on behalf of these members, with ONA President Vicki McKenna fielding many interviews. The group delivered a petition signed by more than 100 GGH nurses to CEO Marianne Walker, and attempted to meet with the hospital's board of directors to discuss their deepening concerns, which was appallingly denied. Perhaps the most powerful of all was an emotional letter to the editor by a GGH nurse who retired early due to the stress she felt over the merger, which made it abundantly clear that this plan will only exacerbate the special care nursery staffing shortage the employer said it was meant to address.

The goal of these RNs all along was to raise awareness, and they are doing exactly that, with this story being picked up by dozens of media outlets, and community members supporting their call. And while the merger was proceeding at press time, these members are engaged like never before and harnessing that energy into additional political action work. I couldn't be prouder.

Because members on the special care nursery were diligent in filling out their workload forms – an effective way to

document how inadequate RN staffing levels have impacted their ability to properly and safely care for these fragile newborns – they had another avenue open to them: ONA's unique professional responsibility complaints (PRC) process.

With the assistance of our professional practice specialists and staff, the group recently presented their workload concerns to a panel of three nursing experts, called an Independent Assessment Committee (IAC) – the final step in the PRC process when issues can't be resolved internally. And, I'm thrilled to say, they were heard!

The IAC concurred with us that the current number of RNs assigned over a 24-hour period is not appropriate for fragile babies and forcing staff to cross-train between two units is hugely problematic. The IAC issued 31 recommendations that will significantly improve care on this unit by addressing RN staffing levels; practice standards; nursing leadership and governance; and unit processes, policies and procedures (read them at ona.org/member-services/professional-practice/iac-reports-summaries). ONA will stop at nothing to ensure the employer implements these meaningful recommendations without delay.

Finding your voice politically and filling out your workload forms isn't easy. Addressing wrongs often isn't. But I hope this example proves that by doing so, not only can you improve your own working conditions and protect your practice, but greatly help those under your care, some of whom are the youngest and most vulnerable of all. And that, in itself, makes the effort so worth it.

Le pouvoir de mes portefeuilles

TRÈS SOUVENT, LES DEUX CÔTÉS DE MON PORTEFEUILLE, soit l'action politique locale et les questions professionnelles, entrent en conflit. Lorsque c'est le cas, les résultats peuvent être extrêmement bénéfiques pour les membres de l'Association des infirmières et infirmiers de l'Ontario et ceux dont vous vous occupez.

Permettez-moi de vous donner un exemple récent. Un groupe d'infirmiers et d'infirmières autorisés de l'Hôpital général de Guelph (GGH) a dénoncé la décision de leur employeur de fusionner la pouponnière de soins spéciaux, qui fournit des soins hautement spécialisés à des nourrissons vulnérables ayant une acuité accrue et des besoins en soins complexes qui nécessitent une surveillance continue, et l'unité pédiatrique, qui dessert un nombre de patients diversifiés ayant des besoins en soins distincts. Chaque unité a besoin



Follow Cathryn at twitter.com/cathrynhoy

SUITE À LA PAGE 35





MEMBERS GET LOUD!



**Nursing
Week
2021**

Members Urged to “Find Your Voice” During Nursing Week

For the second year in a row, Nursing Week looked very different.

Not only because in-person events such as painting parties and special luncheons, the norm for the week, couldn't take place due to COVID-19 restrictions, but because we urged our members to get politically active.

“Nursing Week is time for us to acknowledge the sacrifices you have made in keeping Ontarians safe during the past year, along with the critical role you play every day providing high-quality care, and I hope you were able to pause and reflect,” ONA President Vicki McKenna told members in the lead-up to the week. “However, you did so against an extremely challenging backdrop, including a devastating pandemic that has left you exhausted and stressed, and a series of successive blows by the government, such as the regressive Bill 124, which has prevented us from negotiating respectful wage increases. If you do one thing this Nursing Week, I urge you to find your voice and let the government know that what they're doing is unacceptable and you won't take it anymore.”

So under the very appropriate theme of *Still Standing. Still Strong. Still Proud.*, members took up the call and helped us continue to push back throughout the week, including turning their social media backgrounds blue in a show of solidarity and tagging #EndBill124, and sending strongly-worded templated letters to



“Even while delivering COVID-19 immunizations, the public health nurses at the Haldimand-Norfolk Health Unit took a few minutes to celebrate each other and the nursing profession,” said Local 7 Coordinator Melanie Holjak. “Happy Nursing Week!”

the Premier and Minister of Finance. A group of members also launched the Black Ribbon Campaign to demand the bill be repealed. Other anti-Bill 124 tactics took place throughout May (see page 13).

Following the success of last year's initiative, we also asked you on social media to share your realities on the front lines, using the hashtag #StandInMyShoes. This issue of *Front Lines* contains just a sampling of those responses. We will endeavour to publish as many as possible in upcoming issues.

Because ONA emphasized self-care this Nursing Week, Michelle Hillier from Grove provided us with pre-recorded

sessions that focused on personal wellness. View at ona.org/nw21.

“Thank you so much for all that you do; we are truly grateful for the sacrifices you make,” said Canadian actor Emily VanCamp, who plays a nurse practitioner in the television drama, *The Resident*, in a special Nursing Week message recorded just for our members (also available on ona.org/nw21). “We appreciate you. We see you. We love you, especially in the midst of a global pandemic when you are on the front lines, as everyone else is in lockdown, keeping our families and loved ones safe. It doesn't go unnoticed. You are our true superheroes.”



Being a nurse means being exposed to people during a pandemic even though I was pregnant. It means having challenging work where you are stretched

physically, mentally, socially. And sometimes you snap, but your coworkers understand. The bond between coworkers is strong because you go through so much together. I love it. I don't want to do anything else. Nursing has pushed me to think about the big questions in life and grow as a person and spiritually.

Kathryn Van Noy, RN



I work in public health and often get told I have the "easy" nursing job. I wish people would #StandInMyShoes.

We are working seven days a week, long hours, and navigating through a world of changing guidance. We adapt to the changes and implement them quickly. We rarely have evenings with our family, and have been working every weekend for

more than a year. We are at the front lines of the upset callers, school case management, outbreak management, and complex case management. Public health has been doing important work to prevent the spread of COVID-19 and supporting case and contact management. Now we are also undertaking the mass effort of community vaccination clinics.

My job is not "easy" and I am proud of myself and my fellow nurses – in all areas of work – for the dedication, hard work and compassion we have shown and continue to show!

Sabrina Pirmohamed, RN



My Personal Philosophy of Nursing

My mother gave birth to me at Mount Sinai Hospital in Toronto on August 31, 1995. I was born with a lot of what society would call "problems," but I like to think of them as awesome differences. I was born with a cleft palate, pectus carinatum, pectus excavatum, clubbed thumbs,

ear deformities, overlapping toes, and diagnosed with Pierre Robin Syndrome, a condition that gave me a smaller than normal lower jaw and a tongue that would fall back in my throat, making breathing difficult. I remember my mom telling me stories about how I had to be positioned a certain way in my car seat to prevent choking, and on one occasion, I was rushed to hospital because I was turning blue.

Sick Kids Hospital in Toronto became my second home until the age of 18. I had at least 10 surgeries when I was a kid. Plastic surgeons, ears, nose and throat specialists, orthodontics, dentists and speech pathologists were my best friends. The experiences weren't the best, but I made it through.

In elementary school, I was never popular, but I was kind to everyone. Being bullied was inevitable, however, I was always forgiving and caring. I couldn't find it in me to

be mean or show hatred back. During the constant hospital visits, the doctors, nurses and other health-care professionals radiated love and compassion, which I will never forget. They were always by my side, through my times of fear and loneliness. It was their love, support and selflessness that made me want to do the same. I've grown up surrounded by people who love and support me, and make me want to be the best me possible.

I am who I am today because of my past. Everyone needs someone to make them feel like tomorrow isn't just another day; this is why I wanted to become a nurse. It's who I am. The positive impact that the doctors, nurses and surgeons had on me, I want to do for others. I want to show up for people during their tough times and be there for them. I want to be present and listen, to let them know they are not alone.

I decided to be a nurse because I care and put others before myself. It was how I was raised and was practised by the people that surround me. My goal is to make every newborn, child, teenager, adult and elderly person feel loved and supported. I pledge to be the RN who will make someone's day a bit brighter, their smile a bit bigger and their hopes a bit higher.

We don't have to move mountains, simply be more compassionate and kinder to others. We will change the world by being warm, kind-hearted human beings.

Samantha Sinopoli, RN

When ONA member Sarah Kreher was looking for an outlet for her pandemic stress, she quickly unleashed a creative side.



"I'm an RN who has been working in the intensive care unit throughout this pandemic – and that has been an experience," she explained. "I wrote a poem during all of this to try and release some of my disappointment [with the government]. And to hopefully reflect the struggles and frustration of myself and my peers."



*You sang our praises then fastened the knot,
You banged some pots,
Then sent us in with a tissue-paper mask,
"It's safe," you reassured, "wear it twice"
12 hours a day we worked in arm's reach of the
deadly virus.*

*Some slept away from loved ones, some got sick,
some died.*

*Then you capped our pay – Bill 124, just a Bill for
the forgotten*

*You hung up banners and called us superheroes,
You took away our tissue-paper masks,
"They're not effective. One-time use"
– you changed your mind,*

*Then a sliver of hope,
Desperate and scared,
We enrolled,
Inoculated, signed and committed*

*The tissue-paper masks are back.
"Supply issue," you tell us,
Vaccines fall short,
"Supply issue," you tell us,
"Thank you, superheroes, for all that you do"
The women cried, but no one heard.*

Sarah Kreher, RN



A Nurse's Shoes

*It's easy to remember the day the
pandemic was declared,
We looked to our colleagues with
concerned eyes and stared.
As the world was warned about
what to expect,
Nurses remembered their oath to prevent and protect.*



*One by one, the cases came in,
Quickly we responded and assessed their next of kin.
Words of wisdom and comfort poured from each heart,
And those we cared for experienced our fine art.*

*We detected, treated, and contained,
Supported, referred, and sustained.
We checked on those that were feeling alone,
And answered questions when everything in the world seemed
unknown.*

*And just when we thought that we had seen it all,
Along came new guidelines to memorize and recall.
People everywhere grew tired and weary,
Holidays came and it felt odd to be cheery.*

*We held space for the suffering of those who were in its path,
And saw firsthand the destruction and aftermath.
Missed milestones, birthdays, and celebrations,
New babies, graduations, and family vacations.*

*Then we realized, now is our shot,
Let's get everyone vaccinated, it's the best chance we've got,
We prepared for all to roll up a sleeve,
Hope was renewed and helped us believe.*

*We'll never regret staying late to give our best,
To those that have recovered, or now peacefully rest.
"What type of nursing is this?" they asked in unity.
It's the kind of nursing that reaches into the depths of a community.*

*One day we'll look back with stories to tell,
Of people that came together and ended a pandemic as well.
Prevention and detection are the medicines we transfuse,
And that's what you'll see if you step into our shoes.*

Jenna Tregenza, RN

Phone Zap “Effective, Fun,” Local Leaders Say

When it came time to demand isolation pay and paid sick days for nurses and health-care professionals, ONA members quickly answered the call!

During a “phone zap” on April 8, co-hosted by Locals 34 and 75 in Region 4, more than 80 calls and 175 emails were sent to Ontario cabinet ministers in their constituency offices by our members in just 60 minutes. Participants underwent a short training session beforehand and were given the ministers’ contact information and a script to follow by ONA.

“Phone zaps are short phone calls to the ministers to very succinctly make points, and then move on to the next call,” said Local 34 Coordinator Ann Scott. “It’s a lot of people coming together and doing it at the same time to make a big impact, offer support to each other and have fun!”

For Local 75 Coordinator Angela Spiler, this phone zap was nothing new, having participated in two previous ones.

“I decided that after the one on long-term care late last year to continue the phone calls and emails to cabinet ministers on my own because there’s not enough time to do them all during the zap. I covered everybody on the list, and also added other MPPs and (NDP Leader) Andrea Horwath, expanding on the message about isolation pay and paid sick days. Andrea called me back and said she wanted to hear what we were saying, and it was shortly after the NDP really took it on.”

Encouraged by that response and knowing that isolation pay and paid sick days were huge issues for many members in the province – her employer was already paying it – Spiler reached out to ONA about setting up a phone zap specifically on that topic,



ONA Local leaders and members are briefed by ONA staff on Zoom prior to their successful phone zap on isolation pay and paid sick days on April 8.

and was encouraged to sponsor it locally. After she put out a call to other Local Coordinators in her region to co-sponsor it, Scott quickly stepped in, and they both worked with ONA staff to set up the phone zap.

The two urged their members to participate via social media and personal emails – word of mouth also played a big part – with dozens signing on.

“Some of us were successful in getting through to the ministers’ offices, but we were only able to speak to their clerks,” noted Scott. “The instructions were that you asked whomever answered the phone to take detailed notes and ensure the minister received the information. Then you followed up with an email, so they were getting zapped by both. I made a point of saying at the end of every call, ‘there are 68,000 ONA members across the province and we all vote.’”

“When you call, one of the things you are always asked is if you’re a constituent because they don’t seem to want to hear from you if you aren’t,” added Spiler. “And I would say, ‘I’m a citizen of Ontario and I’m speaking to you as a cabinet minister.’”

While the government implemented three paid sick days soon after the phone zap, Scott called it “a step in the right direction, but not enough. If a nurse is having to self-isolate or is sick with COVID-19 acquired in the community, she’s out of luck. And our sick time plan does not cover isolation pay because you’re asymptomatic.”

But what was an overwhelming success to both Spiler and Scott, who hope to continue with phone zaps in the future? The engagement of their members, many of whom were initially very anxious.

“They felt very empowered,” said Spiler. “They enjoyed the phone zap and gave really good feedback on it. Because it’s by phone and email, it’s a good way to start getting involved, to get our key messages out.”

Scott couldn’t agree more, noting, “members wanted to physically do something, but they can’t protest at Queen’s Park or go to ministers’ offices right now. This event gave them the sense that they are doing something. I wanted them to realize what an opportunity this was and how we could band together and do this collectively, but I also wanted to boost their morale and show that ONA is here supporting them and we can get through this together. It was positive, it was constructive. We started off with just a few members at first, but they’ll talk to their colleagues and next time, we’ll have a few more. That’s how it starts.”

“Don’t Move My Mom,” Member’s Young Son Begs Premier

The thing about kids is that they tell it like it is.

Take the son of a hospital operating room nurse, for example (who asked to remain anonymous to protect the identify of her child). When the young boy heard rumblings that his mom could be deployed to another hospital due to the government’s latest emergency orders, he did something far beyond his years. He wrote to the Premier.

“I recently moved jobs and now have no seniority as with my previous hospital position,” the member said. “They have been preparing us to move to the floor or a step down unit with 12-hour shifts. That same week, I listened to the ONA townhall on the emergency orders. My son has been overhearing our conversations and he wrote this note to Premier Doug Ford.”

In the hand-written, deeply heartfelt letter, displayed here, the boy begs the Premier not to move “nurses like my mom to different hospitals in Ontario” because “I need [her] to help me with worries or homework.”

As of press time, there was no response from the Premier.

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REGISTERED NURSE?**

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Empower yourself by
empowering others.

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Association’s growing team!

ona.org/careers
recruitment@ona.org

04/17/21
Dear, Doug Ford

I just recently heard that you and the Ontario Government are moving nurses like my mom to different hospitals in Ontario. I am really scared of this happening because I need my mom to help me with worries or homework from school. If she ever goes anywhere else far from here, then I will miss her. I also would like to be able to spend time together. This is why my mom should stay where she is.

I am scared of this happening because I need help with worries or homework because I can't just talk to my dad all the time. I want my mom to help with homework because she teaches me ways to stay organized, do what is expected of me. I don't want her going anywhere else.

If she ever goes anywhere else far from here such as Toronto or Ottawa or Owen Sound, then I will miss her very much. I will miss all the good times we had together such as taking our dog on walks, going places together, playing games together a few. I like it when we have fun together.

more at back →

I would also like to spend more time together because I enjoy doing that. Some examples are watching cooking shows together or swimming in our pool during summertime. If she stays, then me and mom can do all that.

Letter continued

This is why I want my mom to stay where she is. I want her to stay because then she wouldn't have to face heavy traffic and her drive being longer. I would much prefer having my mom on shorter drives, and staying at her current hospital.

Sincerely,

P.S. I hope this makes sense to you.



Beyond the Bedside

Time and time again, ONA members prove their care goes far beyond the bedside. Take Locals 12 and 124, for example. "Local 12 recognizes the challenges our communities have faced during the COVID-19 pandemic. Our members felt it was especially important to support them during the past holiday season and donated \$1,000 to the Sault Ste. Marie Christmas Cheer Fund," which provides holiday food baskets to those in need, said Local 12 Coordinator Lisa Dallaire, seen here with a representative from that charity (left photo). We wanted all families and individuals in Algoma to have a safe, happy and healthy holiday season." Members of Local 124 were equally generous, donating \$1,000 to both the Newmarket Food Pantry and the Orangeville Food Bank. "COVID-19 restrictions affected them terribly and they had to change their whole process of delivering food," said Local 124 Secretary Donna Oliver, seen here presenting a cheque to Newmarket Food Pantry Executive Director Adrian Bain (right



photo). "People could no longer come into the building, so they had to do drop offs in the community. That took volunteers and money. With the loss of jobs in our community, the need to donate to the food bank was more important than ever, and we were happy to be part of that."

Join the ONA Members-only Facebook Group!

ONA's members-only Facebook group is growing, and we encourage you join!

The page (ONA Members), administered and moderated by ONA, is a convenient and private space for members only to share ideas and engage with one another on health care and labour relations issues, and view important information from ONA.

To join, visit facebook.com/groups/onamembers, complete two mandatory questions and agree to the group rules.



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.

Nurse, Patient, Advocate: Shannon Adams

In late 2020, ONA member Shannon Adams wasn't feeling well. The devoted nurse, who does birth to palliative care at Norfolk General Hospital in Simcoe, never misses a day of work. So, when she missed work because of how ill she felt, she knew something was seriously wrong.

Her husband, Brad convinced her to go to the hospital and that is when they received devastating news. On December 22, Adams was diagnosed with plasma cell leukemia multiple myeloma. This is a rare, aggressive and often deadly cancer.

For those diagnosed with this form of cancer, a stem cell transplant can be an option. So, Adams and her husband created a Facebook group, *Shannon's Plasma Cell Mates*, to try and find a match for the transplant and raise awareness about stem cell transplants. The group quickly grew in numbers and currently has more than 4,000 members.

In April of this year, Adams and her family received more devastating news. Her doctor informed her that they were not proceeding with a donor stem cell transplant because her cancer is such an aggressive form, and they were certain it wouldn't work. Adams said she felt like she let everyone down.

"So many people were so hopeful that they were going to help me," she said. "We didn't want to lose momentum."

To keep the momentum going, her husband decided to ride his horse across two counties, Haldimand and Norfolk, to continue to raise awareness and keep the spirits of the group high. The 10-day ride started on May 5 and Adams said the response they received was incredible.

"It was never supposed to be about money, we only wanted to raise awareness and get people to register," she explained.



Shannon Adams' husband, Brad, and eldest daughter, Abby.

"But people were constantly wanting to give, so we set up a website for donations to stem cell research at the Juravinski Hospital in Hamilton."

So far, nearly \$30,000 dollars has been raised. The funds will support the Stem Cell Unit Program, which will assist with the financing of research, education and equipment purchases, as well as facilities and infrastructure needs of the unit.

"Although a transplant was not in the cards for Adams, the fact that she remains determined to raise awareness for others exemplifies how selfless, kind and resilient she is – all qualities that make a great nurse," said ONA President Vicki McKenna. "We wish her all the best."



If you're interested in donating or following Adams' journey, check out Shannon's Plasma Cell Mates on Facebook.



Current and retired ONA members, along with a nursing student and staff RPN, get ready to deliver the COVID-19 shot at St. Francis Memorial Hospital's staff and community services vaccine clinic on March 3 in Barry's Bay. "They're doing their part very efficiently and effectively," said Region 2 Vice-President Bernadette Robinson. "I am proud to call them my colleagues."



KNOW YOUR RIGHTS

Members Ramp up Pressure on Bill 124

The movement to repeal wage-suppressing Bill 124 is growing!

As this regressive and discriminatory bill limits total compensation increases to one per cent per year for some, but not all, public sector workers, greatly impacting bargaining for our central negotiating teams (see pages 4 and 15), ONA and our members continued to escalate actions.

On May 18, ONA President Vicki McKenna co-hosted a virtual media conference alongside Ontario Council of Hospital Unions-CUPE President Michael Hurley, SEIU Healthcare President Sharleen Stewart and Unifor Assistant to the National President Katha Fortier, noting that Bill 124, introduced by the government in November 2019, profoundly devalues the contributions front-line health-care staff have made battling COVID-19 for the past 16 months.

“As nurses and health-care professionals, you are passionate about what you do,” McKenna said. “However, after more than a decade of contracts that do not reflect your highly-specialized work or value to the health-care system, especially as you continue to put yourselves and your families at risk working short-staffed and inadequately protected from airborne and asymptomatic transmission, we are saying enough is enough. The sad reality is that since 2010, real wages for RNs and health-care professionals have been cut by five per cent. That is unacceptable.”

The legislation, which ONA is challenging in the courts on the basis that it infringes on our ability to freely collective bargain, is also discriminatory in nature as it does not apply to male-dominated essential services, such as police and firefighters, and some pockets of the health sector, including for-profit and municipal long-term care homes. Because it puts a cap on overall compensation, it also prevents health-care workers from bargaining mental health supports or sick leave for part-time employees who contract COVID-19 at work.

During our subsequent phone and email zap, ONA members flooded the offices of Ontario cabinet ministers



Member Myla Santos, RN, takes up the call – literally – to voice her concerns with wage-suppressing Bill 124 during an ONA virtual rally on May 29.

with 232 calls and 442 emails in just one hour to voice our extreme displeasure with Bill 124 (see page 9 for more information on how a phone/email zap works).

But the highlight for many was our virtual rally, held over the lunch hour on May 29, which attracted hundreds of outraged ONA members. Throughout the event, speakers, including McKenna, First Vice-President Cathryn Hoy, ONA Local leaders Erin Ariss, Sandra Campbell, Michelle Beaudry, Rachel Muir and Alan Warrington, Canadian Federation of Nurses Unions President Linda Silas, NDP Leader Andrea Howarth, Liberal Party Leader Steven Del Duca, Green Party Leader Mike Schreiner, and the three union leaders from the joint media conference showcased the need for strong solidarity in our push back.

“While we await the arbitration decisions for our hospital, nursing homes and Victorian Order of Nurses bargaining teams, this fight is far from over,” stated McKenna. “We will continue to use every avenue available to let Premier Ford know he must repeal Bill 124 now! We will remind him there is a provincial election on the horizon, and 68,000 nurses and health-care professionals vote. There is strength in numbers, and I truly believe that collectively we have the power to get this done!”



Learn more at ona.org/bill124

ONA Board Elections Coming this Fall

This fall, all members with entitlements will be able to have a say on who forms the next ONA Board of Directors.

The election is for all positions on the Board: ONA President, First Vice-President and the five Regional Vice-Presidents. A call for nominations will be sent out in July, with interested candidates having until September 2 to submit their names.

You will receive a ticket of nominations letter in the mail in late September with details on where to access resumes of the candidates and information on how to vote. You can vote at any time online or via telephone after receiving that letter up until the vote closes at 4 p.m. on November 1. It will take just a few short minutes.



The ONA Board of Directors makes important decisions that affect your union and working lives. We strongly encourage you to have a say on its formation.



For more information, see ona.org/board21

Human Rights and Equity Book Club a Best-Seller!

Much like the books they read, ONA's new Human Rights and Equity (HRE) Book Club has turned out to be an initiative our members can't put down!

The book club, launched in February with Esi Edugyan's powerful novel, *Washington Black*, was the brainchild of Region 1 Vice-President Dawn Armstrong, who holds the HRE portfolio.

"I honestly don't even know where it came from," she said. "I love to read. I've been educating myself so I can be a strong enough leader and advocate to ensure this portfolio is done well. And the idea to have a book club with a human rights and equity lens just popped into my head. But (ONA Labour Relations Officer) Kieran Maxwell has taken it to the next level."

"We were really thinking beyond just the annual HRE Caucus and one or two events for the year, recognizing that human rights and equity is a daily experience," explained Maxwell. "We thought of the book club as an avenue for all ONA members to become engaged with the union in a meaningful way to them."

Online Platform

And it has done just that, with dozens of members and staff signing up through ONA's online platform. Once there, they can view a list of potential books that coincide with our five equity groups (Disabilities, Francophone, Indigenous, LGBTQI2S and Racialized) and major commemorative dates throughout the year, such as Black History Month,

Pride, International Day of the World's Indigenous Peoples and World Mental Health Day, which Maxwell has populated well into next year. Members have the opportunity to vote for the book of their choice for the next reading – *We've Always Been Here* by Samra Habib was chosen for Pride – and can also make their own suggestions, which Maxwell "will slot in somewhere in hopes that other people vote for it as well."

"I have chosen all the books with the premise that they are by Canadian authors – and about 95 per cent are – and that the theme hits some of the marks in terms of what we are looking at as the HRE Committee," she said.

Once a book is chosen, book club members have about eight weeks to read it. They are encouraged to find the book at a local or online bookstore or their public library (some prefer the audio version). Maxwell also holds random draws whereby about 20 per cent of members who voted for a book will win the next one.

Virtual Meetings

On our platform, book club members can also sign up and RSVP to a virtual gathering where the book will be discussed – set for up to two hours, but guided by the conversation itself – which generally occurs around these commemorative dates.

"For our last book, Kieran put a reading guide with some thoughtful questions on the platform for members to read after the book, which was very helpful," said Armstrong. "But the meetings are fluid and organic, and we let our members talk about the book themselves within their own comfort levels. There are no scripted



HRE Book Club member Angel Paniagua Perez.

Arbitration Decisions for Central Bargaining Teams Expected at Any Time

It's been a challenging year of central bargaining for our members in the hospital, nursing home and Victorian Order of Nurses (VON) sectors, with all three proceeding to arbitration.

Arbitration between the Hospital Central Negotiating Team and the Ontario Hospital Association concluded on April 21, and as *Front Lines* headed to print, Arbitrator Eli Gedalof was expected to release a decision at any time.

After a week of talks with the employer group at the end of April followed by mediation on May 17-18, ONA's Nursing Homes Central Negotiating Team also proceeded to arbitration with Arbitrator John Stout (June 1-2 for participating for-profit nursing homes and July 5 for participating not-for-profit nursing homes).

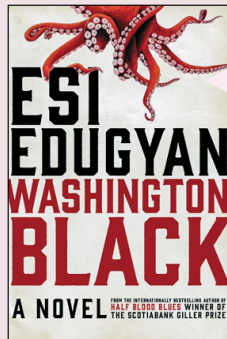
We were expecting a decision for our VON Central Negotiating Team at the end of June after two days of

bargaining in early March, followed by mediation on May 5-7, and arbitration with Arbitrator Matt Wilson.

"We are very disappointed not to reach settlements at the bargaining table, despite herculean efforts from our central teams," said ONA President Vicki McKenna. "Your priorities remained at the forefront of the issues that went to arbitration, where we presented a strong case against Bill 124, which limits total compensation increases to one per cent per year. We argued that because ONA filed a Charter Challenge and requested government exemption from the bill, and given that Premier Ford continues to hail nurses as heroes, our members should have a proper general wage increase. After everything you have done and continue to do, you more than deserve it."



Read the latest at bargaining.org



ONA Communications Officer Katherine Russo purchased her stunning rug after seeing the cover of the book club's first offering, *Washington Black*.

questions. And they are very engaged. Kieran also has recipes on the platform and a spot for members to share their own. If they're coming to a meeting, is there something they like to snack on? You think about book clubs as a social get-together, but I had no idea the amazing virtual platforms that allow you to interact in this kind of environment."

"This is a safe place where members are free to ask questions and where those questions are answered respectfully, with the understanding that we're all coming with our own experiences and understandings and looking for opportunities to grow and learn," added Maxwell. "We've had some really great discussions."

Just the Beginning

And they are both quick to point out this is just the beginning.

"We're just getting our feet wet and while we do have this great framework, we are always open to ideas," said Armstrong, adding they hope a book club meeting can one day be held in person, possibly around a provincial meeting such as the HRE Caucus. "Not everyone checks our website, follows social media or reads *Front Lines*, so the fact we had that many people sign up right from the

start, at a time when our members are maxed and stressed with the pandemic, is impressive. We're hoping that as the book club gets going, more people will realize how fun and educational it is and will promote it among themselves. It's already far exceeded my expectations."

The same can be said for ONA members and staff who have joined.

"I love the book club," said hospital RN Angel Paniagua Perez. "It's an escape from what is happening right now. I can concentrate on something else besides the pandemic. I can snuggle in bed with the book or put on my headphones. I am carried away from reality to the author's world and I relive their struggle. This gives me focus for at least 30 minutes to one hour and a well-needed rest from the world."

Added ONA Communications Officer Katherine Russo, who was so inspired by the cover of *Washington Black* that she bought a similarly designed area rug, "I'm a reader at heart and the first session of the HRE Book Club was engaging and fun. Given the lockdowns, seeing and chatting with members and staff on Zoom about this amazing book boosted my spirits. The discussion was light-hearted and completely enjoyable. Looking forward to the next session!"



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

ONA Countering Pandemic-Related Arbitration Delays

Like so many things, the grievance arbitration process has been greatly impacted by the COVID-19 pandemic, with some members experiencing hearing delays. But ONA's Litigation Team is putting new processes in place to help move them as quickly as possible.

While settling a member's grievance at arbitration, the final step in an adjudicative process to address disputes arising out of the application and operation of a collective agreement, can be lengthy at the best of times (terminations and accommodation grievances are generally expedited), several additional factors have come into play with the onset of the pandemic.

The Causes

"Part of the issue, especially in the beginning of COVID-19, was that more than half, if not three-quarters, of all arbitration hearings were being adjourned, initially because employers were dealing with the virus and weren't available or employers and/or arbitrators hadn't heard of Zoom or didn't know how to hold Zoom meetings," explained ONA Litigation Team Manager Nicole Butt. "Also, part of that was just practicality, as we didn't know if, in cases where credibility was at issue, we could effectively do a cross-examination of someone on Zoom. And you absolutely can. We've adapted. But we were adjourning a lot of those. Once it became obvious that COVID-19 would be here for a long time and we started using Zoom more and more, we rescheduled those hearings, but it did create a backlog."

Also, because arbitrators only have so many dates available for hearings and "all unions had adjourned and were trying to rebook with them at the same time, it took a while," she added.

More Cases, Fewer Settlements

The total number of arbitration cases over the past two years shows just how much this work has increased since the pandemic hit:

- ▶ **2019:** 2,534 cases
- ▶ **2020:** 2,939 cases
- ▶ **2021:** 1,876 cases by the end of May

Compounding this increase is that fewer cases have been settled:

- ▶ **2019:** 1,525 settlements
- ▶ **2020:** 1,237 settlements
- ▶ **2021:** 432 settlements by the end of May

While requests for adjournment eased after the first few months of the pandemic, there has been an uptick since the third wave hit in early 2021 and the situation became dire in hospitals. However, Butt noted those requests have been minimal.

Compounding the backlog of cases is that COVID-19 itself has created additional grievances in areas such as personal protective equipment on top of the typical ones we handle.

The Solutions

Despite these challenges, the Litigation Team has been coming up with practical solutions to help move ONA members' grievances to arbitration, where needed, including:

- ▶ **Using a broader range of arbitrators:** "We have arbitrators that we really like, but they get very busy and so we are trying to broaden who we use," noted Butt. "And as new arbitrators come on, we are using them more."
 - ▶ **Finding ways to redistribute cases:** If, for example, an ONA litigator who would normally handle a particular case isn't available, the team is assigning a different litigator to that file. "Another position has also recently been added to our Litigation Team to address the backlog," she said. "It should help."
 - ▶ **Dealing with multiple cases on the same day:** The team has set up a small group to come up with expedited processes to hear grievances. "Right now, every grievance is treated with equal importance and they all get one hearing date, but some grievances can be argued in three hours," noted Butt. "Some unions will book one day to argue two or three hearings, so we're looking to see whether there's a way we can use the time more efficiently."
 - ▶ **Expanding mediation days:** While mediation days aren't new – some hospitals have always held them – the small group is also looking at expanding that practice. That means before a case goes to arbitration, there would be a day where several files could be mediated. "We will try to get them all done and the ones that aren't, we can schedule for hearing," she added. "What often happens is that we spend the first day of arbitration mediating. If we can move that process up, we can save the days for arbitration."
- "We understand how frustrating it can be when you are dealing with a violation of your collective agreement rights in the first place and then have to wait for a hearing date should your case proceed to arbitration," said ONA President Vicki McKenna. "And while much of that is out of our control due to the pandemic, I'm confident the strategies our Litigation Team is coming up with will result in much more timely resolutions. We have heard your concerns and we are acting on them."

Pay Equity Decision Significant Win for ONA Members

After years of battling this issue in the courts, ONA is delighted the Ontario Court of Appeal has ruled that a 2016 Pay Equity Hearings Tribunal decision regarding pay equity maintenance for women working in participating nursing homes is unreasonable.

The Court held that the fundamental purpose of the *Pay Equity Act* is to redress systemic discrimination in compensation, and to do so, there must be an ongoing comparison between male and female job classes.

The long legal challenge pitted ONA and the Service Employees International Union (SEIU) Healthcare against the participating nursing homes and government. At issue was how, under the *Act*, a female-dominated workforce should determine their pay is equitable with men when they have few male coworkers. In such situations, the *Act* provides a proxy method, allowing a female-dominated workplace to be compared with a female job class from a similar workplace that has already been compared with a male job class and achieved pay equity. ONA and SEIU argued the proxy method must be continually repeated to maintain pay



equity, while the participating nursing homes and government believed it should only be used to establish it.

In 2016, we brought the matter before the Pay Equity Hearings Tribunal, which rejected our stance, instead providing a formula for pay equity maintenance that did not include the proxy method. However, the Divisional Court ruled that decision unreasonable, finding the *Act* required an ongoing comparison with male workers, and sending the case back to the Tribunal to determine how that could be achieved. The participating nursing homes and government appealed.


This past March, the Court of Appeal ruled the Tribunal's decision unreasonable and that the *Act* made it clear "ongoing access to male comparators through the proxy method is required to maintain pay equity."

"This is a significant win, not only for our members at these for-profit nursing homes, but for all working women in Ontario," said ONA President Vicki McKenna. "The sad reality is that the COVID-19 pandemic has disproportionately impacted the dedicated nurses and health-care workers in these homes, the majority of whom are female. The government hails these women as heroes publicly, but hasn't backed up that praise with the respect that equal pay – a fundamental human right protected by the *Act*, as well as numerous international human rights laws that Canada has ratified – would provide. Instead, they and the homes filed an appeal with the Supreme Court during Nursing Week! It's about time they ended this unnecessary and discriminatory 15-year battle to prevent the gender gap from widening. This fight is not over!"

ONA celebrates


International Women's Day

March 8



"Until all of us have made it, none of us have made it."

—Rosemary Brown
Canadian, politician, feminist,
writer, educator, lecturer
and mother



Choose to Challenge
www.ona.org

Gender Equity Top Issue on International Women's Day

Under the theme *Choose to Challenge*, ONA was proud to recognize the achievements and honour the struggles of all women on International Women's Day (IWD) this past March 8. "As nurses and health-care professionals, we are leading the way and tackling women's issues head on, whether fighting for gender equality in wages, which you will certainly read about in this issue of *Front Lines*, or trying to end violence and harassment in the workplace," said ONA President Vicki McKenna. "Gender parity should be at the top of everyone's mind, and not just in terms of compensation, but also leadership roles, advancement opportunities and respect. As the IWD's website states, 'a challenged world is an alert world and from challenge comes change.' And we should all challenge ourselves to make that change, big or small." ONA's website included a comprehensive overview of IWD, including online events, and our downloadable bilingual poster and shareables, pictured here, containing a quote from Canadian writer/educator Rosemary Brown, which speaks to the need to come together in the spirit of moving the women's movement forward.

Members Spell Out Demands on Equal Pay Day

ONA members have been prominently featured in this year's virtual acknowledgement of Equal Pay Day.

Equal Pay Day was held on April 7 to symbolize how long a woman has to work into the year to earn the same salary as a man would in the previous year. In 2021, women still continue to earn, on average, about 30 per cent less than men. That gap increases if women are disabled, racialized, Indigenous or immigrants.

The Equal Pay Coalition, of which ONA is a member, recognized this solemn day by releasing more than 20 short videos from several unions and associations on social media. ONA members from three different sectors used the platform to explain what they are demanding from the government this Equal Pay Day.

"My demand is that all nurses and health-care professionals, no matter where they care for patients, have their work respected and are provided with pay equity," said Trudy Ungar-Mara, a Local Health Integration Network intake care coordinator. "Our government must properly value and compensate the work nurses are doing in the community."

"I want to see increased staffing immediately in long-term care, as ONA has advocated for years, as well as mandatory isolation and sick pay," said long-term care nurse Monica (last name withheld), a demand echoed by Dia Fox, a public health nurse.

"Premier Ford, you promised to listen to nurses and health-care professionals when you ran for office, and we, the women on the front lines of health care, ask you to stop making the vulnerable more vulnerable. You can do the right thing and get Conservative MPPs to vote for paid sick days for all and isolation pay now."

On this
**NATIONAL
DAY OF
MOURNING**

APRIL 28

more than ever, we
remember those lost,
honour the living, and
fight to protect us all.



Support our nurses and health-care professionals at: ona.org/ppe

Day of Mourning More Meaningful than Ever

ONA paused to remember those who have died, been injured or made ill on the job during a sombre National Day of Mourning, made all the more meaningful due to the ongoing pandemic.

Day of Mourning, acknowledged on April 28, arrived deep into the third wave of COVID-19, as members continued to be stretched thin, facing many health and safety issues, including lack of and blocked access to personal protective equipment, unsafe workloads and workplace violence.

"Thousands of our dedicated members and others in the health-care sector have been needlessly infected with COVID-19, and ONA member Brian Beattie tragically lost his life," said ONA President Vicki McKenna. "We honour you all. On this Day of Mourning, we also remembered members Nelia Laroza and Tecla Lin, who died of SARS while caring for their patients, and Lori Dupont, who was murdered by a colleague in her hospital. The list of members who have passed away, been injured or made ill due to work-related issues sadly continues to grow. These are preventable, and ONA will stop at nothing to ensure your health and safety is the top concern of the government and your employers. Mourning alone is not enough."

While ONA leaders and members normally attend in-person Day of Mourning ceremonies throughout the province, this year we reflected individually, virtually (see side story on the next page) and via social media.

“Almost Every Day in the Past Year has Been a Day of Mourning”

Because Local 8 members were unable to acknowledge Day of Mourning the way they have in the past, they found another effective way. Putting pen to paper, Hotel Dieu Bargaining Unit President Jo-Dee Brown wrote a deeply moving piece, segments of which we are printing below, which was published on the Windsor and District Labour Council’s website, along with several photos of Local 8 members, including the one shown below.

As we gather virtually for the second year in a row to recognize Day of Mourning, ONA members from Local 8 reflect on how COVID-19 has turned the health-care sector upside down.

In reality, almost every day in the past year has been a day of mourning. Rarely a day goes by that a nurse somewhere isn’t holding the hand of a patient and an iPad at the bedside, providing comfort to their family and friends as they draw their last breaths. The emotional toll on nurses who experience this type of trauma will long outlive the pandemic.

Not only do we grieve the deaths of our patients in a magnitude never before witnessed, we, like so many others, have also suffered the loss of family, friends and coworkers. Health-care workers didn’t sign up to die on the job, especially when many of us had experienced the SARS outbreak and felt comfort in the SARS Commission, headed by Justice Archie Campbell. He made recommendations that should have assured this would never happen to us again.

We have been failed. Failed by the federal and provincial governments and Chief Medical Officer of Health. Bills have been enacted that take away our collective bargaining rights under the guise of the pandemic; there was a denial of the precautionary principle and a failure to recognize the nature of this unknown virus; poor planning denied us necessary personal protective equipment (PPE); we were forced to self-isolate without sick pay, denied workers’ compensation benefits, and there was a lack of enforcement by the Ministry of Labour, Training and Skills Development. We were failed by a government who didn’t force the for-profit long-term care sector to purchase necessary PPE for employees until it was too late. It took the Canadian Armed Forces to state what nurses and families had been saying for years.

Let us remember those who have gone before us, those who have fought for our rights as workers, those who are suffering, and the many who will not recover from this virus. Let us move forward together to continue to stand up for what we all know is right for all workers. The Occupational Health and Safety Act is the one guaranteed piece of legislation that we have to live and work under. Use this as a tool to make every day at work a better one for you and someone else.



Local 8 executive members participate in a safe rally outside the office of Rick Nicholls, MPP for Chatham-Kent-Leamington



DID YOU KNOW?



Nurses have more than a 1 in 3 chance of being disabled before 65 years.

Long Term Disability (LTD) Coverage provides the necessary financial protection for your most valuable asset – your ability to earn an income.

All dues-paying ONA members without employer-sponsored LTD income protection are automatically covered for **\$250/month LTD Benefit!**

Additional voluntary LTD insurance is available when you do not have coverage through your employer. Plus, monthly benefits are tax free!

Call us or visit us at:

ona.johnson.ca
1.800.461.4155



Johnson Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary. LTD benefits are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). Some conditions may apply.

References
1 "ACCAP – Consumer Information – A Guide to Disability Insurance." Canadian Life and Health Insurance Association. <http://clhia.uberflip.com/i/199350-a-guide-to-disability-insurance>



QUEEN'S PARK UPDATE



Read ONA submissions
at ona.org/submissions



We Won! Health Care Workers Prioritized for Second Doses of COVID-19 Vaccine

Together with health-care unions and nursing stakeholders, ONA launched a strong lobby for the second dose of the COVID-19 vaccine to be prioritized for all health-care workers who are front-facing.

In May, our collective efforts paid off when the government finally added high-risk health-care workers to the list of those eligible for a fast-tracked second dose. This is vital for the protection and peace of mind of front-line ONA members.

ONA Raises Concerns about Redeployment with Government

ONA President Vicki McKenna is speaking out about the extensive redeployment of nurses and health-care professionals to address the staffing crisis.

We are bringing your concerns directly to government about practising in unfamiliar practice settings, the newly-created “team-based nursing” models, and increasing patient assignments in intensive care units and most other units. From day one, ONA opposed the government’s Bill 195, which provides extensive powers to employers to override some provisions of your collective agreement rights, including on redeployment and the right to cancel leaves and vacations.

We Won’t be Silenced: Government Overrides Court on Elections Bill

It was a short-lived victory.

One day after the Working Families coalition, which includes ONA, was successful in a court challenge over a new elections act, the government invoked the never-before-used notwithstanding clause to allow the legislation to stand.

On June 8, Ontario Superior Court Justice Edward M. Morgan deemed the 12-month pre-election restricted-spending period, the regulation of issue-based advertising, the third-party anti-collusion provisions, the mandatory registering and reporting requirements, and the punishments and administrative penalties under Bill 254, the so-called *Protecting Ontario Elections Act*, unconstitutional. That meant ONA and other unions/organizations no longer had to adhere to the unreasonable pre-election spending limits set out in the bill.

Our elation quickly turned to anger, as a few days later, Premier Ford invoked the notwithstanding clause, a power that allows the province to pass a law that may conflict with rights enshrined in the Canadian Constitution, which later passed in the Legislature. As a result, the new Bill 307 amends Bill 254 to enact certain provisions ruled unconstitutional, such as reinstating the sections on political advertising. This, despite a quickly-organized campaign in which hundreds of ONA members contacted their MPP to demand they vote against it.

“This bill interferes with our right to freedom of expression, and it’s a sad day for democracy and our legal system when the government can steamroll

over those rights and the decision of the Superior Court for nothing more than personal gain,” said ONA President Vicki McKenna. “The bill’s number one goal is to hamper our ability to engage in effective political advocacy on issues important to our members and criticize government policies. But now more than ever our members’ stories need to be told! I will be very clear to Premier Ford and all MPPs who voted in favour of this clause: We will not be silenced!”

At press time, the Working Families coalition was heading back to court, arguing the government overstepped its authority by enacting the notwithstanding clause.

Government Restructuring Continues in Home and Community Care

ONA is watching closely as restructuring continues in the home and community care sector.

In April 2021, the health system planning and funding functions from the Local Health Integration Networks (LHINs) were transferred into Ontario Health. In addition, LHINs have now been rebranded under a new name: Home and Community Care Support Services (HCCSS). At press time, we expect the Ministry of Health will continue stakeholder consultations about the transition plan for care coordinators in June, however this may be delayed due to COVID-19.

Political organizing by members at HCCSS Central East (formerly the Central East LHIN) has pressured the government to protect care coordinator jobs in the public system. ONA members organized around a letter to the Minister of Health

that was developed and signed by a supermajority – 81 per cent– of the 517 care coordinators. Local NDP MPPs Doly Begum (Scarborough Southwest) and Jennifer French (Oshawa) wrote a support letter to the Health Minister. And the *Toronto Star's* Bob Hepburn wrote a blistering opinion piece criticizing the government's restructuring "plan" that was widely circulated online.

In response, Health Minister Christine Elliott still refuses to rule out privatization of care coordinator roles – a glaring warning sign.



Ontario Temporary Paid Sick Leave Lacking

Relentless public pressure has forced the government to introduce a new paid sick leave program for workers, the Ontario COVID-19 Worker Income Protection Benefit (WIPB).

The WIPB provides an entitlement to three days of job-protected paid leave for certain COVID-19-related reasons, and is retroactive to April 19, 2021. This program may provide some assistance to ONA members, particularly those working part-time or casual.

Regrettably, this program leaves much lacking – it is a temporary program that expires on September 25, 2021. It is delivered by employers but reimbursed through taxpayer dollars. When Dr. Adalstein Brown, Co-Chair of the province's COVID-19 Science Table, was asked by the media if three days paid sick leave is compatible with the best-case scenario for controlling COVID-19, his answer was "no."

The struggle continues for a permanent paid sick leave program in Ontario!

2021 Ontario Budget Falls Short

The 2021 provincial budget was released in March, and we are disappointed it falls short in many of the key areas ONA identified in our submission.

While it is positive that our hospitals will receive a 3.4 per cent funding increase, this is not enough to ensure what is needed for the system to catch up on the staggering backlog of more than 250,000 surgeries.

Budget 2021 puts a strong focus on the vaccine rollout, which local public health units lead, but there is no mention of reversing the funding cuts to public health announced in 2019. For long-term care, it does not commit to fast-track RN staffing levels or improving the quality and frequency of inspections of these homes. Also, there was no dedicated funding for paid sick leave despite sustained public pressure.

Overall, the province projects that the deficit will be \$33.1 billion in 2021–22, down \$5.4 billion from the year prior. The Finance Minister has been adamant that he will not raise taxes or

cut any provincial programs. The budget projects a return to balance by 2029-30.

ONA Opposes Massive Program Cuts at Laurentian University

Nurses and health-care professionals stand in solidarity with the dedicated faculty, staff and students at Laurentian University in Sudbury.

In February, Laurentian became the first public university in Ontario to file for court protection under the *Companies' Creditors Arrangement Act*, a process reserved for private institutions. As a result, the administration laid off more than 100 professors and 70 staff members, and cut 60 programs, including the bilingual midwifery program and the French-language nursing program with Collège Boréal.

In response, ONA's Board of Directors approved \$20,000 in monetary assistance to the Ontario Federation of Labour's campaign to save Laurentian. Due to public backlash, the government has said it will "make efforts" to maintain a northern and bilingual midwifery program, but few details are available and no other supports have been announced to save this public institution in crisis.



Learn more at powerofmany.ca/save_laurentian

Federal Budget Lacks Pharmacare Investment

The 2021 federal budget was delivered in April by Chrystia Freeland, Deputy Prime Minister and Minister of Finance. Freeland shattered a glass ceiling by becoming the first woman in Canadian history to table a federal budget.

Budget 2021 spans 724 pages and includes more than \$101 billion in net new spending over three years. It includes \$30 billion over five years for a national childcare program, and the government is promising parents \$10 per day childcare by 2025.

The budget also commits \$3 billion to Health Canada over five years, starting in 2022-23, to support provinces and territories in ensuring standards for long-term care. Unfortunately, the budget lacks investments in a national pharmacare program and leaves out targeted increases to the Canada Health Transfer.

“We’re Feeling it too”

ONA’s health-care professionals discuss the critical role they play during the pandemic and how that work has changed

Their positions are numerous and varied, but there is one thing ONA’s health-care professionals have in common: They have played a key role in the fight against COVID-19 and have seen their work just as affected.

Take Jennifer Strome, for example. As a dietitian at one of the province’s health units, which have been instrumental in virus containment, contact tracing and case management, she spent her days assessing, planning and implementing healthy eating programs in workplaces, schools and community groups to facilitate lifestyle behaviour changes. But when the pandemic hit early in 2020, her role changed entirely, and she currently finds herself working mostly on a COVID-19 telephone resource line.

“We have a dedicated line and email set up for our community,” she said, noting that as of this May, they have responded to almost 15,000 queries. “The calls vary. Some are simple and straight-forward, asking for information on testing and clinics, but most are anxious or frustrated parents, employers, newly diagnosed positives or case contacts wanting direction and support on what to do to protect themselves and others. The influx of information we have to keep on top of is truly amazing as it constantly changes. I have been working in this role for over a year now.”

She isn’t alone. In fact, many members of ONA’s health-care professionals group, which includes dozens of classifications working in all sectors as part of a patient’s health-care team, have been redeployed to other areas where the need has been deemed greater – sometimes with little notice – due to the government’s extended emergency orders.

Dana Hennigar, a social worker who navigates the health-care system and makes referrals to link patients to the appropriate resources in her role as a Local Health Integration Network care coordinator, recently received word she would



be shifting from the Children’s Team, where she has worked for many years, to the Long-Stay Adult Team the very next day.

“It’s temporary to cover some of our peers who have volunteered to go to hospital,” she said. “I consider myself very fortunate that I’m keeping my same work location and hours. The Long-Stay Adult Team covers a blended caseload, a mix of community, independent, chronic and complex, and the pandemic has affected how we do our work. As it progresses, we must stay flexible and adapt to frequent changes. During redeployment, we triaged referrals, so the most urgent services were arranged first.”

“Job Looks Nothing Like it Did”

Perhaps nowhere has redeployment been more prominent for health-care professionals than in public health, where

members like Sarah Grittani, a health promoter, have left their regular jobs to assist at vaccine clinics run by their health units.

“While some staff are at the health unit doing case management, health inspections, health planning, etc. – work that has to continue as much as possible – my job looks absolutely nothing like it did before,” explained Grittani, whose normal work sees her connecting the programs her health unit offers to the public. “I came back from maternity leave when we started rolling out vaccine clinics, and it was all hands on deck. I essentially did my training and was out in clinics five days a week as fast as possible. My role is to provide support, so anything from checking people into their appointments, registering them into our database, sitting with them while they wait 15 minutes post-vaccine, and checking them out.”

For Denise Crabb, a community health broker who ensures seniors and marginalized individuals have access to the health care and other services they need, there was a more roundabout route to the clinics.

“In the beginning of the pandemic, we were trying to support services that were deemed essential and still available, like food banks,” she said. “We were able to offer our services for porch drop-offs. We worked with one of our community groups to set up a safe food giveaway. We helped the one food kitchen that stayed open for take-out meals. I was on the phone doing daily monitoring of people isolating. Then I was back out in the community a little more until January when I moved to clinics.”

While Kait Toohey was able to continue her work as a continuing care occupational therapist (OT), which involves complete assessments of a patient’s function and how they manage activities of daily living, while being redeployed temporarily to the hotel her hospital set up to free space in the event of a COVID-19 surge, she nevertheless found the nature of that work had shifted.

“My role has become more supportive at times, assisting patients to connect with their loved ones virtually or taking extra time to talk with them if they’re feeling lonely because of visitor restrictions. I also became more involved with tasks such as serving breakfast to patients in their rooms when our dining room closed. I’ve been pushed out of my comfort zone to find ways to carry out rehabilitation in a hotel setting without access to the usual rehab amenities.”

Her fellow OT Mavia DeNoble, who works largely with geriatric patients, noted that isolation can have a devastating impact on patients, which is difficult to witness.

“My role has changed emotionally. It’s hard for these patients. They’re isolated for 14 days and there’s a big piece of the puzzle missing, which is that social connection. With



“My members have stepped into roles at a moment’s notice to do the work necessary to support the fight against COVID-19,” said Bargaining Unit President Heather Clark, who represents health-care professionals at a public health unit. “Their resilience, passion and tireless efforts sometimes get lost as health-care professionals. Watching them work at clinics as front-line staff, call clients to book appointments, support the case management team, and stay so positive makes me extremely proud.”

isolation and the lack of mobility that comes with it, they’re fragile and at great risk for delirium. Many are hearing impaired and lip readers and don’t see well, so we look big and scary with all our personal protective equipment (PPE) on. So, I’m in those rooms mobilizing them. I’m trying to stimulate them cognitively and prevent those deliriums during the isolation period. I was pretty hands-on before, but it’s escalated.”

As a respiratory therapist (RT) in an urban hospital, providing respiratory support to patients, ranging from newborns to adults, to alleviate respiratory distress, improve oxygenation, provide mechanical ventilation, promote secretion clearance, perform breathing tests and resuscitate, Kayla Noble can name something else that has escalated.

“What we do as RTs hasn’t changed, but how we do our job and the risk level has. Many parts of our job involve aerosol generating medical procedures (AGMPs), such as intubations, which increase the risk of an infectious exposure. AGMPs now require more preparation, isolation and time. We must protect ourselves and our families by wearing PPE during such procedures, and the COVID status of a patient dictates what level we wear. Donning and doffing multiple layers is an everyday routine now, which is time-consuming, and PPE is very hot to function in. There’s definitely been an increase in mechanically-ventilated patients, and many are in a prone position to improve oxygenation. The use of high-flow nasal cannula to decrease respiratory distress and improve oxygenation has also increased within the hospital.”

The increased workload that COVID-19 has brought, along with difficulties in accessing and operating in full PPE, is something that Jim Boland and Michelle Beaudry can relate to as hospital physiotherapists (PT).

“COVID-19 changed all our work,” stated Boland, whose role in the intensive care unit (ICU) is to keep patients as active as possible considering how critically ill they are. “Who knew when this virus would get to our hospital, how many would be infected or how hard it would hit them? We immediately started preparing, beginning with space in the hospital

and how we would protect ourselves. All interactions were evaluated and, as able, limited. This served two functions: to limit the number of potential exposures and to limit the use of PPE, which was in short supply. Initially, my interactions were limited and I spent time and effort devising suggestions for nursing to implement. As the PPE supply became steadier and we were no longer as concerned with limiting interactions, I returned to evaluating the COVID patient not as a pandemic patient but as an ICU patient.”

“We’re donning PPE for all patients all day, which has added time, but the

workload is the same,” added Beaudry, who assesses and treats patients with neurotic issues such as stroke and spinal cord injuries. “It’s difficult to do our work with all this PPE as we are in close proximity to the patients we are trying to assist, things get tangled and you can’t see as well. And some of our Bargaining Unit members contracted COVID-19 despite using PPE.”

“Put Yourself on Hold”

The fear of that happening, in conjunction with heavier workloads, understaffing, ever-changing roles and missed vacations, has resulted in

Beyond Code Blues and Ventilators: “What We do Matters”

When the message about the importance of their roles to the overall well-being of a patient got lost following a rally, a group of ONA continuing care health-care professionals decided to up the ante.

“We had amazing public support during the rally and it was really good in the moment,” said social worker Jenn Gosselin. “But unfortunately, the media misrepresented why we were there. We were like, yes, *lack of personal protective equipment, we are here for that*. But we were trying to raise awareness about our roles as well, and we didn’t feel quite heard. When Premier Doug Ford’s mother-in-law was in a long-term care home, he talked about how heartbroken he was at the thought of her having no one, and I said to myself, *there are actually people in that building providing what you’re afraid she’s not getting and you’re not even aware of it!*”

With that in mind, Bargaining Unit President Maxime Proulx came up with the idea of writing a letter to express how the group felt after the rally, and Gosselin ran with it.

“We didn’t even know what we were going to do with this letter or who the reader would be, just that we had to make it relatable. That’s why we took this approach to grab their attention.”

After several hours over lunches writing the letter with the help of a colleague, along with numerous reviews and rewrites, the powerful letter highlighting how instrumental health-care professionals are was finalized (see sidebar on the next page).

“I hope through this letter we can raise awareness about how the health-care system works and how COVID-19 has affected so many more than nurses and doctors,” Gosselin explained. “Don’t get me wrong, they are incredible and invaluable, but there are a lot of other working parts behind the scenes that maybe haven’t received credit. It’s been really disheartening not being included in the government’s pandemic pay and not being mentioned in their speeches. There have been times when we’re feeling, who are we? Are we even essential? So I’m hoping people understand how many hands are in the care of someone. ONA is an incredible union with an amazing reputation, and we also hope to raise awareness that it represents more than nurses, so people know when they see a demonstration with an ONA flag that health-care professionals are there too.”



« Through this letter we were trying to say, ‘look everyone, health-care professionals are here and will continue to be here, so at the very least, please remember us.’ »

— Jenn Gosselin, social worker

exhaustion, burnout and anxiety for some health-care professionals, many of whom also feel abandoned by a government that didn't include them in pandemic pay (see side story on page 24).

"This pandemic continues to fill our hospitals and infect and kill, surprisingly at the most intense rate as at any point," noted PT Boland. "It's impossible to not be concerned each day at work."

"I'm very fortunate to have young kids that keep my mind occupied," added OT DeNoble. "It would be different if I didn't; I might have had a break down. But it's the nature of this career to put yourself on hold, roll with the punches and not look back. You just feel *this is what I have to do.*"

Many also feel they have to do everything in their power to ensure their patients get the help they need despite so many services being temporarily shut down.

"Families don't realize we are working in other areas, as it's not on the news," said care coordinator Hennigar. "As I was calling my families



Community Health Broker Denise Crabb

before being redeployed, I told them, 'I'm still here, but I'm being sent to a different area.' If there's something really urgent, they can always call me."

Others have found creative ways to continue to provide certain services even while temporarily redeployed elsewhere.

"Through the vaccine clinics, I still see my people," stated community health broker Crabb. "Because of the social bonds they form in their seniors' buildings or as a community, they're good at checking up on each other. Or I call them and ask if there



Physiotherapist Jim Boland

is anyone I need to check on. I figure out a way to help. We also came up with a way to educate them through senior care packs with information on handwashing, wearing masks, social distancing, reputable websites for COVID-19 information, open food banks, grocery stores that deliver – things that limit their need to go out. I started a book club so they could pick books up at the seniors' centre to take home to read. Sometimes they call me and say, 'we heard this' or 'people aren't socially distancing, what do we do?' And I'll help."

The following is snippets of a letter written by ONA social worker Jenn Gosselin on behalf of the health-care professionals at her continuing care centre. To read the full letter, go to ona.org/frontlines.

Prior to COVID-19, my routine included: meeting with my daughter and her family for dinner weekly, socializing at my local seniors' club, going to the YMCA for an exercise class twice weekly, going with my daughter for groceries, and meeting with some old friends for coffee three to four times a week.

When the lockdown started, my whole life changed. I was told I should no longer leave my home as I was in a vulnerable age group. My daughter was no longer able to visit me because she was working as a personal support worker. I was no longer able to meet with my friends and extended family. That basically left me alone at home.

It didn't take long before doing nothing but watching TV became my new routine and I noticed the things I used to do with ease started to become more difficult. Before I knew it, I was found on the floor. I was brought to the hospital and diagnosed with a hip fracture. I required surgery and had an acute stay in hospital. The team felt I would benefit from a rehabilitation stay.

When I got to the rehabilitation centre, I had a lot of fears and concerns about my new normal. I had a new hip and couldn't do some of the simplest tasks I used to do. My biggest fear was not being able to go back to the family home I had lived in for 49 years. To get into my home, I would need to walk, navigate stairs and be able to get into my car and get groceries.

They told me at the rehabilitation centre that I would be working with a physiotherapy team to get my leg going. I saw my physiotherapist and rehabilitation assistant every day during my stay. We exercised until I met my goal. I was able to walk, do stairs and get into a vehicle, which meant I got to go home. What the physiotherapist and rehabilitation assistant did with me mattered...

CONT.

“Mostly everything has ceased right now, but I’m still running a weekly prenatal/postnatal group virtually and taking consultations as needed for *Healthy Babies, Healthy Children*, which can be challenging to schedule and keep organized,” added dietitian Strome.

“Hope for the Best”

While overcoming challenges is nothing new to health-care professionals, the pandemic has brought a whole new set.

“Before, we always went to our patient’s home for the initial assessment,” said care coordinator Hennigar. “Now it’s a mix. We’re encouraged to do them face to face, provided it’s safe, but we’re also using Microsoft Teams and the phone because not everyone has the technological capacity. Nursing is pretty much always in person while the therapies are more virtual, and trying to instruct a patient on how to do exercises in this environment is tricky. When we need to get signatures on certain documents, it means going to the patient’s home,

and some families are nervous about that. We complete infection prevention and control measures before we go in – there are even clean and dirty pens, which is good – but there are so many details. I’ve had families with COVID-19, or have been in close contact with someone who is, which means doing the proper screening, directing them on who to follow up with and asking them to notify us if they end up with a positive test – and then following up again within 14 days and notifying all the agencies involved. Even basic things they could normally figure out, like how to get their groceries online, involves a bit more support.”

“Discharging a patient was so much easier before because there were community supports,” added OT DeNoble. “You knew that if the family was the caregiver, they had day programs and outlets. Patients flourish here, and we hope for the best when they go home. We used to do a lot of home visits to help them transition, but there’s such a risk with that we’ve scaled back. A huge part of rehab is community integration to see



Care Coordinator Dana Hennigar,
Social Worker

if there are stairs in a patient’s home, how they do in the kitchen, and what the bathroom and bedroom setup is to see if they can do their transfers. That piece is missing now. We’ve coordinated with home and community care, who have OTs and PTs who can do that for us, but they don’t know the patient like we do.”

For some, the biggest challenges have nothing to do with the workplace itself, with health promoter Grittani noting, “the thing I find the absolute hardest is not the work, it’s not the people in clinics because I love hearing

The pandemic brought forward fears and concerns. I started to think about my own mortality. I reflected on my own values, wishes and beliefs and what I would want should this terrible virus find me. I was also very scared about what would happen if I didn't recover and couldn't go back to my home. I felt lonely, scared and sad. This sadness was becoming a norm. They told me there was a social worker that would visit me. I was able to share my fears and concerns and talk about my low mood. It helped. I didn't feel as alone. What the social worker did with me mattered...

I realized when I got to the rehabilitation centre that I had been in a hospital gown for some time. I wanted to get back to a place where I was able to dress in my own clothes again. I also realized there were many other activities I wanted to do on my own: use a toilet, clean myself, and do my own laundry. Most importantly, I wanted to get back to cooking and baking goodies with my grandchildren. My occupational therapist and rehabilitation assistant worked with me daily until I was able to independently do the things I wanted. What the occupational therapist and rehabilitation assistant did with me mattered...

During the pandemic, I lost 20 pounds. I didn't have the help I used to, and cooking meals became difficult. The weaker I became, the less motivated I was to cook. It was easier to grab quick snacks or microwave frozen meals. My lab values were off scale and my nutrition was part of the reason. They told me there was a dietician that could help me get back on track. The dietician listened to me, learned about my eating habits and educated me. What the dietician did with me mattered...

I saw on TV that some people were using technology to keep in touch. I didn't have that technology at home. I lived a socially engaged life previously and had hobbies such as knitting, bocce and painting. I had not been able to do these

« I came back from maternity leave when we started rolling out vaccine clinics, and it was all hands on deck. I did my training and was out in clinics five days a week as fast as possible. »

— Health Promoter Sarah Grittani

their stories, and it's not burning out from asking the same questions 500 times a day. It's feeling really good about how many people we vaccinated and then leaving and seeing anti-mask and anti-vaccine protesters, and reading that there are still so many cases because we're not going to see the impact of our work right away. The pandemic is still here and will be for some time."

PT Beaudry also echoed what many other working parents are experiencing with schools and daycares closed: "health-care professionals are juggling work and their children's online learning. It's been a big struggle."

"Work Family"

What many say helps with those struggles is the support of their colleagues even if, as PT Boland pointed

out, it's sometimes "hard to see who they are under all that PPE."

"I see staff getting tired as it's been a challenging 14 months," said OT Toohey. "It wears on everyone at different times and in different ways, but thankfully we lean on each other and pull through together. I remain grateful for my interdisciplinary team — my work family."

"First and foremost, I love my team," concurred health promoter Grittani. "I've had the opportunity to work with people I wasn't necessarily able to before because we were in different program areas, and even though it's stressful, we generally have a positive work environment at clinics compared to others. We don't take that for granted."

Dietitian Strome summed it up well: "We're all working hard seven days a



Occupational Therapist Mavia DeNoble

week, trying to keep up with demand. It's been a weary time, but I'm amazed at the perseverance, dedication and conviction health-care professionals and our nurse colleagues demonstrate every day. Despite what we may be feeling, we set that aside, straighten up and put our best foot forward."

This is just a sampling of the many classifications represented by ONA. Front Lines is launching a new section expanding on the work of these dedicated members and spotlighting others. If you're a health-care professional interested in sharing your story, contact frontlines@ona.org.

activities for months, which was impacting my mood and well-being. They told me there was a recreational therapist that could help connect me to my family with an iPad and give me activities that I liked to do in my room. That helped increase my mood and overall well-being. What the recreation therapist did with me mattered...

This is not a real story. This is not a real person. What this story reflects is an accumulation of experiences that we see daily within our workplace. The reality is if the person sharing her experience in the above story did not receive care from all different members of the health-care team, she would not have been able to resume her normal way of life at home. There are many more untold COVID-19 stories that go beyond code blues and ventilators.

COVID-19 is unique in that it does not only affect those who have been infected by the disease, it has indirectly changed the way of life for most of the population. On top of the work being done by health-care professionals directly with COVID-19 patients, we continue to work with people who are suffering from the indirect effects, including frailty, depression, anxiety and isolation.

Health-care professionals are simply asking the government, our employers and the public to recognize, respect and support the forgotten team members of the health-care continuum. While health-care professionals are not necessarily adding years to a patient's life, we are striving to add life to the years of our patients every day.

What health-care professionals do matters...



ONA Calls on Government to Enact LTC Commission Recommendations

ONA is calling on the government to act immediately to implement the recommendations in the Long-Term Care (LTC) COVID-19 Commission's final report.

The 322-page report, released on April 30, contains 85 recommendations that address the long-standing neglect of LTC, deficiencies in Ontario's pandemic preparedness, and a slow, reactive government response in which critical decisions came too late. The Commission acknowledged the devastating consequences of this neglect and delay, recognizing that many staff continue to deal with trauma and grief as they struggle to come to terms with their experiences.

"Staff told the Commission about crying before, during and after work, vomiting in locker rooms from stress, and watching residents whom they loved die in great numbers," wrote Commission lead, retired Associate Chief Justice Frank Marrocco, along with former Ontario Public Service executive Angela Coke, and former hospital CEO Dr. Jack Kitts.

Your Voices Were Heard

Last summer, the provincial government charged the Commission with investigating and reporting on the devastation in LTC during the pandemic, a monumental task given the ever-changing nature of the situation. The Commission reviewed hundreds of thousands of documents, received approximately 300 written submissions and heard from more than 700 people, including ONA and our members, in 170 formal meetings. ONA submitted four reports, one containing the results of a



survey of our LTC members and another by former SARS Commission Senior Advisor Mario Possamai. Throughout the Commission's investigation, we ensured that our position and the experiences of our members were front and centre. And we were clearly heard as the report anonymously quotes many ONA members, and its recommendations echo many of ours.

Key Findings and Recommendations

Among the Commission's key findings were that:

- ▶ The LTC sector has been neglected by a successive series of governments, underfunded and unable to deliver the required levels of care.
- ▶ Staffing is inadequate, with high turnover, excessive workloads and an over-reliance on part-time workers.
- ▶ The skill mix is insufficient given the increased acuity of residents.
- ▶ Shortcomings in Ministry of Long-Term Care oversight and weak enforcement of legislative standards are problematic.
- ▶ Ontario was unprepared for a pandemic, evidenced by its failure to track personal protective equipment (PPE) supplies, despite recommendations from the SARS Commission, which were not implemented.
- ▶ Critical government decisions came too late.
- ▶ Infection prevention and control measures in homes were woefully inadequate.

The report was released on the heels of the Ontario Auditor General's assessment of the province's response to COVID-19 in LTC homes, which also listed a litany of problems that contributed to the lack of preparedness and inadequate management of the pandemic.

In addressing the sector's shortcomings, the Commissioners recommend that LTC homes adopt a person-centred model of care, which focuses on treatment and resources based on the needs of residents and their families. The role of for-profit "dividend-driven" operators must also be reduced to accessing capital and building new homes, not running them.

The Commissioners emphasize the importance of the precautionary principle and call for immediate, urgent changes to increase staffing, including four hours of direct hands-on care by nurses (RNs and RPNs) and personal support workers, one NP for every 120 beds, increased care by health-care professionals to 60 minutes per day, more full-time positions, and the alignment of wages and benefits within the sector and with those in public hospitals. They further call for increased government funding, a coordinated and effective inspection regime, and strengthened whistleblower protection, along with a number of recommendations on pandemic planning and the maintenance of a PPE stockpile at the homes and provincially.

Time for Action

In its conclusion, the Commission made it clear that the time for action is now. There will be future pandemics and Ontario must be ready.

"There's no question that the Commission's thoughtful recommendations, including those from two interim reports late last year, are far-reaching, and we are extremely grateful," said ONA President Vicki McKenna. "If enacted, they would revolutionize long-term care, improve quality of life for residents and make the sector a much better work environment for its dedicated staff, including many members. We have yet to hear an apology or meaningful acknowledgement of the failures that allowed the deaths of thousands in long-term care from the government, but I can assure you that ONA will relentlessly push for these recommendations to be implemented. Homes must be made safer for all so a tragedy like this never happens again."



For more information, log onto ona.org/commission.
Learn how you can help us advocate for LTC at ona.org/now

CFNU Launches Vaccine Campaign

The Canadian Federation of Nurses Unions (CFNU) has launched a national campaign encouraging the public to get vaccinated against COVID-19.

The campaign is comprised of a public service announcement and website, Trust Nurses, filled with information and resources on the distribution, safety and efficacy of COVID-19 vaccines. Its aim is to decrease vaccine hesitancy across Canada, particularly among people who may be concerned about their safety. In the first real-world data from countries in which large proportions of the populations were vaccinated, vaccine efficacy is about 70 to 90 per cent or higher, similar to the results of the original clinical trials, the CFNU noted.

"Nurses have launched this campaign because we know that the COVID-19 vaccines administered in Canada are tested, safe and the most effective way to resume the activities we've all put on hold for a year – like seeing our friends and family," said CFNU President Linda Silas. "Nurses know things will only get worse if we don't all do our part to stop the spread of the virus. All it takes is three simple steps: find out when it's your turn, get your vaccine, and share this information with your friends and family. To make sure everyone is safe from COVID-19, we need to work together."



For more, visit TrustNurses.ca

Nurses are getting the COVID-19 vaccine.

Here's why you should too:



#TrustNurses

1.

The vaccines available in Canada are tested, effective and safe.

2.

You can help protect your loved ones from the spread of the virus.

3.

If nurses trust the vaccine, you can too.

“You Inspire Me,” ONA President Tells Provincial Leadership Meeting

ONA President Vicki McKenna kicked off the two-day virtual Provincial Leadership Meeting (PLM) this past spring with two simple but powerful words: Thank you.

“You are facing extremely challenging circumstances in your workplaces, which will continue with COVID-19 still prominent worldwide, and I want to thank you for all you have done,” she began. “What I hear from you inspires me to continue to tell the government your stories and your realities, and that they need to do more to protect you and those in your care. You inspire me to continue to fight for your workplace rights. Every day, you stand strong and advocate for yourselves and your patients, residents and clients, which is recognized and appreciated by so many across this province. I am truly humbled.”

During her address to the PLM, which took place via Zoom on March 30-31, McKenna provided updates on COVID-19, the long-term care commission, our recent pay equity win, central bargaining in the hospital, nursing homes and Victorian Order of Nurses sectors, and our strategic planning initiative, which began earlier this year with a survey of our members, followed by interviews and focus groups for those interested.

“I want to thank everyone who participated in this work as it will help shape and define ONA’s future,” she said. “Our vendor will be analyzing the survey results and distilling what they have heard into emerging themes and strategic directions, with the final plan being presented to the Board this June. Stay tuned for more in the weeks and months to come.”

PLM delegates were able to choose from a variety of novice and advanced education sessions, ranging from local



ONA President
Vicki McKenna, RN



ONA First Vice-President
Cathryn Hoy, RN



Canadian comedian
Rick Mercer

bargaining and grievance management to digital communications and member mobilization to the professional responsibility complaints process and Bargaining Unit level team building. They also broke into sessions by sector to discuss their unique issues and challenges, share ideas, and receive key information to help in their work.

Keynote speaker Gerard Murphy, President of Barefoot Facilitation Inc., joined the meeting from Halifax to provide practical tips on constructive workplace dialogue, noting conversations that are appropriately and effectively managed can have positive outcomes and can make or break how others view you.

A meeting highlight for many was a “fireside chat” with Canadian comedian and political satirist Rick Mercer, known for television shows *This Hour has 22 Minutes*, *Made in Canada* and the *Rick Mercer Report*, who entertained questions from delegates for 20 minutes more than the one hour he was allotted.

“No one has been untouched by a nurse,” he concluded. “I know these are very difficult circumstances you find yourselves in and I know most of the country is in your corner. I wish you all the best, and thank you for everything you do.”

“See” You at the Biennial in November!

ONA’s next provincial meeting is a big one: Our Biennial Convention!

ONA’s Board of Directors has decided to hold a virtual Biennial to ensure the safety of our members. However, it will still feature reports on the work of our union in all areas, Constitutional Amendments and Resolutions, guest speakers, and many other surprises!

The Biennial Convention will be held from November 16-18. The week will kick off on November 15 with our annual Human Rights and Equity Caucus on the theme, *Beyond Good Intentions: Confronting Racial Discrimination through Solidarity*, and conclude on November 19 with a half-day education session (topic to be determined).

We hope to “see” you there!



Check our website in the weeks to come for more information on the Biennial, including registration, at ona.org/biennial

IN BRIEF...

Linda Silas Withdraws from CLC Presidency

After careful consideration, Canadian Federation of Nurses Unions (CFNU) President Linda Silas has decided to withdraw her candidacy for leader of the Canadian Labour Congress.



In a thank you letter to her friends and allies for their support, Silas said she wishes to stay firmly focused on supporting Canada's nurses during the pandemic and beyond.

"Addressing the challenges and stark inequities that COVID-19 has exacerbated will require the combined experience and expertise of us all," she wrote, noting that Canada's health-care system – already stretched thin before the pandemic – will be sick and tired when the emergency orders are lifted. "With this huge challenge in front of us, I must stay focused on supporting Canada's nurses, who have put their faith and trust in me to lead them during the last 18 years."

"ONA fully supports Linda's decision, and we are grateful that she will continue to lead us as CFNU President and raise health-care issues at the federal level," noted ONA President Vicki McKenna.

Palliative Nursing Association Formed

The Canadian Palliative Care Nursing Association (CPCNA) has officially launched!

The purpose of the CPCNA is to improve palliative care across Canada through nursing education, advocacy, partnership and research. Membership is open to nurses of all designations with specialization or interest in palliative care.



For more information, visit cpcna.ca

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HEALTH & SAFETY

Reach out to Others for Support, Strategies, JHSC Rep Urges

To help ensure the health and safety of her members, ONA member Jennifer Cassista, RN, follows her own advice: Learn from the experiences and expertise of others.

“It’s very hard when you work in a silo and don’t realize that other people are dealing with, maybe not the exact same thing, but similar issues,” said Cassista, who has been the certified worker co-chair on her hospital’s Joint Health and Safety Committee (JHSC) for the past five years. “But you have to reach out. You may think things are running well on your JHSC because that’s all you know, but you start talking to other people and may learn otherwise. And they often come up with solutions or strategies that can be applied to your situation. It’s about solidarity, fellowship, and the strength in knowing that somebody’s got your back. We should all be safe at work.”

It’s that strong belief that led Cassista to join her JHSC, which meets monthly, in the first place eight years ago.

“Back then I didn’t feel I had a voice. I thought, *oh, I’m just a nurse*, and even though I tried to advocate for myself and others, I felt no one wanted to hear me and I was intimidated. Of course, I knew how vital safety is, but I never realized I had a passion for it until I got into this work.”

By becoming involved in ONA when her fellow members voted to unionize, Cassista has since found her voice, using it to tirelessly advocate for members in areas such as violence in the workplace – “you reach out to any nurse and I guarantee they

have been punched, kicked, spit on, swung at or grabbed” – harassment and discrimination, appropriate communications and proper protective equipment. This work has been facilitated by a new terms of reference, passed last August, which sets out the goals and guidelines of the JHSC.

“We just kept raising it as an action item at the committee, and through sheer determination, were successful, which is huge for the workers’ side and their protection,” Cassista said. “I was able to see some other terms of reference from committees at other places, and I just took bits and pieces from those. I talked to other people about what works for them and learned a lot. I knew some of the areas that needed to go in ours and there are certain things that have been put in place that are big wins. Of course, we’ve got a way to go, but it’s about bringing the committee into the new millennium. Slow and steady wins the race and the needle is starting to move. This is really just a jumping off point.”

One of those big wins in the new terms of reference is the implementation of a worker caucus.

“We now have a meeting with the workers before the committee meetings and discuss issues,” she said. “We can talk about positions moving forward. We can talk about risk assessments. We can talk about all sorts of things that are associated with joint health and safety, and can come together as a cohesive side moving forward on those issues.”

At Cassista’s suggestion, a bi-weekly conference call for all three sites of



JHSC worker co-chair Jennifer Cassista, RN

her hospital was initiated where the employer is able to share pertinent information. It also acts as a forum for pressing concerns so they can be addressed in a timelier manner by both parties. Also at Cassista’s urging, her employer is in the process of setting up full tri-site co-chair meetings quarterly to discuss larger corporate health and safety issues, which she notes will “help a lot.”

Something else that has helped? ONA.

“I’ve done all of my health and safety education through ONA, and my biggest resource has been with my ONA health and safety rep, who has such a huge knowledge base. We only know what we know, but she has kept my passion going and made such a difference in my activism and work moving forward. ONA’s Health and Safety Caucuses each spring are also vitally important. I’ve attended every single one since joining my JHSC.”

And while Cassista said constantly pushing for change can take a toll physically and mentally, she does not plan to stop until she retires in a few years.

“Most members of the Local executive work full-time, shift work, days, nights and holidays and are trying to represent members and be available as much as we can,” she concluded. “This work is difficult, but I feel strongly about it. How can we be advocates for patients if we’re not advocates for ourselves? I have to keep fighting. It’s in me.”

WSIB Coverage for Adverse Reaction to COVID-19 Vaccine

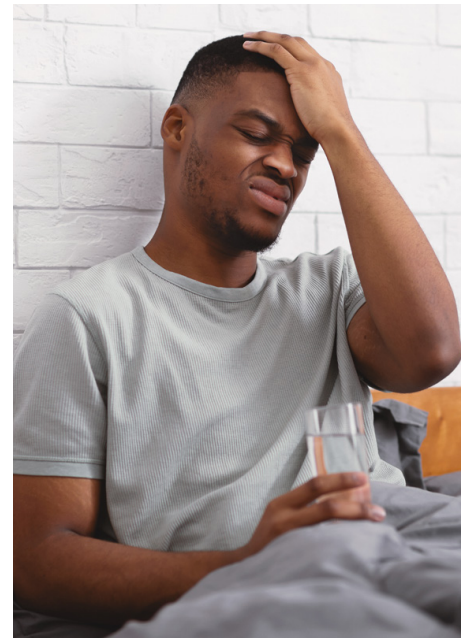
Some members have asked what, if any, coverage is available for those suffering an adverse reaction to the COVID-19 vaccine.

Under Workplace Safety and Insurance Board (WSIB) policy, a worker may be entitled to WSIB benefits if they suffer an “adverse reaction arising from compulsory immunization procedures as a pre-employment requirement, or as a compulsory part of the employment, providing the immunization is for the prevention of work-related disease or infection.”

Whether the WSIB finds the COVID-19 vaccine “compulsory” depends on several factors, including if there is an employer policy which mandates the vaccine; if there are financial consequences if a worker chooses not to obtain the vaccine; and if there is a significantly greater risk for a worker to contract COVID-19 from work rather than the community.

To make a WSIB claim for an adverse reaction arising from the COVID-19 vaccine, a member needs to report the adverse reaction to the employer and seek timely medical attention with a health-care provider, such as a general practitioner, who needs to complete a WSIB Form 8. The member also needs to complete a Form 6, which can be found on the WSIB website at wsib.ca.

Please note that if the WSIB allows entitlement to an adverse reaction from the COVID-19 vaccine, loss of earnings benefits, which are 85 per cent of net average earnings up to a legislated maximum ceiling (85 per cent of take-home pay), are only paid if a member has sought medical attention, the health-care provider authorized them off work, and the medical information supports that they are incapable of performing any kind of work (including modified work).



If you have any questions about WSIB coverage for an adverse reaction to the COVID-19 vaccine, contact ONA's WSIB Intake at WSIBintake@ona.org or 1-800-387-5580 (press 0 and ask for WSIB intake or dial extension 7721).

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

Here what's you need to do:

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

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

Wellness Together Canada Provides Help and Hope

The Canadian Federation of Nurses Unions (CFNU) has partnered with Wellness Together Canada to share this important free resource with nurses, health-care professionals, their families and patients.

Canada's first and only online platform offering immediate mental health and substance use support for all ages, Wellness Together Canada is funded entirely by the federal government. The platform offers a stepped-care approach, allowing users to choose the level and types of support based on their comfort level: from a mental health self-assessment to mindfulness workshops to live phone, video or text counselling with a mental health professional or crisis responder.

Wellness Together Canada, which can also be accessed anonymously, is available 24/7 at WellnessTogether.ca. For immediate crisis support, front-line workers are encouraged to text FRONTLINE to 741741.

This spring, ONA and the CFNU also launched a new mental health program, Mindwell for Health-care Workers. The four-week program, which was designed through consultations with CFNU mental health experts and nurse leaders from across the country, offered ONA members training and tools to better manage stress and difficult situations. Check our website at ona.org/mentalhealth for information on upcoming programs.



“We’ll Call You:” CNO Revises Early Resolution Process after ONA Steps in

Thanks to ONA intervention, the College of Nurses of Ontario (CNO) has revised its early resolution process for employer reports on members that it deems less serious and could potentially be resolved without an investigation.

In late 2020, the CNO began to call members directly to discuss employer reports about them without those members having a copy or the opportunity to consult with ONA or our Legal Expense Assistance Plan (LEAP).

LEAP stepped in and raised concerns about this process, which the CNO has addressed. As a result, its revised early resolution process will now provide members with a letter in advance with a copy of the report about them. The CNO letter invites the member to speak to the investigator about their insights on the report and suggests a time. The letter also states that before talking to them, the member may seek guidance from a lawyer or nursing professional.

Under this process, the CNO decides whether any further action is needed after their discussion with the member. Further action could include a request that the member completes written reflections and meets with a CNO representative to discuss those reflections. In some instances, the CNO may request written reflections and/or a meeting without having the initial discussion with the member, which was their previous process.

At the conclusion of the discussion, reflections and/or meeting, the CNO will determine if any further follow up is needed. While these cases may not result in an investigation, there still remains a risk that an investigation could be initiated, so it’s important that members understand the potential risks and seek advice.

Please contact LEAP before talking to the CNO if you receive communication from the CNO regarding any reports (see box for contact information). This includes letters or reports related to this new early resolution process. LEAP will support you through this process.

“ONA is here to ensure that our members are fully aware of and represented in issues related to the CNO,” said ONA President Vicki McKenna. “This is another service of our exemplary LEAP benefit.”

How to Contact LEAP

Always speak to the LEAP Team before talking to the CNO on employer reports.

Here’s how:

- ▶ **Call LEAP Intake at (416) 964-8833 or 1-800-387-5580 (enter 0 for the Toronto office).**
- ▶ **Email: leapintake@ona.org.**



Chronique de la présidente, AIO
VICKI MCKENNA,
RN



SUITE DE LA PAGE 4

a suivi cette disposition, en attendant que les décisions arbitrales de l’hôpital, de la maison de soins infirmiers et des infirmières de l’ordre de Victoria – je refuse de les appeler sentences – soient rendues. (Au moment de mettre sous presse, les décisions de l’hôpital et des infirmières de l’ordre de Victoria étaient en attente; lire la dernière version sur le site ona.org/bargaining). Malgré tous nos efforts, nous ne nous attendons pas à ce que la rémunération totale augmente de plus d’un pour cent annuellement avec tout nouveau contrat, grâce au projet de loi 124 supprimant les salaires et qui est l’une des mesures législatives les plus draconiennes à être adoptées par ce gouvernement (voir page 13).

Avec un taux d’inflation de 3,4 % et une augmentation prévue, une « augmentation » de 1 % est en fait une réduction de salaire en termes réels et ramène l’équité salariale à plusieurs années en arrière, élargissant ainsi l’écart salarial entre les sexes. Encore une fois, ce gouvernement a prouvé que l’équité salariale n’est pas particulièrement importante pour lui non plus en faisant appel d’une autre victoire que nous avons reçue ce printemps à la Cour d’appel de l’Ontario sur le maintien de l’équité salariale pour les femmes travaillant dans les maisons de soins infirmiers (voir page 17). Pourtant, le gouvernement ne tient pas compte des innombrables sacrifices que vous avez faits pour prendre soin des Ontariens et des Ontariennes tout au long de la pandémie.

Le moins que l’on puisse dire, c’est que ces mesures gouvernementales sont consternantes, bien que nous ayons fait tout ce que nous pouvions pour renverser la situation, même plus encore. Même si les chances semblaient minces, nos équipes de négociation centrales ont déployé tous leurs efforts pour que les membres reçoivent un contrat équitable qui valorise votre travail. Cela a une certaine signification. Les tribunaux ont appuyé nos arguments réfléchis sur le projet de loi 254, qui est devenu le projet de loi 307 après l’invocation de la disposition de dérogation d’une part, et sur le maintien de l’équité



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

➔ SUITE DE LA PAGE 5

salariale d'autre part. Cela a une certaine signification. Nous avons mobilisé des milliers de membres pour nous opposer au projet de loi 124 et à quelques heures d'avis seulement, au projet de loi 254.

Cela a une certaine signification. Nous faisons du bon travail partout et le fait que le premier ministre Ford ait pris des mesures aussi draconiennes pour nous faire taire témoigne de la puissance et du respect de nos paroles. Cela a une certaine signification également.

Exploitions donc cette énergie et transformons notre été marqué par le mécontentement en automne axé sur la riposte! La Fédération canadienne des syndicats d'infirmières et d'infirmiers prévoit déjà une journée d'action nationale le 22 septembre. Consultez donc notre site Web et nos réseaux sociaux pour en savoir davantage sur la façon dont vous pouvez participer à cet événement et à d'autres mesures au cours des semaines prochaines. Nous pouvons le faire!

Malheureusement, je dois conclure sur une autre note sombre. Juste au moment où je préparais cette chronique, on nous a annoncé la découverte des restes de 215 enfants autochtones près de l'ancien pensionnat indien de Kamloops, sur les terres de la Première Nation Tk'emlups te Secwépemc, suivie par la mort de quatre membres d'une famille musulmane, assassinés sans raison à cause de leur foi alors qu'ils se promenaient à London. Ces tragédies me brisent le cœur et m'horrifient. Mes pensées les plus sincères vont aux familles et aux communautés des victimes, ceux qui vivent un deuil inimaginable. Même si nous vivons des jours extrêmement sombres pour le Canada, son histoire et les systèmes racistes systémiques qui continuent de causer des dommages importants, je tiens à réaffirmer l'engagement de l'Association des infirmières et infirmiers de l'Ontario à travailler avec nos membres racisés sur des mesures qui s'attaquent aux profondes inégalités, à l'oppression et à d'autres conséquences dévastatrices que tant de personnes subissent. Nous devons faire mieux et, ensemble, nous le ferons.

d'infirmières autorisées possédant des compétences spécialisées et appropriées. Cependant, ces infirmières étant forcées d'exercer une spécialité infirmière pour laquelle elles n'ont pas été formées, ce groupe était conscient que la fusion pourrait entraîner des problèmes d'habiletés et de compétences menant à des résultats potentiellement négatifs pour les patients. En outre, certaines infirmières autorisées et spécialisées dans la pouponnière de soins spéciaux pourraient être affectées à des patients qui n'ont pas besoin de ce niveau de soins, ce qui rendrait cette décision d'autant plus absurde.

L'Association des infirmières et infirmiers de l'Ontario a publié plusieurs communiqués au nom de ces membres, et la présidente de l'Association des infirmières et infirmiers de l'Ontario, Vicki McKenna, a accordé de nombreuses entrevues. Le groupe a présenté une pétition signée par plus de 100 infirmiers et infirmières du GGH à la chef de la direction, Marianne Walker, et a tenté de rencontrer le conseil d'administration de l'hôpital pour discuter de leurs préoccupations croissantes, ce qui a été nié de façon consternante. La lettre la plus puissante de toutes est sans doute une lettre émouvante qui a été adressée au rédacteur en chef de la part d'une infirmière du GGH qui a pris une retraite anticipée en raison du stress qu'elle ressentait du fait de la fusion. Cette lettre a très clairement montré que ce plan ne fera qu'exacerber la pénurie de personnel dans les pouponnières de soins spéciaux que l'employeur prétendait vouloir combler.

L'objectif de ces infirmières autorisées était dès le début de sensibiliser l'opinion publique, et c'est exactement ce qu'elles font, puisque cette histoire a été reprise par des dizaines de médias et des membres de la communauté qui ont répondu à leur appel. Pendant que la fusion se déroulait au moment de la presse, ces membres se sont mobilisés comme jamais auparavant et ont exploité cette énergie pour mener d'autres actions politiques. Je ne pourrais pas en être plus fière.

Parce que les membres de la pouponnière de soins spéciaux ont fait preuve de diligence en remplissant leurs formulaires de charge de travail, un moyen efficace de documenter l'impact du manque de personnel infirmier sur leur capacité de prendre soin de façon appropriée et sécuritaire de ces nouveau-nés fragiles. Un autre moyen s'offrait à eux : Le processus unique du règlement des plaintes de responsabilité professionnelle de l'Association des infirmières et infirmiers de l'Ontario.

Avec l'aide de nos spécialistes de la pratique professionnelle et de notre personnel, le groupe a récemment présenté ses préoccupations relatives à la charge de travail à un groupe de trois experts en soins infirmiers, appelé Comité d'évaluation indépendant, la dernière étape du processus du règlement des plaintes de responsabilité professionnelle lorsque les problèmes ne peuvent être résolus à l'interne. Et je suis ravi de dire qu'ils ont été entendus!

Le Comité d'évaluation indépendant a convenu avec nous que le nombre actuel d'infirmières autorisées affectées sur une période de 24 heures n'est pas approprié pour les bébés fragiles et qu'il est extrêmement problématique de forcer le personnel à se déplacer entre deux unités. Le comité a formulé 31 recommandations qui amélioreront considérablement les soins dans cette unité en tenant compte des niveaux de dotation en infirmières autorisées, des normes de pratique, du leadership et de la gouvernance en soins infirmiers, ainsi que des processus, des politiques et des procédures de l'unité. (Vous pouvez les consulter sur ona.org/member-services/professional-practice/iac-reports-summaries/). L'Association des infirmières et infirmiers de l'Ontario n'épargnera aucun effort pour s'assurer que l'employeur met en œuvre ces recommandations significatives sans délai.

Trouver votre voix sur le plan politique et remplir vos formulaires de charge de travail n'est pas une tâche facile. Souvent, ce n'est pas le cas. Pourtant, j'espère que cet exemple prouve qu'en agissant ainsi, vous pouvez non seulement améliorer vos propres conditions de travail et protéger votre pratique infirmière, mais aussi aider grandement ceux qui sont sous votre responsabilité, dont certains sont les plus jeunes et les plus vulnérables de tous. Et cela, en soi, fait que l'effort en vaut vraiment la peine.



Suivez Vicki dans twitter.com/vickivickim



Suivez Cathryn at twitter.com/cathrynhoy

Updating your vehicle's emergency kit



No matter the season, you want to be prepared for any emergency that might occur while on the road, whether it's a mechanical breakdown or other unexpected situation. A few months back, you packed the trunk of your vehicle with winter gear and winter-related emergency items. Warmer months have arrived and it's time to rethink the content of the trunk and of the emergency kit.

Things to consider including:

- A first aid kit
- Itch and pain relief medicine (insect bites)
- Non-perishable food, water and cleaning wipes
- Gloves, towel, extra set of clothes
- Baby powder (it helps remove sand)
- Reflective blanket
- Light source (flashlights & batteries)
- Duct tape
- Candles, lighter, waterproof matches
- Jumper cables, a small tool kit and a Swiss army knife
- Tire sealant, extra windshield washer-fluid and oil
- Road atlas or maps (your phone or GPS may not be able to connect)
- Insect repellant
- Wide brim hat
- Comfortable shoes
- Umbrellas or rain ponchos
- Solar phone charger
- Sunblock and moisturizer
- Hazard triangles
- Rags or paper towels
- Roadside flares
- Tire pressure gauge
- Spare fuses

You might also want certain items to be within hand's reach (in the glove compartment):

- A written list of emergency contacts (including the number for your roadside assistance provider) – your phone may not be able to connect
- Pen and paper (like in the "good old days")
- An escape tool – to cut a seat belt/break a window in case emergency escape is necessary
- Cleaning wipes & hand sanitizer

None of us are completely sheltered from the unexpected and with that in mind, there is no question that it is better to be prepared than wishing you had been.

Stay safe!

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