

FRONTLINES



“It Didn’t Have to be This Way”

Long-term care members share stories of heartbreak and hope in a sector ill-prepared for COVID-19

Members Demand: Stop Workplace Violence Now! P. 31

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

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Caring in Conflict

I am not an ONA member or affiliated in any way with the medical profession, but I would like to let you know I am appalled at the layoff of nurses by the government.

Bless all of you; your work is very much taken for granted. You are so special to do the work you do, and for all the sacrifices you make – and not just during COVID-19. Your worth is priceless!

I wish you well in this conflict. You will prevail!

A very big thank you.

MARCY FRENCH



HAVE SOMETHING TO SAY?

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



Now, That's Scary!

The following letter to the editor of the National Post, published in part on October 24, was sent by ONA President Vicki McKenna in response to the image of a stereotypical "naughty nurse" the newspaper ran alongside the video, COVID-19 Halloween Guide for a Safe and Fun Night, on its website and social media pages. I literally gasped in horror when I saw the image the National Post chose for your website and social media posts on ways to salvage Halloween this year.

As President of the Ontario Nurses' Association (ONA), I am appalled that the stereotype of a young, "naughty nurse" with long flowing hair adorned in a cap, long since phased out, and skimpy uniform resembling little more than lingerie is alive and well in the 21st century.

These kinds of unfortunate depictions are extremely insulting and insensitive to nurses, who use their exemplary skills every single day to provide quality patient care.

They diminish the fact that nurses are knowledgeable health-care professionals who make the difference between life and death. And they serve to fuel the ridiculous perception that nurses are fantasy figures for patients and the general public.

Even more appalling is that you placed a DNA image of COVID-19 in the background. Nurses have been on the front lines of the pandemic since day one, exhaustively working around the clock to care for their patients, oftentimes without the proper protections they need, and in constant fear of bringing this virus home to their families. They have rightfully been hailed as heroes for their countless sacrifices, yet this is how you choose to honour them and their work?

As a major Canadian newspaper, the *National Post* should be showing leadership by modeling inclusiveness, dignity and respect for all people. On behalf of ONA members and all nurses in this country, I ask that you immediately remove this offensive portrayal.

You can and must do better.

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.

- ▶ **February:** Black History Month (see page 14)
- ▶ **February 28:** International Repetitive Strain Injury Awareness Day
- ▶ **March 1-7:** Social Work Week
- ▶ **March 8:** International Women's Day
- ▶ **March 20:** International Day of Francophonie
- ▶ **March 21:** International Day for the Elimination of Racial Discrimination
- ▶ **April:** Equal Pay Day (exact date TBD)
- ▶ **April 7:** World Health Day
- ▶ **April 28:** Day of Mourning



Check ona.org for more information

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



A Year Like no Other

THIS IS THE TIME OF YEAR I REFLECT ON THE PAST

12 months and comment on the incredible achievements we reached together – and the work we have yet to do.

But none of us could have imagined when 2020 began what would quickly unfold. While we still have much to celebrate as a union, it would be a grave understatement to say this was a year like no other. The challenges before us were enormous, seemingly insurmountable and never-ending. But that didn't stop us.

I watched in awe as you selflessly and tirelessly cared for your patients/residents/clients around the clock, often without proper safeguards in place and with the constant fear of bringing COVID-19 home to your loved ones. Your ONA Team may not have been on the front lines with you, but we were very much fighting behind you, 24 hours a day, seven days a week, to ensure your safety. By working with our union counterparts and through the assistance of a mediator, we negotiated with the Chief Medical Officer of Health and the government improvements to Directive #5, for example, which allows you – and not your employers – to determine when you need an N95 respirator, based on your point of care risk assessment, which must be provided. And which could, in all honesty, save lives.

There is no question that our members in long-term care (LTC) fared the worst, as COVID-19 devastated their homes and all who live and work there. But we won battles here too, including a grievance arbitration decision that provides clear direction about access to personal protective equipment and infection control practices, urging the precautionary principle to be used when science is unclear. Both the LTC staffing study and interim reports from the LTC Commission contained many effective recommendations, including a minimum daily care standard of four hours of hands-on care per resident, which the government will implement – albeit not soon enough (see page 18). Do I think our work is done in LTC? Not by a long shot, but I am cautiously optimistic that we are finally moving in the right direction.

You would think with a pandemic ravaging our province, RN cuts would not be on the table, but we saw an uptick in

the last few months of 2020, mostly in the Greater Toronto Area, where ironically, COVID-19 cases are the highest. Yet, instead of taking an all-hands-on-deck approach, employers like Southlake Regional Health Centre cut upwards of 100 RN positions in one fell swoop to balance their books. We spoke out in the media, we talked to the government and we launched an emailer (ona.org/cuts) to the facility's Board of Directors, which emphasized all RN cuts. We will never stop advocating for your positions.

Speaking of Southlake, words almost fail me. While they are not the only health-care employer in the province with a horrendous track record on violence in the workplace, they are surely the worst (see page 31). After a lenient sentence was handed to them for failure to protect staff and two subsequent violent incidents a week later, we staged a safe rally outside their facility, which drew tremendous media attention and a lot of angry members!

In fact, 2020 was a year when we saw members step up like never before to protest several pieces of draconian legislation that negatively affect your collective bargaining rights. No matter where we land with these bills, one thing is for sure: your newfound skills around political action will serve us well this year and beyond.

Despite all you have been through this year, there is light at the end of the tunnel. As I write this, a COVID-19 vaccine is rolling out and I truly believe that 2021 is on the upswing.

Every year at this time, I wish our members a safe and happy New Year and thank you for everything you do. But never have these words rung truer. As the pandemic continues to grip the world, it is even more important that you stay safe and well, and know how much your union – and indeed all Ontarians – appreciate and respect you.

Une année sans pareil

NOUS VOICI À CETTE ÉPOQUE DE L'ANNÉE OÙ JE PRENDS

habituellement le temps de repasser les 12 derniers mois et de commenter les incroyables réalisations que nous avons réussies ensemble – et le travail qui nous reste à accomplir.

Mais aucun d'entre nous n'aurait pu imaginer les événements qui se sont soudainement présentés au début de 2020. Même si nous avons encore beaucoup de raisons de célébrer en tant que syndicat, ce serait un euphémisme de dire que



Follow Vicki at twitter.com/vickivickim

SUITE À LA PAGE 34



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



Fixing What's Wrong on the Inside

THERE HAS UNDERSTANDABLY BEEN SO MUCH

happening in the world of local political action these past few months, but we can't forget there is another equally important side to my portfolio: professional issues.

So important, in fact, that practice and workload issues are consistently one of the top concerns of our members. Before the pandemic, you were already run off your feet trying to provide quality care in a system woefully underfunded and understaffed. COVID-19 has only made a challenging situation worse.

But there is help. ONA is your lifeline. We have a team of expert and dedicated Professional Practice Specialists who can move your workload issues forward. And what does that look like? Well, ONA has a Professional Responsibility Complaints (PRC) clause in most contracts to address these problems in an orderly and timely manner. Take a look! It's clear, it works and it's unique to ONA.

But we can't help you if we don't know what's going on. And the best way to start is by completing a Professional Responsibility Workload Report Form, available on our website, whenever something doesn't feel right in your workplace. It paints a vivid picture of the problems you face. I was joking at the November Provincial Coordinators Meeting (see page 24) that I sound like a broken record because I say it so often, but it bears repeating: You need to fill out that form! Your Bargaining Unit also needs to enforce your collective agreement and request a meeting with your employer to discuss the forms. If the employer doesn't respond within the timelines set out in that collective agreement, we will move the process forward and use the forms as a tool to get things back on track.

But don't just take my word for it. Here's a recent example of a PRC in action. Members on the childbirth unit at Grand River Hospital in Kitchener filled out dozens of workload forms up until July 2020 over concerns of adequately trained staff for all areas of the unit (pre-delivery, post-delivery and aftercare), coverage of vacant shifts (sick calls, etc.) and the physical layout of the unit, which provides routine stress testing in the same area as triage for more emergent cases.

Through the hard work and advocacy of our Professional Practice Specialists, working in conjunction with the Bargaining Unit and Labour Relations Officer, a settlement was achieved without the need to progress to an Independent Assessment Committee (the final step in the PRC process). The employer agreed to implement a specialized float pool to address needs on related units (childbirth, pediatrics and neonatal intensive care), cross-train nurses on that float pool, add two RNs above baseline 24/7, and implement a separate area for the stress test clinic to remove pressure on the triage area. These changes will make a real difference to the working lives of these members and the care they provide to their patients, and they only came about because they stood up and spoke out! Plus, this settlement is binding, and as a result, the employer must enact these improvements – and ONA will make sure they do!

To assist and support with more timely PRC resolutions, our Professional Practice Team also introduced a new interactive initiative late last year: one-hour Zoom sessions for Local leaders and members to ask questions of a Professional Practice Specialist. Sessions included Reviewing the Process and Bargaining Unit Leadership Roles; Tips and Tricks for Labour-Management Meetings; and Long-term Care Membership Engagement and Bringing the Issues Forward. The sessions proved very popular, with terrific feedback, so stay tuned for further opportunities as we continue to expand this critical work.

So, while it may seem that professional practice has taken a bit of a back seat to local political action of late, I can assure you that nothing we lobby the government for on the outside will matter if we don't fix the workload problems you face with your employer on the inside.



Read more and find resources at ona.org/pp

Régler ce qui ne va pas à l'intérieur

CERTES, IL S'EST PASSÉ BEAUCOUP DE CHOSSES sur la scène de l'action politique locale au cours des derniers mois, mais nous ne pouvons pas oublier qu'il y a un autre aspect tout aussi important dans mon secteur d'activité : les problèmes professionnels.

Cet aspect est tellement important, en fait, que les questions de pratique et de charge de travail se retrouvent constamment parmi les

SUITE À LA PAGE 35



Follow Cathryn at twitter.com/cathrynhoy



MEMBERS GET LOUD!

« I took a deep breath and said, we're going to get through this. »
— ONA member Eram Chhogala, RN

“I did my very best,” ONA Member Says of Caring for COVID-19 Patients

As a trauma emergency department (ED) and resuscitation nurse, frequently deployed to COVID-19 assessment centres, Eram Chhogala is very glad she didn't skip the chapter at the back of her thick medical textbook on pandemics like so many of her nursing school classmates.

“It was very brief, but I read through it and thought, *I wonder if this could ever happen again*,” she said. “A lot of my colleagues now regret skipping that chapter, so I tell them to go back and read it. You learn how an epidemic becomes a pandemic, but, of course, when you go out into the field, it's a completely different ballgame.”

Reality Check

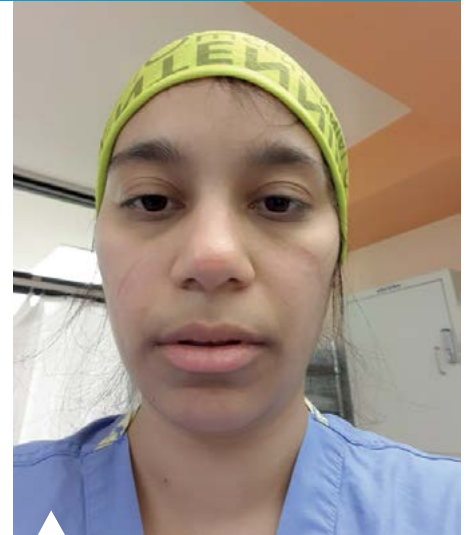
That would be a grave understatement. Working in two busy Toronto EDs means she frequently comes across probable COVID-19 patients, who are immediately isolated and, if necessary, intubated and sent to the intensive care unit. And because Chhogala's skills are so versatile, which is why she chose this area of nursing after working in other sectors, she is frequently pulled into the COVID-19 assessment centres at both facilities, which also presents challenges.

“I don't mind working there, but the number of people coming in with symptoms is overwhelming. We need to know where they work and their last shift, if they were exposed to someone who was positive – it's

a ripple effect. Back in the day, if someone had a sore throat, it was generally just a sore throat. But now, that could be COVID-19. And for some it's, *oh, I sniffled at work and now I have to get tested and prove I'm negative or I can't have a job* when there is probably nothing wrong. It's good that we are very cautious and trying our best to control numbers, but COVID-19 has changed our entire perception of how we live.”

And effectively controlling those numbers is the one critical piece missing from that tiny chapter on pandemics in Chhogala's medical textbook.

“I was worried when I first heard about COVID-19,” she admitted. “When Wuhan was heavily infectious, I thought it could spread among provinces, and to the next country. And if that happens, we've got a pandemic. But I was hoping we would have a better control of transmission and proper screening methods at airports. Things went through the cracks. SARS and Ebola should have been Canada's wake-up call to say if something like this happens again, this is our emergency plan. I'm not pessimistic, but there could be something worse the next time and if we can't handle this pandemic properly, how are we going to deal with that? I really hope COVID-19 is our reality check because thousands of people are sick and so many lives have been lost.”



The tightness of the mask and stress of her job is written all over the face of ONA member Eram Chhogala, who spends a good portion of her day in personal protective equipment caring for COVID-19 patients. She is also pictured on page 3.

By their Side

Sadly, that's something Chhogala, who also mentors new nurses, knows a great deal about. While she said the nature of COVID-19 – and life in general – is that a patient can be fine one moment and turn the next, she is comforted by the fact she gives them her all.

“I stand by their side and give them my presence. I feel for their families. I've Facetimed for them because their loved ones have tubes down their throats and don't have a voice. I'm their voice. I'm there in their time of need because their family can't be. And I promised I would take care of them to make it less difficult. I hold their hand and talk to them as they take their last

breath because they can still hear me. At the end of the day, I know I did my very best for them.”

As difficult as that is, at the end of the day, Chhogala also has to address her own fears. The fear we could run out of personal protective equipment (so far, her facilities have a sufficient supply) or become an Italy or New York, turning patients away due to a lack of ventilators. The fear that an ambulance arrives at the ED carrying someone she knows. The fear she could bring the virus home to her loved ones – she has a very stringent cleaning routine – or get sick herself.

“If I have difficulty sleeping, which we all do occasionally, I think, *I hope I don't have it*. Then I reassure myself that I'm OK. It's the smallest thing, like an upset stomach because there are gastro-intestinal symptoms. Mentally, physically and emotionally, this has been exhausting – and we all cope differently. I'm a Muslim and I seek divine wisdom. So, I reflect deeply and spiritually, not only for myself but for the entire world. When the second wave came, I took a deep breath and said, *we're going to get through this*. Because my message really is that this too shall pass.”

Be Kind

But it's not Chhogala's only message.

“I don't need gifts or food from the public. They don't even have to say thank you. Don't get me wrong, it's very nice and much appreciated, but what's nicer is that they respect us by staying safe and complying with the rules. People have tubes down their throats and are fighting for every second of their lives. People have lost family members, marriages and friendships. People are struggling to put food on the table. So, please be kind and supportive to one another. This is not the time to pick at the smallest things. Remember everyone is fighting their own battle you know nothing about.”







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Members “Excited” to Participate on NP Focus Group

The regional representatives on ONA’s very first Nurse Practitioner (NP) Focus Group say they are eager to help ensure one consistent voice for all NP members.

Comprised of one NP member from each region (chosen by Expressions of Interest), First Vice-President Cathryn Hoy (chair) and ONA staff, the focus group was established by the Board of Directors to provide a forum for NPs to voice their interests, professional considerations and recommendations for collective bargaining, and to serve in an advisory capacity. To do so, the member representatives are accountable for obtaining feedback, suggestions and concerns from NPs in all sectors within their regions and reporting back to them on recommendations made by the focus group, which are subject to Board approval.

The focus group, which has an initial three-year term – it will then revert to a two-year term as per ONA Policy – will meet quarterly (and ad hoc, when needed). While the team’s orientation session this past September wasn’t quite as initially planned, with the meeting taking place via Zoom, there was still fulsome discussion, including the creation of the terms of reference.

“I’m excited to participate on the NP Focus Group,” said Region 1 representation Natalie Cameron. “As legislation has swiftly expanded the role, autonomy and responsibilities of the NP over the last decade, we are discovering unique needs within the workplace. This focus group is a step forward to understanding, supporting and promoting NP professional practice in our workplaces, so we can continue to provide the quality care our patients deserve. I look forward to collaborating within this group with full ONA support.”

That’s something echoed by all team members, including Region 4 representative Sophorn Him who noted, “I’m keen on working with ONA and its NP members to represent and voice their interests,” and Region 3 representative Sonia MacDonald who said she “looks forward to highlighting our NP members across the province.”

Read brief bios on the focus group’s five regional representatives in the sidebar. And if you have a question or comment for any of them, or the group in general, email NPFocusGroup@ona.org.

Are You an NP? We Want to Hear from You!

ONA is creating our own database of NPs in the province so we can share and solicit information, and we want to hear from as many as possible. Please send your name, employer/sector and contact information to NPFocusGroup@ona.org.

Meet the NP Regional

Natalie Cameron, NP REGION 1



Natalie Cameron is settling into her new role as NP at Sault Ste. Marie and District Health Groups/ Sault Area Hospitals, “learning the realities of our health-care system and patient experiences that have

a significant impact on our professional value, our role and its future.” A nurse for 12 years, Cameron holds a Master’s degree in Nursing from Laurentian University, specializing in primary health care. A self-proclaimed “proud and loyal member of ONA,” Cameron has served as a Unit Representative and member of her local negotiating team, noting “the support and guidance of ONA is genuine, professional and strong.”

Sophorn Him, NP REGION 4



Sophorn Him, Bargaining Unit President at the Guelph Community Health Centre, has 13 years of nursing experience, starting her RN career at Cambridge Memorial Hospital, mostly in the intensive care unit. After graduating from Athabasca University with a Master’s in Advanced Nursing Practice in

2013, she began practising as a primary NP at the Guelph Community Health Centre, providing care to vulnerable populations, such as new immigrants and those with mental health issues and addictions.

Representatives!

Poonam Sehgal, NP

REGION 2



Poonam Sehgal describes herself as a “passionate and tenured NP,” whose “patient first” mindset enables her to provide the best care using a preventative strategy. She holds a Master’s degree with a clinical focus in geriatrics, and received her primary health-care NP

certificate in 2011. Sehgal, who started her career in family medicine, proceeded to work in mental health, became a clinical director at an NP-led clinic in Scarborough, and currently works for the Central East Local Health Integration Network on the NP Supporting Teams Averting Transfers. She also mentors students with leading-edge technology in medicine within her scope.

Marie Greer-King, NP

REGION 5



After returning to Western University part-time to complete the Master’s of Nursing degree and Primary Health Care NP program, Marie Greer-King spent her first year of NP practice at the Grand Bend Area Community Health Centre and has been working as the only NP at the Alexandra Marine and General Hospital since 2012. In that role, she provides primary care to

patients and their families in the emergency department, prenatal clinic and mental health inpatient units. Greer-King has a long history with ONA, having served as both Treasurer and Unit Representative for Local 100, and as a member of ONA’s NP Wage Grid Committee in negotiations with the Ontario Hospital Association.

Sonia MacDonald, NP

REGION 3



Currently part of the Nephrology program at Lakeridge Health in Whitby, Sonia MacDonald has worked in a family health team, a community health centre, acute internal medicine, mental health (eating disorders), palliative care and a pediatric intensive care unit. She took her love of teaching back to

York University, where she obtained her Master’s of Science in Nursing and Primary Care NP certificate in 2010, and became a clinical course director in the Pediatrics Nursing course, then later in Health Assessment, Community Nursing and Integrated Practicum, along with the Ontario Primary Health Care NP program. MacDonald also currently works with the Canadian Association of Nephrology Nurses and Technologists to help develop national NP standards in nephrology.

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Where are the Nurses for Public Health, Members Ask at Protest

We have been short-staffed since before the COVID-19 pandemic began, and the community is suffering the impact. That was the key message from a lunch-time protest of public health nurses and other staff from the Haldimand Norfolk Health Unit.

The protest, held on November 13 in Simcoe, warned the public and media that the health unit's Board of Health has worsened an already difficult situation – the counties have COVID-19 outbreaks in long-term care homes, local farms and the community – by cutting three full-time RN positions earlier this year due to budget cuts. There are now eight RN vacancies at the health-unit, and non-RNs are conducting COVID-19 symptom assessments and monitoring, as well as the infectious disease work.



"As health unit staff who live and work in Haldimand and Norfolk, we want programs and services to be delivered responsibly," Local 7 Coordinator Melanie Holjak told a lunchtime protest on November 13. "But our feedback and suggestions to complete the work more efficiently have been ignored."

« We need more nurses performing nursing work. »

– Local 7 Coordinator Melanie Holjak, RN

"The provincial and federal governments provided several funding envelopes in August, including \$500,000 for school-focused nurses," Local 7 Coordinator Melanie Holjak told the protest. "Most health units filled all RN positions with that funding and some hired upwards of 20-plus nurses. We cannot continue to work excessive amounts of overtime to fill the gaps, and the solution to these vacancies should not be to assign work that requires the knowledge and skills of an RN to others. We are exhausted and running on empty. We know many excellent RNs from our hospitals and community programs who applied for public health nursing positions months ago. Where are the nurses? Why haven't they been hired? The decisions being made regarding work assignments put residents at risk and compromise the care they receive."

"Now is the time to call out the moves of the health unit management, who are putting money ahead of the health of their community and their own RNs," added Region 4 Vice-President Angela Preocanin. "We won't rest until this health unit begins to fulfil its duties to the people of these counties."

And judging by the "huge success" of this protest, the people of these counties are onside.

"It was amazing," Holjak noted. "The community support has been fantastic, including online comments – and the vehicle honking was deafening! We successfully delivered our messages. Members felt supported by this community and by ONA."

Locals Let Signs Say it all!

Recognizing that not all members are comfortable rallying or meeting with their MPPs to protest government legislation that negatively affects our lives, many Locals have come up with something a little less intimidating to empower them: Eye-catching lawn signs.

"The idea came after hearing the discouragement members expressed when the impact of Bill 124 was realized," said Local 214 Coordinator and Children's Hospital

of Eastern Ontario Bargaining Unit President Karen McCoy, referencing the wage-suppressing legislation. "We are in a pandemic, but wanted to give them a voice – something that would start conversations with their family, friends and neighbours."

ONA's Communications and Government Relations Team assisted with messaging and Lead Rep Thomas



Tsuji came up with sign samples, on which Unit Reps were polled to encourage their engagement. Local 214 Vice-President James Chu found a company to

print the signs and deliver to McCoy's house, where Unit Representatives picked them up (while wearing a mask and respecting social distancing rules).

"Collectively, the Local 214 executive" – which also includes Treasurer Graham Robinson and Secretary Courtney Freeman – "and our

Meeting My MPP

ONA member Nadein Gorges, a critical care unit nurse, was so enraged by the wage-suppressing Bill 124, she decided to set up a meeting with her MPP to let her know in person. And with a little – make that a lot – of perseverance she did!

It didn't hurt that her MPP is Natalia Kusendova (Mississauga Centre), an RN and ONA member.

"I was interested to see if she agreed with Bill 124 or was forced into it due to her political affiliation," said Gorges, who arranged the meeting last summer through a private message on Twitter after originally emailing Kusendova.

While Gorges, who attended with a nurse colleague, said she never pictured herself being politically active and was nervous heading into the meeting, "I was strong and determined to help my fellow nurses by getting my MPP to answer the hard questions. When I saw the government taking away nurses' rights, I couldn't stand by and let it happen. I had to fight no matter how scared I felt on the inside."

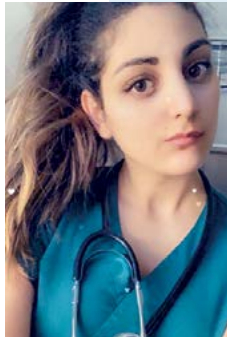
She hopes that resilience will encourage other members to do the same.

"My advice is to approach your MPP calmly and respectfully when requesting a meeting. Present yourself as being open for a discussion, but get your hard questions ready and don't let them ramble about numbers in the meeting. Also, take notes and record your MPP's answers."

And that's certainly true of Gorges, who covered several topics during the meeting and wrote a three-page summary, some of which we are printing here (see sidebar).

«I want to inspire others to be a voice for nurses.»

— ONA member Nadein Gorges, RN



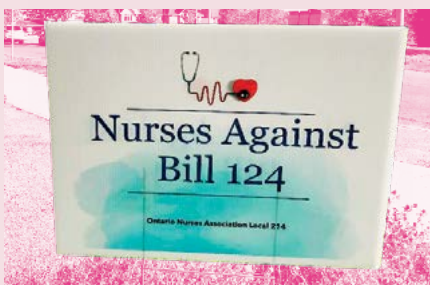
MPP Kusendova stated that because she is a nurse, values her work and colleagues, and is a member of ONA, she could not in good conscious vote for Bill 124. So, she left the room when it was being passed. We asked how not voting makes you someone who protects nurses and their rights. She did not agree that by doing nothing she has still done harm because now nurses are feeling undervalued – and she is supposed to represent us. She stated she is only one nurse and encouraged more nurses to get into politics to create change. We informed her that ONA and other unions are fighting this bill, and asked if she is aware it violates the Charter of Rights and Freedoms.

We also told her that nurses' wage increases have been below the inflation rate and that the outrage from this bill will worsen the nursing shortage in Ontario. She agreed this has been an issue and stated she is working to improve the shortage and that the PC government has increased money to health care.

We brought the conversation back to the lives of nurses and how many have suffered because of working in unsafe conditions. When asked about personal protective equipment shortages and the province's delayed response, which risked the lives of many nurses, she stated she was one of the first to push for it. She agreed the response was delayed, but will do better next time.

Our meeting lasted just over an hour, and someone was waiting outside when we left. MPP Kusendova gave us a box of surgical masks, N95s and collagen vitamin supplements.

It was an interesting experience, but next time I will be even more prepared with additional facts about this government's history. She did not appear to believe Bill 124 will go away, so it's important that we continue to protest and speak to MPPs from all parties to fight it and get the word out. Ontario nurses will not tolerate anything less than respect and equal pay for our worth!



Unit Reps made this happen," added McCoy. "We are listening and we are in this fight together!"

A little further south, Local 105 had a few creative ideas of their own.

"I organized the signs with our Local Coordinator Melissa Tilley," said Northumberland Hills Hospital Bargaining Unit President Sarah Cowin. "We designed two signs because we really wanted the public to know what this government is doing to health-care workers. Bills 124 and 195 need to be repealed! I was very pleased with



how these signs turned out. They are posted on members' lawns and the public has been very helpful, asking for signs in support of nurses!"

Members Explain Why Nursing is Your Calling

Because so many face-to-face Nursing Week events were cancelled last year due to COVID-19, we asked members via social media to share your alternative plans to celebrate and why you love your chosen career, tying in with our theme, *Our Calling: Care, Compassion, Comfort*.

Here, in our continuing series, are more of your creative, heartfelt and deeply personal stories.



Growing up, my grandmother was always in the hospital. I remember many times my family packed the car and drove to Toronto as she prepared for the latest surgery, one she may not survive. We were told to always prepare for the worst. We would say our goodbyes, only to have her return to our northern hospital a week later demanding to be sent home, as she didn't want to be in the hospital. My grandmother was a rebel dressed in knee-length skirts and loved pink roses.

When she came home from the hospital, we spent our time together watching television, getting creamsicles at the grocery store and driving to the lake to see her friends. At 2 p.m. each day, I knew she needed her warfarin and that she preferred to have ice water with a "bendy" straw. I would lay awake at night listening to the sound of her breathing from my guest bedroom on the nights that we had sleepovers. She was my best friend. She cared for me like the doting grandparent. I cared for her like she was my treasure.

When I was a teenager, I wasn't sure what I wanted to be. My grandmother, very patiently, waited for me to ask her opinion. She suggested that I become a nurse – and so I did. When I came home from school, I'd tell her all about what I was learning and doing, and she listened intently.

My grandmother was very proud of me for becoming a nurse. She would brag to her friends and tell me she was glad I listened to her. She knew I paid attention to detail and always wanted to make the best of her recoveries. I spent my adulthood enrolled in various university and college programs to further my education to enhance the care I provide. I continue to do so to this day.

I now have the pleasure of working with seniors who are experiencing responsive behaviours, in the context of dementia and/or mental health considerations. Each time I work with a client and their family, I want to care for them the same way I would want someone to care for my grandmother. I take time to know the person and their support network. I ask what their goals are, not what I think is best. I help make care plans to reduce stressful situations while also protecting the individual's personhood. I lend an ear when caregivers are upset or sad. I help put smiles on people's faces after a "bad day" or "trying time." I celebrate the successes. I look at the clients as though they are someone's treasure, just as I looked up to my grandmother.

It's been nearly a decade since my grandmother passed away. I truly believe she is always with me and still proud of what I have become and how I care for others.

Ashley Percival, RN



Being a nurse for 21 years, I love my profession every day. It gives me immense pleasure to bring a laugh or smile to my patient's face. Some of the patients call me "speedy," "bubbly," "sunshine" and "perky."

I always tell someone who asks why I like nursing so much that when I lay on my bed and reflect on my day, my consciousness tells me I helped someone. And that makes my day!

Anitha D'souza, RN



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.



I have always been a kind, compassionate person who enjoys listening to others and learning something new. I became a nurse to care for my community. I wanted a career with lifelong learning opportunities, and to help me grow as a

person. I have been a nurse for 23 years and still love the work I do. I have never felt so satisfied in any other field of work. So proud to be a nurse!

Lana Whittaker, RN

Celebrate Nursing Week 2021 Virtually!



It may be early in the year, but it's never too soon to start planning Nursing Week 2021!

Members of ONA's Nursing Week Advisory Team met by Zoom on December 1 to reflect on last year's events

and brainstorm ideas for this Nursing Week, which will be held from May 10-16. As we are likely to continue to operate under COVID-19 restrictions, ONA is promoting a virtual Nursing Week, the same as last year.

We encourage you to get your creative juices flowing now and think about how you can celebrate safely and virtually, which could include showing videos (or creating one of your own), finding motivational speakers or even holding yoga sessions via Zoom! Given the ideas you came up with last year and the stories you shared with us, we know you're up to the challenge again! ONA will prepare a handy tip sheet to assist leaders in this work. We hope you will submit stories again this year to frontlines@ona.org!



Stay tuned for more on Nursing Week 2021 and find additional resources at ona.org/nw21



I am an RN, who has worked at St. Joseph's in Toronto for 30 years.

As a child, I went to the hospital very often for sprained ankles, and was inspired by the nurses and how they helped me. From that point, I knew nursing would be my calling.

I went to Humber College and graduated in 1989. Though I should have graduated the year before, I did not due to failing one subject. I remember being distraught and overwhelmed as I didn't have any interests in being anything other than a nurse. My parents told me to buckle up and keep going, and if I wanted to be a nurse, I would make it. I paid my own way through nursing school.

My final clinical was in post-partum where I eventually got hired with a temporary license. During this time, I was preparing to write the RN exam. Due to anxiety, I failed the first time. I was even more determined to become an RN and was able to pass my second time. After three years of working in post-partum, I transferred to labour and delivery, where I worked for 13 years.

During my final year in school, a character artist came to draw our photos, depicting the area we would love to work. I didn't know what area or specialty I wanted to pursue. The picture was of me as an RN carrying twins. Reflecting back, I was shocked and in awe that he was able to predict my specialty before I knew! It was fate that I was to work with babies.

Wanting to expand my horizons after many years, I took the operating room course at George Brown College. I worked in both the OR and labour and delivery. In 2006, I transferred to the cystoscopy department, while continuing to work casual in labour and delivery.

In 2008, I received the Toronto Star's Nightingale Award, nominated by a young teenage mother I supported during her labour. This was truly a momentous moment in my career.

As a nurse, I love getting to know my patients. My colleagues in cystoscopy also call me the "social worker" of the group. I treat my patients not as patients, but people with rich life stories they want to share. Involving myself more than just "medically," I am able to provide holistic care. Deep in my core, I knew I was meant to be a nurse. I am proud to say my oldest daughter has followed in my footsteps. She said she chose her career because of me and my stories of helping. I truly hope I can continue for another five to seven years. As long as I have my health, I know I will.

Lillian Ferraro, RN



KNOW YOUR RIGHTS

Black History Month: Fighting Racism Together

The best way to acknowledge Black History Month is by committing to turning the tide on anti-racism together and becoming allies, ONA believes.

Black History Month is acknowledged each February to celebrate the many achievements and contributions of Black Canadians who have done so much to make Canada the culturally diverse, compassionate and prosperous nation it is today. In 2018, the ONA Board of Directors designated Black History Month as one of our key human rights and equity observances, recognizing and honouring the struggles of Black nurses and health-care professionals, and the pivotal role they played in our history.

“Sadly, those struggles continue as we witness increased incidents of anti-Black racism around the world, including our own back yard,” said ONA President Vicki McKenna. “The COVID-19 pandemic has only served to exacerbate those inequities.”

In fact, a groundbreaking study by the African Canadian Civic Engagement Council and Innovative Research Group found Black Canadians are more likely than other Canadians to be infected or hospitalized with the virus, and experience reduced work hours and household incomes. A study by Harvard Medical School researchers also revealed that health-care workers of colour are more likely to care for suspected or confirmed COVID-19 patients and use inadequate or reused personal protective equipment, and nearly twice as likely as White colleagues to test positive.

HRE Caucus – Beyond Good Intentions: Confronting Racism Through Solidarity

“Racism is a public health crisis,” said ONA Litigator Darcel Bullen. “The data during COVID-19 makes it clear that systemic racism and the social determinants of health have the largest impact on health outcomes.”

“If we look at the work experiences of racialized ONA members, you will see a clear picture of the inequities,” added Toronto/Peel Victorian Order of Nurses Bargaining Unit President Lorna Thompson. “As a nurse, I have experienced anti-Black racism. I arrived at a client’s home once and was told I could clean the toilet. There is an assumption that Black women are not qualified to be health-care professionals or leaders in their profession. This needs to change. We also must apply culturally appropriate health care. For example, the description of injuries



ONA’s virtual Human Rights and Equity Caucus on November 3 addressed the serious issue of racism, with ONA Litigator Darcel Bullen (top right) and Toronto/Peel VON Bargaining Unit President Lorna Thompson (bottom) discussing the social determinants of health and the intersection of race during one of three panel presentations moderated by Labour Relations Officer Kieran Maxwell (top left).

and wounds – red, hot, swollen – do not relate to Black skin, which turns blue or grey.”

Bullen and Thompson were part of ONA’s Human Rights and Equity Caucus, *Beyond Good Intentions: Confronting Racism Through Solidarity*, which took place via Zoom on November 3. Through a series of panel presentations, moderated by Labour Relations Officer Kieran Maxwell, remarks from Board and Human Rights and Equity Team members, and the written word of poet Desiree McKenzie, the half-day focused on lived experiences.

“As a union committed to inclusivity and workplaces – and indeed the entire world – free from racism, discrimination and harassment, ONA recently released a strongly-worded anti-racism position statement and is in the process of selecting members for our Anti-Racism Member Advisory Team, which will be comprised of three Black members, three Indigenous members and up to three members from other racialized communities,”

Give Us Your Ideas to Address Social Injustice!

Do you have a creative way to address the social injustices around you?

Perhaps you’re a painter, a poet, a storyteller or someone who likes to plan events and/or get involved in political action to demand a better world. If so, we want to highlight your talent and engagement in *Front Lines* to inspire other members.

Send your submissions to frontlines@ona.org.

added McKenna. “But to truly make a difference, we need you all to get involved.”

“Studies show people can be consciously committed to equality and deliberately work to behave without prejudice, yet still possess hidden negative prejudices or stereotypes that could manifest under stressful situations,” said University Health Network – Princess Margaret Hospital Bargaining Unit President Ingrid Garrick, also part of the Caucus. “They may not recognize or understand their own unconscious bias, although they may have good intentions. They may be afraid of saying the wrong thing, but it’s alright to correct yourself and apologize. It’s a learning process and we all make mistakes.”

Labour Relations Officer Molly Kraft, co-founder and member of Showing up for Racial Justice – Toronto, wholeheartedly agreed, noting we cannot allow those mistakes to freeze us in place, but must try again and continue to work.

“Commit to whatever stage you’re in,” she urged. “If that’s just an acknowledgement, commit to it! If that’s confronting racism when you see it, commit to that! If it’s taking action, commit! Commit to stretching into a role that scares you – like confronting a racist neighbour or talking to the store owner who has a Black Lives Matter sign. Whatever it is, ask yourself what a ‘stretch’ feels like and then do it.”

Visit ona.org/hre for resources on anti-racism, including our recent digital offering, *Unveiling the Truth: The Thoughts and Experiences of ONA Members* (also available at <https://youtu.be/KefFng9WAQ>). We have another digital offering planned for Black History Month that will focus on how you can be an ally.

How to be an Ally in the Fight Against Racism

If there was one thing that was made clear at ONA’s recent Human Rights and Equity Caucus, it’s that being an ally in the fight against racism starts from within. Here are some tips to get started on that important journey:

- Evaluate yourself and determine what you need to become a better ally.
- A great start is the free Implicit Association Test (IAT), which assesses hidden stereotypes and prejudices that circumvent conscious control. Encourage your employer to post a link to the IAT on their intranet and urge employees to take it. Find the test at <https://implicit.harvard.edu/implicit/canada/takeatest.html>.
- Educate yourself on the history and reality of racial discrimination.
- Understand that the experiences of other people may not be the same as yours.
- Train yourself to recognize and identify prejudice, discrimination and oppression, and speak out against it.
- Offer support to a person being discriminated against by asking how you can help, listening and not denying their feelings.
- Encourage your children to accept differences.
- Find other allies to work with you in supporting racialized communities.
- Ensure there is an active human rights and equity rep in your Bargaining Unit.
- If your employer does not have a Diversity Team, encourage them to create one.

“Becoming an ally takes work,” said University Health Network – Princess Margaret Hospital Bargaining Unit President Ingrid Garrick. “You must be committed to bringing about the necessary changes to improve the lives and health outcomes for the diverse communities we serve.”

ONA Endorses Status for All Campaign

ONA has endorsed the Migrant Rights Network’s call for full and permanent immigration status for migrants, refugees and undocumented people.

As part of its *Status for All* campaign, the Network prepared an open letter, signed by ONA, that states COVID-19 has exposed deep inequalities in our society, with the worst impacts being felt by women and Black, Brown and Indigenous communities. It notes that migrants, refugees and undocumented people have lost work and wages during the crisis, but many have been shut out of emergency income supports, unable to pay rent, have faced starvation, lost life savings and are sacrificing essential health care.

“We call for a single-tier immigration system, where everyone in the country has the same rights,” states the Network’s letter, released at a press conference on September 14. “All migrants, refugees and undocumented people in the country must be regularized and given full immigration status now without exception. All migrants arriving in the future must do so with full and permanent immigration status.”



To view the letter and lend your support, log onto <https://migrantrights.ca/status-for-all>

Protecting Yourself: How to Prevent Data and Identity Theft

Due to COVID-19, there has been a significant increase in people working from home and accessing services virtually and electronically, including ONA members.

But while we're learning some new computer and Zoom skills, we need to increase our efforts to protect ourselves from identity theft, and our data from abuse.

Here are some tips:

- **Beware of unsolicited emails, phone calls and texts.** Phishing attempts that trick you into giving up your information are on the rise. Be wary of messages that make threats, or require urgent responses. Don't click on links or attachments from senders that you don't know. Watch out for typos. Protect yourself by using trusted anti-malware software. ONA offers this protection on our systems; ensure this is available on your non-ONA computers and applications.
- **If you are a Local leader/rep with an ONA email account/laptop, work within our email and computer systems when working remotely/from home.** ONA systems are backed up to protect your data, have anti-malware features built in, require multi-factor authentication (for added protection) and are actively monitored for security threats. Ensure you have a strong password; don't share your password with other work colleagues, family members or others. Report suspicious activity to ONA's Information Technology Team at Helpdesk@ona.org.
- **Protect your printed materials.** There might be a tendency to print materials and dispose of them in your recycling bin. Try to avoid printing anything; where printing is required, ensure that documents are shredded prior to disposing. Data thieves are finding it easier to steal identities and valuable information by "dumpster diving" than by cyber-hacking.
- **Monitor your personal and business accounts and be alert to suspicious financial transactions.** Follow up immediately with your financial institution if you spot suspicious purchases or charges.



For more information on staying cyber-healthy during COVID-19, see cyber.gc.ca



Hospital, Nursing Homes Bargaining Teams Elected; VON Team Acclaimed

The votes are in!

ONA members elected your regional representatives on both the Hospital Central Negotiating Team and the Nursing Homes Central Negotiating Team during telephone and online elections this fall. The Victorian Order of Nurses (VON) Central Negotiating Team was acclaimed, meaning no election was necessary.

These new teams will receive orientation early in 2021, set their priorities based on the results of our *Have Your Say* bargaining survey, which ran throughout the fall, and then work tirelessly on your behalf to negotiate with their employer groups for renewed contracts. Bargaining talks begin March 2-4 for VON, March 8-12 for hospitals and April 26-30 for nursing homes, with mediation and arbitration dates also set, if needed. The ONA President, First Vice-President and CEO will serve as ex-officio members of the teams, which will also be supported by staff.

ONA congratulates the following candidates who were elected, acclaimed or, where no names came forward, chosen at the fall Area Coordinators Conferences:

Hospital Central Negotiating Team

Region 1

- **Full-Time:** Kelly Latimer, Local 13, Health Sciences North
- **Part-Time:** Carrie Doherty, Local 81, Dryden Regional Health Centre

Region 2

- **Full-Time:** Rachel Muir, Local 83, The Ottawa Hospital
- **Part-Time:** Kate Magladry, Local 83, The Ottawa Hospital

Region 3

- **Full-Time:** Ingrid Garrick, Local 97, University Health Network – Princess Margaret Hospital
- **Part-Time:** Derek Montgomery, Local 124, Southlake Regional Health Centre

Hospital Central Negotiating Team

Region 4

- **Full-Time:** Carol Gunsch, Local 139, Grand River Hospital
- **Part-Time:** Grace Pierias, Local 75, St. Joseph's Healthcare

Region 5

- **Full-Time:** Alan Warrington, Local 100, London Health Sciences Centre
- **Part-Time:** Jo-Dee Brown, Local 8, Hotel-Dieu Grace Healthcare

Nursing Homes Central Negotiating Team

- **Region 1:** Judith Wright, Local 14, Southbridge Lakehead
- **Region 2:** Maureen Withers, Local 105, Riverview Manor Nursing Home
- **Region 3:** Miranda Liu, Local 111, Extendicare Rouge Valley
- **Region 4:** Joann Carey, Local 9, Valley Park Lodge
- **Region 5:** Sandra Kravets, Local 8, Brouillette Manor Ltd.

VON Central Negotiating Team

- **Region 1:** Lucja Masoom, Local 14, VON Thunder Bay
- **Region 3:** Lorna Thompson, Local 43, VON Toronto/York
- **Region 4:** Heather Wareing, Local 7, VON Brant



Keep up to date on negotiations at ona.org/bargaining

End Legal Fight against Pay Equity, ONA Demands Government, for-Profit Homes

ONA and the Service International Employees Union (SIEU) Healthcare are calling on the government and for-profit homes to end their 14-year legal battle against female long-term care health-care professionals and respect their fundamental human rights.

Despite calling these workers heroes throughout the pandemic, last October the government moved forward on an appeal of an April 2019 decision by Ontario's Divisional Court that significantly strengthened the rights of female-dominated professionals by allowing pay equity to be achieved using the proxy method. That means nurses in private homes for the aged, who are overwhelmingly female and without male comparators, have the right to maintained pay equity based on outside male comparators in larger public-sector workplaces.

"Nurses are 90 per cent female, which means there are often fewer male staff to compare to internally, making the proxy method necessary," ONA President Vicki McKenna told a Zoom media conference on October 1, joined by CEO Beverly Mathers, ONA Pay Equity Specialist Andrea Sobko and SEIU President Sharleen Stewart. "The courts have already found that pay equity is a fundamental human right that has been recognized by the Supreme Court of Canada and under international law. Yet,



ONA President Vicki McKenna, CEO Beverly Mathers, Pay Equity Specialist Andrea Sobko (not pictured), and SEIU President Sharleen Stewart told a Zoom media conference on October 1 that the government has spent so much taxpayer money fighting the pay equity issue that it could have paid these women what they deserve.

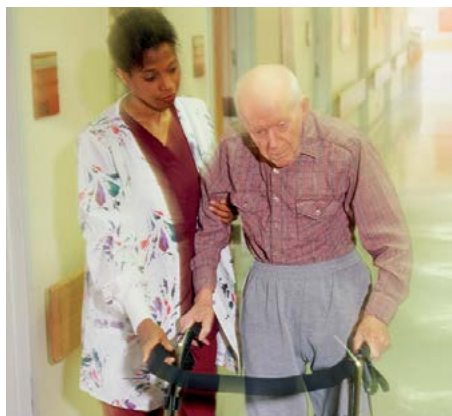
the government and for-profit owners are prolonging a sexist fight against the dedicated women who provide care to our frail elderly."

The leaders noted that their members are on the front lines of the pandemic, with dozens becoming ill and some tragically dying from COVID-19 in for-profit homes, which the government has chosen to support over them.

"Women working in nursing homes deserve a fair, respectful wage – at the very least," concluded Mathers. "It's time this government stops blocking that opportunity."



QUEEN'S PARK UPDATE



Still Fighting to Protect LTC Staff, Residents

In October and December, Ontario's Long-Term Care (LTC) COVID-19 Commission released interim recommendations for the government. ONA was pleased to see that many of these recommendations are consistent with those we put forward. In addition, ONA Chief Executive Officer Beverly Mathers is quoted in the introduction to the recommendations on staffing.

To date, ONA has met with the Commission three times to provide an overview of what happened on the front lines. Our presentations have focused on amplifying our members' personal stories of working during outbreaks (see cover story on page 20). We spoke to the commissioners about our efforts to ensure compliance with government directives. We also put forward a series of immediate recommendations for better staffing, infection prevention and control, health and safety, government actions and leadership in the homes, among other key issues.

In response to the Commission's first interim report and ongoing advocacy by ONA and other stakeholders, the government finally agreed to a four-hour minimum daily care standard in this sector.

"We were relieved to hear this, but the implementation period is far too long – not until 2024-25," said ONA President Vicki McKenna. "We need that minimum daily care standard now. And there is still not the appropriate investment for staffing in the 2020-21 budget."

The government also introduced a new low-wage job classification in LTC: resident support aides, which ONA opposes.

Moving forward, the Commission is focusing on longer-term solutions. To support this process, the government has finally agreed to change the Commission's terms of reference to allow LTC staff to be granted anonymity when testifying. ONA will continue speaking out and supporting our members who wish to participate in this process. The Commission's final report is expected in April 2021.

2020 Ontario Budget Released

On November 5, the provincial government released its 2020 Budget, which has been widely criticized for failing to meet the test of urgency and address immediate health-care system needs. In total, there is \$7.5 billion in new spending on health care, but most is allocated beyond this year: \$4 billion in 2021-22 and a further \$2 billion in 2022-23. In addition, many of the health-care commitments were previously announced as part of the government's COVID-19 Fall Preparedness Plan.

ONA had hoped to see significant base budget increases across the board for hospitals, long-term care (LTC) facilities, community and public health. For example, Budget 2020 allocates an additional \$572 million this year for hospitals to support additional COVID-19 costs; however, that amount



will not even cover existing deficits, which the Ontario Hospital Association pegs at a combined \$548 million in April and May alone.

Rather than reverse planned funding cuts for public health that were announced in January 2020, the government has committed to \$47 million in "mitigation funding" for public health units for the 2020 and 2021 funding years. We want to see a full reversal. For the LTC sector, the budget provides no details regarding the government's stated commitment to an increase of four hours of hands-on care for residents and there are no additional funds allocated. Funding must flow to resident care immediately.

Budget 2020 also makes amendments to Bill 124, the government's wage restraint legislation. It proposes adding "enforcement tools" to support compliance with the law and clarifies the application for employees who change bargaining status.

Overall, the province will run a \$38.5 billion deficit for 2020-21 with no plan to return to balance. In addition, the government has been adamant that they will not raise taxes, and this budget does prioritize reducing some taxes for businesses.

ONA will be monitoring the implementation of the funding amounts for health care to each of the sectors and we will measure the budget based on outcomes achieved for patients, residents and clients.



Health-care Unions Negotiate Changes to Directive #5

Working together with Ontario's health-care unions – the Ontario Public Service Employees Union, the Canadian Union of Public Employees-Ontario Council of Hospital Unions, Service Employees International Union and Unifor – ONA was able to negotiate important revisions to Directive #5, which helps achieve the proper health and safety protections and reinforces the responsibility of employers to ensure that protection is readily accessible.

ONA's key position was to ensure that Directive #5 aligned with the precautionary principle. The enhanced standards direct that if a health-care professional comes in contact with a suspected, probable or confirmed case of COVID-19 in a patient, resident or client where a two-metre distance cannot be assured, that health-care professional can determine through their point of care risk assessment if a fit-tested N95 respirator or approved equivalent or better protection is needed and, if so, the employer cannot deny it.

This revision benefits all Ontarians as we fight back during this pandemic.

ONA Joins LTC Residents and their Families in Opposing Bill 218

The government is being widely condemned for passing Bill 218, the *Supporting Ontario's Recovery Act, 2020*.

This legislation inappropriately and retroactively shields government

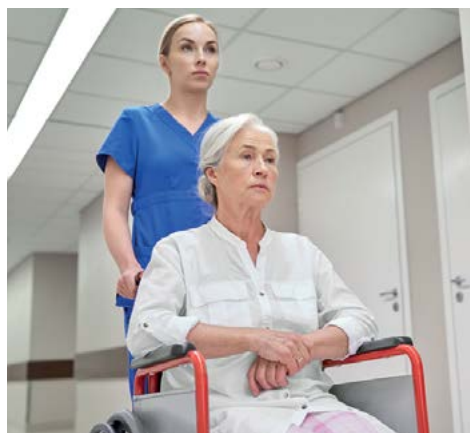
representatives, health-care facilities, and long-term care (LTC) home operators from liability in their negligence during the pandemic. Now in effect, Bill 218 will negatively impact the more than two dozen civil suits that have already been filed against the government and/or for-profit LTC homes.

ONA's submission called on the government to reject Bill 218 on the basis that it displaces normal standards of conduct applicable when caring for patients in health-care facilities and nursing homes. It is inconsistent with the *Long-Term Care Homes Act*, which protects the rights of residents to live in dignity and security. It also undermines the values of human dignity, physical safety, and psychological integrity underpinned by section 7 of the Canadian Charter of Rights and Freedoms, which guarantees the right to life, liberty and security of the person. We believe the normal legal framework and accountability should continue to apply during COVID-19.

The priority must be protecting long-term care residents and staff from COVID-19. Instead, with Bill 218, the government is protecting itself and condoning otherwise negligent conduct by for-profit LTC operators that are still experiencing significantly worse COVID-19 outcomes – both cases and deaths – than those in municipal or non-profit facilities.



Read all ONA submissions at ona.org/submissions



DID YOU KNOW?



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

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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>

“It Didn’t Have to be This



Long-term care members share stories of heartbreak and hope in a sector ill-prepared for COVID-19

When Lena, an ONA member who worked at a for-profit long-term (LTC) care home during the first wave of COVID-19, talks about the deplorable conditions that left vulnerable residents and staff fearful, exhausted, sick – and much worse – she quickly tears up.

“When I came to work, I was seeing my family because that’s what my residents were to me – I loved them. We’re supposed to take care of the people that have taken care of us for generations, and this is how they were treated? It didn’t have to be this way. They deserved so much more.”

Lena – not her real first name; we are keeping our members and their workplaces anonymous in this story – is one of thousands of LTC members who watched in horror as COVID-19 spread like wildfire in their homes. At press time, approximately 2,500 residents had died during the first and second waves in Ontario alone, more than 9,000 caught the virus, and 100

homes were in an outbreak situation (many homes have been in outbreak multiple times since the pandemic began). Twenty per cent of COVID-19 cases in the province are health-care workers, including many ONA members, with some ending up on ventilators. And tragically, eight have died, including member Brian Beattie.

Not Prepared

According to a recent report from the Ontario Health Coalition (OHC), more resident deaths occurred at for-profit homes, where maximizing profit is paramount. Exacerbating the problem is the high acuity level of LTC residents, who have more complex needs than ever.

“Long-term care is not what it was 20, or even 10 years ago,” said Lena. “It’s no longer your sweet grandpa who can’t take care of himself anymore and needs a place to live. Residents are at the end of their life, needing palliative care. They are late-stage

dementia. They have significant wounds. We’re doing IV therapy, tube feeds – everything hospitals do.”

Despite that, the OHC notes that health-care funding for LTC in Ontario is woefully inadequate, our 78,800 LTC beds are the second fewest per capita among the provinces, and more than 37,000 people are on wait lists. Premier Doug Ford promised to build and redevelop 30,000 new beds over the next 10 years, but more than two years into his mandate, only a handful have come to fruition.

While many homes had serious staffing and infection control issues long before COVID-19 hit, the pandemic made an already dire situation worse, with many members reporting their homes simply weren’t prepared.

“We knew COVID-19 was in Canada, but my employer never had any health and safety meetings about what we needed to do to prepare,” said Lena. “We literally just trucked on like life was normal. Even once we were in an outbreak, there were no regular health and safety meetings on COVID-19, not even daily huddles.”

Jeremy agreed, adding, “there was absolutely nothing in place to protect residents and staff in the early days due to a lack of leadership. When the employer first heard of COVID-19, they should have prepared for a crisis and ordered enough personal protective equipment (PPE). But they didn’t.”

Way”

PPE Under Lock and Key

The lack of appropriate PPE is a common complaint among the members we interviewed, with Corinne noting, “we weren’t listened to as health-care professionals. We were told we were over-exaggerating the problem and weren’t at risk.”

Jeremy’s employer was equally irresponsible, telling staff early on “we didn’t need PPE. We would be handed two masks and gloves, but no N95s. Gowns were limited. We didn’t even know how to use PPE properly. We knew we had to wash our hands, but that was about it. Management wasn’t visible enough to know what was going on – and staff didn’t trust them anyway.”

Lena, who was checking all of the residents’ temperatures and “putting more and more on the COVID-19 list,” was allowed “just one regular facemask per shift” and “we had to keep them in our pockets, so they got dirty.”

That came as a shock to Anne, a retired LTC member, who offered to return to her former home and help during the pandemic only if the precautionary principle – erring on the side of caution – was applied and all staff were wearing fit-tested N95s.

“My employer told me that Public Health and the Ministry of Health said that surgical masks and goggles are adequate. So, I said I won’t be coming back.”

And while many members report eventually getting the PPE they needed, thanks in large part to the government’s revised Directive #5, the struggles didn’t end there, with Lena noting, “the N95s were always locked away in the manager’s office. The directive states we can use our nursing judgment at point of care to determine if we need one,

and must receive it. But our manager said they are for aerosol procedures, and we didn’t need them. So we had to fight for that. When I was working nights one week, I put N95 masks in front of the rooms with confirmed cases of COVID-19 so staff could be safe, and the manager removed them. We did have gowns, but there weren’t enough, so we eventually had to wear the cheap plastic ones you shouldn’t actually use in an isolation room, which were basically like garbage bags.”

She fared better than some members though, who shared horror stories of actually having to wear garbage bags on their bodies and plastic bags on their heads and feet as makeshift PPE.

Cohorting Chaos

And that was even more problematic because staff weren’t always aware when residents tested positive for the virus.

“We weren’t told who was sick in the early days,” said Jeremy. “It was a secret. We were going from room to room, and the virus was spreading everywhere.”

“Residents were cohorted in rooms together, but many were not isolated and staff were caring for them without the proper PPE,” added Alia. “We didn’t know we were working with positive residents because nothing was said or done. And when we found out, it was already too late.”

That’s something Lena knows all too well.

“There was no way to keep residents isolated properly. When COVID-19 hit, beds weren’t even two metres apart. We had positive residents sharing rooms with negative residents, and, of course, they became positive

too. Residents were allowed to go to common areas, such as the dining room. We also had wanderers, people with all levels of dementia, and it was impossible to keep them isolated. I suggested moving COVID-19 residents into the same area to minimize the risk. That didn’t happen until much later when Public Health mandated it. But by then almost all our residents were positive.”

For others, there just wasn’t the space.

“We weren’t able to cohort,” said Corinne. “We had so many sick residents and nowhere to put them. We isolated them in their rooms, pulled the curtains between them, and turned off the fans.”

Staff “Dropping Like Flies”

“Staffing has always been a huge problem in long-term care,” noted Roberta. “RNs and RPNs have fewer benefits than our hospital counterparts and much more paperwork.”

Jeremy concurred, noting that “COVID-19 brought pre-existing staffing issues to the forefront, while Alia added that “staff shortages have always meant huge workloads. Personal support workers (PSWs) cannot take care of 12 residents all at once. And there is only one RN on shift with a tremendous amount of pressure.”

That’s because an LTC home is only required to “meet the assessed needs of residents” and have a single RN on duty at all times, while much of residents’ personal care falls onto PSWs, who are unregulated and paid far less.

“The PSWs were so short-staffed that even when our building was at full nurse capacity before COVID-19, we were doing non-nursing duties,” explained Lena. “There were so many days when I would be giving meds

« We do our best, but if the staffing level is higher, the care and outcomes are better. »

– ONA Member Alia, RN

and then walk through the dining room and stop to feed four or five residents because there was only one person there.”

Needless to say, the pandemic only compounded that situation. And while the government quickly ended the practice of LTC staff working at more than one home to help control the spread, it also intensified the staffing issue.

“We had to pick our workplace, and we lost many staff,” said Jeremy. “We were working double shifts many days in a row to make up the difference, and we were tired. Staff were dropping like flies. It was really, really bad.”

Lena, who was sick with COVID-19 for a month, said most of the staff at her home also chose to work at their other facility, meaning they sometimes only had two people on staff (normally, there were two to three RNs per shift and eight PSWs).

“One week, I worked 10 p.m. to 6 a.m. on Monday, Tuesday, Wednesday and Thursday nights. On Thursday night they asked me to stay into the Friday day shift because there was no RN. So I stayed until 10:30 a.m. when somebody covered me. I worked all Friday night and came back to work Saturday until 2 p.m. And that day, I broke down in tears because I was literally going from room to room, putting people in isolation. I was exhausted. Everyone was getting sick.”

Many were also scared.

“A lot of staff were going on sick leave because they were diabetic or had high blood pressure and were vulnerable,” said Roberta. “Others were afraid of taking the virus home to their families.”

While staff were screened for any symptoms before entering LTC homes for their shifts, many said it didn’t much matter.

“There was one day shift where everybody was off sick,” said Lena. “Two PSWs showed up, were screened

« Long-term care homes don’t have the appropriate staff and proper equipment to provide optimal care. »

– ONA Member Lena, RN



and both had a fever. But they were asked by management, ‘Are you feeling well enough to work? Because if you don’t stay, we have nobody.’ The employer knew they were sick and allowed them to work anyway.”

Even those who were home sick with COVID-19 said they felt pressured by management to return as soon as their 14 days of isolation were up, regardless of whether they were up to it, physically or mentally. Others who were sickened may not be back for months to come – if ever. Others still said they are very worried about the long-term side effects of COVID-19 and if they will catch it again.

“I went back to work before I felt ready because there were no nurses,” said Jeremy, who still has difficulty breathing. “You fear going back to work, but there is no acknowledgement from management. They had a responsibility to protect staff and they didn’t.”

Members also report their workload has not just increased because of the lack of staff, but because of the time everything takes now.

“We have to don and doff PPE between isolation rooms, which

increases time,” said Prisha, who worked at a home that implemented proper infection control early. “Four residents could be fed at a table in the dining room, but now it’s just one at a time in their rooms. I’d have three or four actively dying residents on my shift and wouldn’t have as much time to see my other residents. We provided the best care we could, but not the amount we wanted.”

Also adding the distress was the fact that funeral home staff were not allowed into the homes, leaving LTC staff to place residents who had died in body bags.

“We had to take them down to the parking lot, which was very tough,” said Roberta. “It took a very big toll on our mental health. Some of these residents were with you since day one, and were vibrant. Then this disease came at them full force. It was heartbreaking.”

Also heartbreaking was that because residents’ families weren’t allowed into the buildings, LTC staff were the only ones with them during their final breaths, with Corinne noting, “this was their home and they should have felt safe here. But I did everything in my power to comfort them.”

Got it Right

It's important to note that not all LTC homes got it wrong. We have heard some very positive stories from members about the preparedness of their homes – and their willingness to listen to staff.

“Our home was preparing for *when* COVID-19 came, not *if*,” said Prisha. “We screened early, took social distancing measures, and residents were isolated in rooms right away. Management set out PPE and we knew where additional stock was. There is always room for improvement, but we had effective control measures in place.”

“We had a struggle in the beginning, but then management really did a great job,” added Roberta, who endlessly – and successfully – lobbied for staff and residents, who remind her of the grandparents she adored. “We have one unit just for COVID-19 patients and only staff working there are allowed unless a code happens. They did N95 fit-tests for everyone. I raised concerns about the supply. I emailed them constantly. I told them I would take my concerns to labour-management or would call the Ministry of Health, Labour, etc. – I have so many options. I write every conversation down and keep evidence. I told them if staff are not safe, how are we going to keep our residents safe? They got the message and we're doing very well. We have enough PPE and access to more, and there is good communications from management on how much has been used. Our health and safety meetings are happening. Pushing back when I see a wrong is in my blood.”

High Hopes

ONA has long advocated for better conditions in LTC: additional staffing, appropriate funding, a minimum staffing standard, better wages, and the end of for-profit homes (see feature section with this issue). We have high hopes that the

government-appointed LTC COVID-19 Commission, in which we have heavily participated, will issue meaningful recommendations (see page 18).

“We need more staff and better salaries,” said Jeremy. “We can't say it doesn't matter because government-run nursing homes pay more than for-profits, and staff will leave.”

“Infection control has to be at the front of management's mind at all times, not just flu season,” added Anne. “Four-bed wards are rife for something to happen. Staff have to feel they are being protected, that their health and safety matters, and they can change their PPE when it's the proper time. Doing a point of care risk assessment is different in an LTC setting than a hospital. You are in residents' homes and they are not confined to their beds unless they can't get up. So your risk of exposure happens as soon as you get on the floor and you need PPE before then.”

While some members reported that management staff were on the floors helping during the worst days, that wasn't the reality for most, with Corinne stating, “management needs

to be more visible so they can see the issues for themselves.”

“Sadly, COVID-19 is not going anywhere anytime soon,” concluded Lena. “It's changed the world and how we practice, and the health-care system has to adapt. People are living longer and coming to homes sicker with more behavioural issues. But they're coming into facilities that aren't properly equipped to provide the optimal care they deserve.”

Not Giving Up

As bad as things have been for many LTC members these past few months and before, they continue to be driven by one thing.

“We love our residents,” said Jeremy. “We become attached to them. They're funny and pass on their knowledge. They tell stories about how things used to be, and we care about them deeply.”

Alia concurred, noting that “despite everything, my feelings about long-term care haven't changed, and I will work there until I retire. I feel so sorry for those who are gone, but the ones who remain need me. And I am not giving up.”

« I always put in front of management that if your staff are not well, then your residents are not well. »»

– ONA Member Roberta, RN





November PCM Issues Call to Action

A common theme was threaded throughout the November Provincial Coordinators Meeting (PCM): We need you.

Learning from our first virtual PCM this past June, ONA President Vicki McKenna, First Vice-President Cathryn Hoy, CEO Beverly Mathers, the five Regional Vice-Presidents and staff came together (socially distanced, of course) in a large Toronto studio – meant to mimic an in-person event – and from their homes on November 4-5 to provide in-depth reports on recent ONA activities and external initiatives, focusing heavily on the COVID-19 pandemic, RN layoffs, workplace violence, government legislation, and our *Still Fighting* public awareness campaign.

“Even though you are working in dire situations, you have shown how nurses and health-care professionals positively impact health care,” McKenna said. “What I hear inspires me to continue to tell the government your stories and fight for your workplace rights. I’m still fighting because we have a long way to go. And you’re still fighting on the front lines for yourselves and those in your care. I urge you to talk to your MPP about your experiences. Explain to your family and friends what you are dealing with in your workplace. Share ONA’s campaign ads on social media to help inform the general public. My promise to each of you is that I will never stop fighting, and I know I can count on you to do the same.”

After outlining several tactics our members have employed to push back against harmful pieces of legislation, including wage-suppressing Bill 124 and Bill 195, which extends pandemic emergency measures while overriding our collective agreements and grievance arbitration process, Hoy thanked delegates for being advocates, noting “we can’t do what we do without you.” She also urged them to continue to complete their workload report forms, noting, “this pandemic has shown that we need to use our professional responsibility complaint process and collective agreements to our full advantage.”



ONA President Vicki McKenna (left) and First Vice-President Cathryn Hoy address PCM delegates via Zoom from a Toronto studio.



CFNU President
Linda Silas



OHC Executive Director
Natalie Mehra



OFL President
Patty Coates

Guest speakers continued the call to action, with Canadian Federation of Nurses Unions President Linda Silas urging members to help push governments for the necessary precautions as COVID-19 numbers soar throughout the country; Ontario Health Coalition Executive Director Natalie Mehra noting we must continue to work together to win fights against privatization; and Ontario Federation of Labour President Patty Coates encouraging members to join its Power of Many campaign (powerofmany.ca).

“This campaign has a goal of bringing our vision of an Ontario for all, with appropriately funded public services, to fruition,” she said. “Please join with us and let’s commit to one another that we will continue to make a difference for our members and the most vulnerable among us. We need your strength in our corner.”

PCM week began with our annual Human Rights and Equity Caucus on the theme, *Beyond Good Intentions: Confronting Racism Through Solidarity* (see page 14) and wrapped up with an engaging and interactive education session on Bill 195, including strategies for continuing to apply pressure in our own communities.

“Talk to your Bargaining Unit President or Local Coordinator if you want to get involved because they have experience, knowledge and amazing ideas,” Hoy said. “It really is infectious once you join those rallies, meet people, hold a sign in your hand and hear the honking horns. Political action isn’t just for today, it’s for tomorrow – and having your voices heard.”



Read the full November PCM Highlights at
ona.org/news-posts/november-pcm-2020/

Solidarity! Working with Allies to Bring about Change

As the saying goes, it takes a village. And no organization believes that more than ONA.

It is for that reason we have aligned ourselves closely with several international, national and provincial groups whose guiding principles and goals align very closely with ours: to

maintain and protect our publicly funded and administered health-care system to enable our members to provide quality care to their patients/residents/clients. In the days of COVID-19, increased workplace violence, government interference into our negotiated rights, and

ongoing RN layoffs, this has never been more important.

Below is a handy reference chart on the key organizations ONA belongs to, which are supported, in part, through member dues or yearly donations, along with a brief synopsis of their work. Be sure and visit their websites to learn more.

ORGANIZATION	MEMBERSHIP	KEY FUNCTION
INTERNATIONAL		
Global Nurses United (GNU) nationalnursesunited.org/global-nurses-united	Nurses and health-care workers from 14 endorsing countries worldwide. ONA is affiliated through our membership in the CFNU (see below), one of GNU's founding organizations.	As its name suggests, GNU unites nurses and health-care workers worldwide to fight austerity and attacks to our professions, communities and environment by providing the ability to work collectively to guarantee the highest standards of universal health care for all and to secure safe patient care, especially regarding nurse-patient ratios.
NATIONAL		
Canadian Federation of Nurses Unions (CFNU) nursesunions.ca	The voice of nearly 200,000 members in eight provincial nurses' unions (Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland), as well as 35,000 student nurses of the Canadian Nursing Students' Association.	The CFNU advocates for its members and promotes the nursing profession on the national level by ensuring the Prime Minister, the Minister of Health, other MPs and top-level bureaucrats in Ottawa know what nurses think and where we stand on health-related issues that impact people in Canada.
Canadian Labour Congress (CLC) canadianlabour.ca	The largest labour organization in Canada, the CLC brings together national and international unions, provincial and territorial federations of labour and community-based labour councils to represent more than three millions workers across the country. ONA is affiliated with the CLC through our membership in the CFNU.	Believing that unions are a positive force for democratic social change, the CLC embarks on campaigns to improve Canada for everyone in areas such as decent wages, healthy and safe workplaces, fair labour laws, equality rights, dignity in retirement and a sustainable environment.
Canadian Health Coalition (CHC) healthcoalition.ca	Comprised of national organizations representing nurses, health-care workers, seniors, churches, anti-poverty and women's groups, and trade unions, as well as affiliated coalitions in 10 provinces and one territory, such as the OHC (see below).	A public advocacy organization, the CHC is committed to ensuring that governments throughout Canada renew their commitment to protect and expand our public health-care system to meet the present and future needs of all people in the country, based on the principles and conditions of the <i>Canada Health Act</i> .
PROVINCIAL		
Ontario Federation of Labour (OFL) ofl.ca	Represents 54 unions and one million workers in Ontario, making it Canada's largest provincial labour federation, and links with the CLC (see above).	The OFL serves as an umbrella group for working people and their unions, pushing for legislative change in every area that affects people's lives, including health, education, workplace safety, minimum wage and other employment standards, human rights, women's rights, workers' compensation and pensions.
Ontario Health Coalition (OHC) ontariohealthcoalition.ca	Made up of more than 400 member organizations and a network of local health coalitions and individual members, including unions, seniors' groups, non-profit community agencies, ethnic and cultural organizations, and links with the CHC (see above).	A non-profit, non-partisan public interest activist coalition and network, the OHC educates, informs and empowers members to actively engage in the making of public policy on matters related to our public health-care system and healthy communities.

ONA 2020 Scholarship Winners Look Forward to Joining ONA

The competition was strong, but ONA has chosen the recipients of our 2020 Nursing Student Scholarships, our Reese Fallon Memorial Scholarship, and the Ontario winner of the Canadian Federation of Nurses Unions (CFNU) Scholarship.

The scholarships, worth \$1,000 each (except for the Reese Fallon Memorial Scholarship, which is \$2,000) are intended to assist students pursuing education in nursing or a regulated health professional field cover some of their post-secondary expenses. Applicants must be immediate family members of an ONA member and submit an essay of 300 words on the

topic, “The Importance of ONA for Nurses.” Judging by their words, these aspiring nurses and health-care professionals really understand the critical work of our union, with most saying they look forward to becoming a member one day!

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



Read full essays at ona.org/students



CFNU Scholarship

NIMRUT SAHOTA:
Sister of Aneet Sahota
from Local 111, Leisureworld
Caregiving Centre

“ONA’s commitment to supporting, guiding and advocating for its members is evident through their long-standing history and collaboration during times of great need. As a young novice nurse, I look forward to working on the front-lines knowing I am a member of a supportive organization dedicated to helping me better serve the community.”



Reese Fallon Memorial Scholarship

NICHOLAS LAMBERT:
Son of Stephanie Lambert
from Local 2, St. Joseph’s
General Hospital, Elliot Lake

“ONA assists its members in resolving practice concerns through political action, public awareness and collective agreements. Many knowledgeable experts in the areas of professional practice, health and safety, infection control, labour relations and human rights are also readily available to advocate for and support ONA members.”



DAENERA MORTON:
Daughter of Jennifer Stager
Piatkowski from Local 139, Grand
River Hospital

“ONA has played a fundamental role in protecting nurses’ jobs, fighting for adequate wages and benefits, and ensuring they are treated as professionals. ONA provides nurses with a voice to express their concerns to both the government and the employer.”

Bursaries Available for Members too!

ONA doesn’t just offer student scholarships; we’ve got our members covered too!

Interested in pursuing education in labour relations? We have a bursary for that. Eager to learn more about health and safety or human rights? We can help with that too!

Applications for our Glenna Rowsell, Human Rights and Equity, and Occupational Health and Safety bursaries are due on **March 1** of each year. Information on the bursaries, eligibility requirements and application forms are available on our website.

The Registered Nurses’ Foundation of Ontario, the Workers Health & Safety Centre (see page 33) and the Registered Nurses’ Association of Ontario also have bursaries and scholarships for various learning opportunities, with differing timelines. You’ll find information on those on our website too.



See ona.org/bursaries

ONA Seeking Member Input on Strategic Plan



ONA has embarked on an exciting new initiative – and we invite you to come along!

Our Strategic Planning process, launched at the November Provincial Coordinators Meeting (see page 24), will provide the foundation to ensure our union remains

viable and relevant to our members during these difficult and challenging times and into the future, especially as we approach our 50th anniversary. This work will also include looking at our vision and mission and developing a statement of values for our organization.

“I’m very excited about this project because it will not only provide us with strategic directions and approaches to our work, but the groundwork for a review of our brand,” said ONA President Vicki McKenna. “I don’t mean just our logos and colours; branding is the perception and reputation of an organization, as well as its relevance now and in the future. Because this is about your union, we want as many members to participate in this process as possible, and there will be various opportunities for you to do so.”

ONA has engaged MASS LBP, a seasoned firm that has collaborated with many organizations on their strategic plans and various engagement initiatives, to assist us with this important work. Stay tuned for further information on how you can get involved in the months to come.

ONA Campaign Highlights Members’ Resilience

ONA issued a strong reminder to Ontarians in our fall 2020 public awareness campaign: nurses and health-care professionals are still fighting for them and their own profession despite enormous obstacles.

Through a series of powerful radio, television, social media and print ads, which ran throughout October and November, the campaign, dubbed *Still Fighting*, featured nurses discussing key areas of concern: the continuing decline of long-term care (LTC), RN cuts, and the negative impact of government legislation.

“Our nurses and health-care professionals have never stopped providing exemplary care, despite what they have had to overcome throughout the pandemic,” said ONA President Vicki McKenna. “Our LTC members are dealing with understaffing, underfunding and a host of



atrocities while watching their residents and colleagues become infected with, and in some cases, tragically dying from COVID-19. Hospitals are cutting front-line RNs at the worst possible time. And, workplace violence is on the rise. Premier Ford praises you for your sacrifices while passing several pieces of legislation that limit your pay increases and override your negotiated contracts and Charter rights. Yet, you continue to advocate for the needs of your patients, residents and clients, and stand up for your profession. We wanted to remind the public of that – and

judging by the overwhelmingly positive responses we have received to our ads, that’s exactly what we’ve done.”



View the ads at nursesknow.ona.org.

IN BRIEF...

Board Committees Up and Running!

ONA's three new Board Committees, tasked with looking at a number of union processes and issuing advice and recommendations to the Board of Directors, have started their work.

The committees – Governance and Nominations, Quality of Service to Members, and Finance and Organizational Risk – met via Zoom in September to receive orientation and get to know each other. The committees are made up of Board members, front-line members and staff.

"We wanted to include members because they bring a unique and important perspective to the table, which is invaluable," said ONA First Vice-President Cathryn Hoy, who chairs the Finance and Organizational Risk Committee. "We expect there may be some overlap among the committees once we are in full swing – and we look forward to reporting on our progress in the weeks and months to come. It's an exciting time for us all."

B.C. Judge Rules against Private Care

In a wide-reaching decision, a British Columbia Supreme Court judge has ruled against a surgeon advocating for the right of patients to access private care in violation of a provincial law banning extra billing and private insurance.

Justice John Steeves stated in a written ruling after a four-year trial that Dr. Brian Day and other plaintiffs failed to show patients' constitutional rights are being infringed by the *Medicare Protection Act*, which focuses on medically necessary care, not ability to pay. Day, CEO of Cambie Surgeries Corp., had argued patients have a constitutional right to pay for private

care when wait times in the public system are too long.

Saskatchewan Court Quashes RN Fine

Saskatchewan's highest court has overruled a disciplinary decision and a \$26,000 fine levied against an RN who criticized her grandfather's care on Facebook.

The Court of Appeal quashed the Saskatchewan Registered Nurses Association's finding of professional misconduct against RN Carolyn Strom, who wrote on Facebook a few weeks after her grandfather's death in 2015 that some unnamed staff at his long-term care facility were not up to speed on delivering end-of-life care.

The association's lawyer argued that Strom personally attacked an identifiable group without attempting to get all the facts about her grandfather's care. But Justice Brian Barrington-Foote wrote in his decision that Strom's freedom of expression was infringed and she had a right to denounce his care, adding that criticism of the health-care system is in the public interest and when it comes from front-line workers, can bring positive change.



Pharmacare Needed More than Ever, Statement Stresses

While it may appear to have taken a back seat during the COVID-19 pandemic, ONA and our allies are still very much pushing for a national pharmacare plan.

In fact, the plan is needed now more than ever, notes a recent joint

statement issued by the Canadian Health Coalition, which ONA signed, along with 184 provincial and national organizations representing health-care providers, non-profits, unions, workers, seniors, patients, and the business community across the country.

"Before the COVID-19 pandemic, 20 per cent of Canadian households were struggling to pay for their medication," the statement begins. "The mass layoffs triggered by the pandemic have now left millions more people without work-based drug plans."

As an emergency first step, the statement calls on the federal government to immediately implement phase 1 of the report by the Advisory Council on the Implementation of National Pharmacare by providing public coverage for essential medicines for all Canadians and commit to implementing phase 2 by adopting a full, comprehensive pharmacare program within its current mandate.



CFNU Action Targets Premiers

The Canadian Federation of Nurses Unions launched an email action targeting Canada's premiers as they embarked on a fall virtual summit to discuss priorities such as the federal Throne Speech and the pandemic.

With essential front-line workers accounting for roughly one in five cases of COVID-19 in this country, the email action urged the premiers to protect them through risk assessment and proper personal protective equipment (PPE), and by working with the federal government towards producing made-in-Canada N95 respirators and other PPE.



FOR YOUR BENEFIT

Healthcare of Ontario Pension Plan President/CEO Named

The Healthcare of Ontario Pension Plan (HOOPP), the pension plan of the majority of ONA members, has announced the appointment of Jeff Wendling as its President and Chief Executive Officer.

Wendling, who replaced the retiring Jim Keohane last spring, most recently served as HOOPP's Executive Vice-President and Chief Investment Officer. He has been with HOOPP for more than 20 years, having joined in 1998 as a Senior Portfolio Manager on the Public Equities Team.

"Jeff has three decades of investment experience and has been integral in developing and overseeing HOOPP's investment," said Dan Anderson, Chair of HOOPP's Board of Trustees and former ONA Senior Director/Chief Negotiator. "After an extensive search inside and outside Canada, the HOOPP



Board determined that based on his deep knowledge of HOOPP, pension plans and the global investment landscape, Jeff stood out among the many strong candidates as the best person for the job."

"I am honoured to lead an organization that is committed to providing retirement security to more than 350,000 health-care workers in Ontario," stated Wendling, who also sent a video greeting to ONA members

at the November Provincial Coordinators Meeting. "HOOPP has been very successful – a world-class pension plan that is a model for others. I am excited to work with the team to help take HOOPP to the next level, and continue to deliver on the pension promise to our members."



See [hoopp.com](https://www.hoopp.com)

Most Canadians Choose Pension Over More Money, HOOPP Survey Finds

Three-quarters (74 per cent) of Canadians polled would prefer a slightly lower salary in exchange for a better – or any – pension plan, a survey by the Healthcare of Ontario Pension Plan (HOOPP) and Abacus Data reveals.

While the survey, conducted online in May and June among 3,500 Canadians aged 18 or older, showed a slight drop from the 80 per cent of respondents who said the same thing last year, "this year's findings reaffirm Canadians' personal and societal concerns around retirement security," said HOOPP Senior Vice-President of Plan Operations Steven McCormick. "Immediate public health and financial considerations stemming from COVID-19 have not changed Canadians' commitment to pensions and their willingness to pay for them to ensure a better future for themselves and for everyone."

In fact, the majority (86 per cent) of respondents said all workers should have access to efficient retirement savings arrangements, while 82 per cent agreed all employees should have a pension that guarantees a percentage of

their working income in retirement. Additionally, 79 per cent said they would rather their employer make pension contributions than receive that money as salary.

"Canadians are saying we need to do more, and we know what works," added McCormick. "There needs to be ongoing dialogue between government, business and the retirement security community on how we can provide more efficient, affordable and sustainable retirement."

82%

SURVEY RESPONDENTS WHO SAID ALL WORKERS SHOULD HAVE A PENSION THAT GUARANTEES A PERCENTAGE OF THEIR WORKING INCOME



HEALTH & SAFETY

Canada Failed Health-care Workers, COVID-19 Report Reveals

Nearly 20 per cent of COVID-19 infections in Canada are among health-care workers – double the global average – because of “a dangerous and irresponsible approach to worker safety,” an independent report commissioned by the Canadian Federation of Nurses Unions (CFNU) finds.

A Time of Fear: How Canada failed our health-care workers and mismanaged COVID-19, written by former senior advisor to the Ontario SARS Commission Mario Possamai, puts the blame squarely on governments and public health officials for failing to learn from the lessons of the 2003 SARS outbreak by ensuring a sufficient supply of N95 respirators to protect health-care workers from potential airborne transmission of the virus, a precaution other countries took without scientific proof.

“Needlessly Imperiled”

“Unlike Canada, China and South Korea felt the evidence of asymptomatic transmission was sufficient to take a precautionary approach early in the pandemic,” states the report, which also includes a heartbreaking first-hand account from an ONA long-term care member. “Thousands of Canadian health-care workers are being needlessly imperiled as a result of government mismanagement.” In fact, China, which armed health-care workers with N95s soon after the outbreak began, had a significantly lower infection rate among those workers (four per cent).

Recommendations

To protect health-care workers, the more than 250-page report, released in early October, contains a number recommendations, including:

- The precautionary principle, or erring on the side of caution, must be adopted as a guiding principle throughout the health-care system.
- Public health agencies that make decisions about the health and safety of workers must work collaboratively with workers’ unions and occupational safety experts.
- Canada must establish a worker safety research agency as an integral part of the Public Health Agency of Canada to form our own policies to protect health-care workers.
- Federal, provincial and territorial governments must urgently work together to guarantee a sufficient supply of N95 respirators.
- More transparency, such as reports about a jurisdiction’s public health emergency preparedness, is needed.

“We knew we would be hitting a second wave with this virus,” said CFNU President Linda Silas. “We needed to hurry up and bring these recommendations to governments across the country because no one did the right thing for health-care workers – and we need to change this.”



[Review the full report and summary at nursesunions.ca](https://nursesunions.ca)



By the Numbers: The Report’s Stark Statistics

- ▶ More than **21,000** health-care workers in Canada were infected with COVID-19 as of late July 2020, representing almost **one in five** cases in Canada.
- ▶ At least **16** health-care workers have died (at the time of the report).
- ▶ The global health-care worker infection rate is **10 per cent**, half of the **20 per cent** infection rate in Canada.

Members Demand: Stop Workplace Violence Now!

After a lenient guilty plea by Southlake Regional Health Centre for failing to keep its employees safe and subsequent violent incidents at both that facility and St. Joseph's General Hospital in Elliot Lake, ONA members took to the streets this past fall with a strong message: enough is enough!

The rally, organized by ONA, the Ontario Federation of Labour and the Service Employees International Union, took place on October 26 outside Southlake in Newmarket, less than two weeks after the facility was permitted to plead guilty to only two of the seven charges laid under the *Occupational Health and Safety Act*, while five additional charges were dismissed. Justice Prutschi imposed \$80,000 in fines against Southlake for failing to take every precaution reasonable in the circumstances to protect staff during a violent attack that critically injured an RN and security guard in January 2019.

"We were hoping for a very big deterrent for this employer, and others in health care who fail to protect their employees from violence, instead of a slap on the wrist," said ONA President Vicki McKenna, who also joined the well-attended rally. "The attack was life-changing for the RN and security guard, and the leniency shown to Southlake sends a clear message that nurses, health-care professionals and other staff are expendable. The recent layoffs of 97 RN positions and surge capacity at the facility, along with system gaps in the care of patients with mental health issues, certainly don't help."

While this is the first incident in which Southlake was charged, it is far from the first one that resulted in devastating injuries of staff. In fact, between July and September 2020, the facility reported 63 incidents of workplace violence. Further injuries

« If we don't stand together and work together nothing will change. You have to speak up when there are violent situations in your workplace. »

— ONA President Vicki McKenna, RN



"I always say if there are nurses and health-care professionals outside on the street, there's something very wrong inside," ONA President Vicki McKenna (second from right) told the media at a rally outside of Southlake Regional Health Centre in Newmarket to protest ongoing incidents of violence. "They are demanding action so they no longer have to worry about what could happen when they go to work each day."

sustained by several RNs in two separate incidents occurred within a week of each just after the plea deal was announced.

"ONA has fought hard to ensure this employer takes even the most basic steps to prevent and address workplace safety," added McKenna. "I lose sleep wondering what it's going to take."

We are also concerned about a serious violent incident in Elliot Lake at the St. Joseph's emergency department (ED) this past October, which resulted in a temporary halt to emergency services and the diverting of ambulances to Blind River.

"It's unacceptable that a patient was able to do extensive damage while RNs, health-care professionals and their

patients were unprotected," stated McKenna, adding the issues being investigated include whether there were any security personnel on site, whether the code white called by RNs and staff could be widely heard, and how sufficiently trained staff were on the proper use of panic buttons.

"We are calling for immediate action to ensure health-care employers in this province obey the laws and ensure their front-line staff have the safe workplaces they need and deserve," McKenna added. "We know what it will take and it's not just having a plan on paper. It must be implemented to keep not only our RNs and health-care professionals safe, but patients as well."

“No Room to Grieve,” Local’s Powerful PTSD Video Shows

When Local 8 Coordinator Susan Sommerdyk decided the fourth and last video in her Local’s series on workplace violence should bring awareness to the daily trauma nurses and health-care professionals experience, she didn’t have to reach far.

“This video came to light when the government initially refused to include nurses in presumptive legislation for post-traumatic stress disorder (PTSD), which I believe is very underreported and underrecognized in health care,” she said. “I told Helios Films, our media company, about my experience 20 years ago when I went to a code in the emergency department (ED) because three children were coming in. I ended up doing CPR on them, but all three died. I had to go home to my own three kids, who were around the same age, and pretend like nothing happened. There was no support for us. Nurses are trained to think it’s acceptable and to move on, without thinking how much it can impact you. Eventually, you push it to the back of your mind, but then you get triggered by something.”

Helios Films director Jendo Shabo took Sommerdyk’s story and evolved it, producing a heart-stopping five-minute short film entitled, *No Room to Grieve*, which depicts a visibly distraught nurse in the shower following the tragic passing of a young accident victim in the ED. The film’s structure, style and techniques are meant to mimic the complexity of PTSD symptoms.

“Helios Films had never heard of violence in health care and when I started sending them articles, they were shocked,” she said. “When we came to the PTSD video, they said it was too big an issue for 30 seconds, like the previous videos, so they offered to do a short film for the same cost. They provided outlines of what they were thinking and I would say *yay* or *no*. When they sent the first script, I found it so powerful. Too many times people go for the shocking gore instead of the raw emotions. I don’t think anyone walks away from the video without feeling that awful dread that nurses experience. It’s very telling at the end where the nurse is trying to pull herself together and it’s, ‘look, get out here, we need you.’ That’s what it’s like for us. Sometimes you don’t

even have time for that moment in the bathroom. There’s another patient coming in.”

Because her employer – Windsor Regional Hospital (WRH) – has been so supportive of the video series, Helios Films was able to film the ED scenes on the weekend in the facility for free, using their equipment and uniforms (the after-code scene was filmed at nearby Hotel-Dieu Grace, while the shower scene was filmed at someone’s home). ONA members and real paramedics are also featured (the lead nurse is an actress).

While the previous three videos were shown on digital screens throughout WRH and in local cinemas prior to the movie, the length of this film and the pandemic meant Local 8 had to find other ways to share, including through social media (at press time, the video had reached 60,000 people on Facebook alone), Vimeo and other community partners, including the Canadian Mental Health Association. The video series are also used in ONA education programs and by the Canadian Federation of Nurses Unions, whose recent



“People have told me they tear up every time they watch this video,” Local 8 Coordinator Susan Sommerdyk said of the Local’s short film on PTSD, a still shot of which is pictured here.

mental health survey found that 20 per cent of nurses reported having PTSD.

“We’ve also submitted it to 10 film festivals to get the word out further,” said Sommerdyk, adding the Local has created a “Get Help” page on its website so those suffering from PTSD know they’re not alone and can find additional resources. “Helios has received a glowing response from a Hollywood producer, and I translated an article about the film from an Italian newspaper. So, it’s getting international attention.”

While members interested in spreading the word on an important issue may not be able to reach quite as far, Sommerdyk has a very helpful tip to get them started.

“Honestly, we did this on a dime,” she said, adding she’s already thinking of her next project. “You find a start-up media company and they’re eager and you make a deal. I said, ‘OK, that’s the price for one video, what’s the price you will give me for four?’ Look to your communities for ideas – and think outside the box.”



View the video at <https://vimeo.com/456273481>

Workers Health & Safety Centre Wants Members to Know: “We’ve Got Your Back”

The Workers Health & Safety Centre (WHSC) is an organization every ONA member needs to know about.

“We are first and foremost an occupational health and safety (OHS) training organization for Joint Health and Safety Committees (JHSC), smaller workplace health and safety representatives, workers and supervisors in all sectors, including health care, but we offer information services as well,” said Executive Director Dave Killham, noting their catalogue of more than 200 training programs support workplaces of all sectors to comply with legal requirements, and plan and implement effective health and safety prevention programs. “We were established when the *Occupational Health and Safety Act (OHSA)* came into being in 1978 when it was understood workers would need quality, trusted training to properly exercise their newfound rights: the right to refuse, the right to participate and the right to know. All these years later, and working in partnership with organizations like ONA, we are here to support you. In all that we do, we put the worker’s interests first.”

And what exactly does the WHSC do? Quite a lot, it turns out.

“The WHSC has long been ONA’s provider of choice for Level 1 of the JHSC certification because of the worker lens through which they provide training,” said Region 4 Vice-President Angela Preocanin, who holds the portfolio for health and safety and sits on the WHSC Board. “I highly recommend the vast array of educational opportunities provided to ONA members. And last year, ONA worked with the WHSC to train 108 Labour Relations Officers in a condensed Level 1 certification so they can better serve you.”

JHSC Certification

Under the *OHSA*, every provincially regulated workplace with 20 or more workers must establish a JHSC and certification training for at least two representatives (one worker and one management), paid for by the employer. The WHSC Certification Part (Level) I program helps organizations provide that basic training. In addition to Part I and Certification Refresher training, WHSC offers a Certification Part II program designed specifically for health care.

“These programs look at the big pieces such as principles of control, how JHSCs work and how workers can participate effectively,” said Killham. “That’s another thing that set us apart at the very beginning. Instead of WHSC staff delivering training, we train instructors drawn from the workplace to do so. They know the workplace issues, the procedures and the roadblocks to overcome. They’re the experts, right? This



ONA member Eleanor Adarna receives a WHSC award at a special ceremony a few years ago for her health and safety advocacy.

way, participants complete training with the tools and an appreciation of where they need to be.”

Along with that, “If a JHSC thinks things aren’t going the way they should, they can talk to their union about union-sponsored, WHSC labour education training, which can be arranged, and/or invite the WHSC to present on how our training can benefit before they commit,” he added.

Programs for Health-care Workers

“The WHSC also has many virtual classroom learning opportunities with the latest information and technology based on the ever-evolving pandemic,” noted Preocanin.

These “OHS training essentials,” three hours each, include: COVID-19, Infectious Diseases, Biological Hazards, Chemical Hazards, Anaesthetic Gases, Mould, Psychosocial Hazards and Workplace Mental Health, Hours of Work, Stress in the Workplace, Workplace Violence and Harassment, Ergonomics in Health Care and Social Services, and Patient Handling. Many are scheduled WHSC-sponsored programs while others can be delivered onsite or in virtual classrooms in workplaces.

“Before COVID-19, we were almost exclusively training in physical classrooms throughout the province because we have hundreds of trained instructors,” said Killham, noting that programs are piloted (some by ONA) and evaluated by participants to ensure they remain relevant. “But since April, they have been offered in secure, virtual classrooms through Zoom. We’ve adapted many sessions so they are as close as you can get interactively without being in person. The only thing people need is a computer with a camera, microphone and high-speed internet.”

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Other Resources: COVID-19 and Beyond

While employers must take every reasonable precaution to protect their employees, during the days of COVID-19, many of those workers aren't always sure what precautions are reasonable, effective and follow the latest public health directives. For that reason, the WHSC also launched a dedicated COVID-19 webpage full of regularly-updated resources, including checklists for JHSCs, documents on topics such as enhanced ventilation, and a series of 30-minute webinars.

"Again, it's about providing safe work," Killham explained. "It's not about expecting workers to dance around hazards. Health care is a perfect example of that. How is it that if nurses and health-care professionals just controlled their behaviour, they would be safe from COVID-19 or any infectious disease? That's ridiculous. You need controls in place and proper procedures. And you need a properly trained and functioning JHSC."

The WHSC also distributes a number of scholarships each year, including to ONA members (ona.org/bursaries); issues a regular ebulletin of percolating issues; uses commemorative dates such as Day of Mourning and Repetitive Strain Injury Awareness Day as opportunities to educate; recognizes health and safety achievements of volunteer worker activists (including ONA members); and provides a free inquiry service.

"For example, we could receive a hygiene report from a JHSC asking, 'Is this good, bad or indifferent?'" Killham said. "WHSC staff can help. If it's something very technical, it would be assigned to a researcher, who is also a hygienist. It's a very popular service, and one we're quite proud of."

True to You

And while this only touches the surface of the labour education, workplace training and other services offered by the WHSC, Killham has a clear message for ONA members.

"We're about raising everybody up, so when training ends, you can still come to us for information and research. We always have your back."

Learn more at whsc.on.ca

Chronique de la
présidente, AIOO
VICKI MCKENNA, RN



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l'année qui vient de s'écouler est une année qui ne ressemble à aucune autre. Les défis qui nous attendaient étaient énormes, et nous semblaient apparemment insurmontables et sans fin. Mais cela ne nous a pas arrêtés.

J'ai été émerveillée par votre altruisme et vos efforts inlassables pour prendre soin de vos patients, résidents et clients 24 heures sur 24, souvent sans que les mesures de protection appropriées soient en place et avec la crainte constante de rapporter la COVID-19 à la maison et de contaminer vos proches. Votre équipe de l'AIOO n'était peut-être pas en première ligne avec vous, mais nous nous sommes battus en arrière-plan, 24 heures sur 24, 7 jours sur 7, pour assurer votre sécurité. En travaillant avec nos homologues syndicaux et avec l'aide d'un médiateur, nous avons négocié avec le médecin hygiéniste chef de l'Ontario. Les améliorations apportées par le gouvernement à la Directive no 5, notamment, qui vous permettent à vous, et non à vos employeurs, de déterminer quand un respirateur N95 doit être fourni, en fonction des risques au point d'intervention. Mesure qui pourrait, en toute honnêteté, sauver des vies.

Il ne fait aucun doute que nos membres qui travaillent dans des établissements de soins de longue durée (SLD) ont été les plus affectés, étant donné que la COVID-19 a dévasté leurs foyers et tous ceux qui y vivent et y travaillent. Mais nous y avons aussi gagné des batailles, y compris une décision de règlement des griefs par voie d'arbitrage qui donne des directives claires sur l'accès à l'équipement de protection individuelle et aux pratiques de contrôle des infections, exhortant tous les intervenants à appliquer le principe de précaution lorsque les données scientifiques ne sont pas claires. L'étude sur la dotation en SLD et les rapports provisoires de la Commission ontarienne d'enquête sur la COVID-19 dans les foyers de soins de longue durée contenaient de nombreuses recommandations efficaces, y compris une norme minimale de soins quotidiens directs de quatre heures par résident, que le gouvernement mettra en œuvre – mais pas assez tôt (voir la page 18). Est-ce que je pense que notre travail se fait dans le secteur des SLD? Pas du tout, mais je fais preuve d'un optimisme prudent et je crois que nous allons enfin dans la bonne direction.

On pourrait croire qu'avec une pandémie qui ravage notre province, nous n'entendrons pas parler de compressions de personnel chez les infirmiers(ières) autorisé(e)s. Or, au cours des derniers mois de 2020, nous avons vu une augmentation de telles réductions, surtout dans la région du Grand Toronto, où, ironiquement, le nombre de cas de COVID-19 est le plus élevé. Pourtant, au lieu d'adopter une approche solidaire, des employeurs comme le Centre régional de santé de Southlake ont supprimé d'un seul coup jusqu'à 100 postes d'infirmiers(ières) autorisé(e)s pour équilibrer leur budget. Nous avons alerté les médias de la situation, nous avons parlé au gouvernement et nous avons lancé une campagne de signatures par courriel (ona.org/cuts) adressée au conseil d'administration de l'établissement, qui insistait sur les coupures de postes d'infirmiers(ières) autorisé(e)s effectuées. Nous ne cesserons jamais de défendre vos positions.

Suivez Vicki dans twitter.com/vickivickim

Au sujet de Southlake, les mots me manquent... presque. Bien que Southlake ne soit pas le seul employeur dans le domaine des soins de santé de la province à afficher un bilan épouvantable en matière de violence en milieu de travail, il est sûrement le pire (voir page 31). Après qu'il eut reçu une peine clémentine pour avoir omis de protéger le personnel et alors que deux incidents violents sont survenus une semaine plus tard, nous avons organisé un rassemblement sécuritaire à l'extérieur de l'établissement, qui a attiré une attention médiatique considérable et un grand nombre de membres en colère!

En fait, 2020 a été l'année où nous avons vu les membres manifester comme jamais auparavant pour protester contre plusieurs mesures législatives draconiennes qui ont une incidence négative sur vos droits à la négociation collective. Peu importe où nous mènerons ces projets de loi, une chose est certaine : vos nouvelles compétences en matière d'action politique nous serviront bien cette année et au-delà.

Malgré tout ce que vous avez vécu cette année, il y a de la lumière au bout du tunnel. Au moment où j'écris ceci, l'administration du vaccin contre la COVID-19 est commencée et je crois vraiment que, grâce à vous, l'optimisme est en hausse pour 2021.

Chaque année, à cette époque, je souhaite à nos membres une bonne et heureuse année et je vous remercie pour tout ce que vous faites. Or, jamais ces propos n'ont paru aussi vrais. À l'aube de 2021, alors que la pandémie continue de sévir partout dans le monde, il est encore plus important de faire attention à votre santé et sécurité. Et je veux que vous sachiez à quel point votre syndicat et, en fait, tous les Ontariens et Ontariennes vous expriment leur reconnaissance et leur respect.



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



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préoccupations principales de nos membres. Avant la pandémie, vous étiez déjà surchargées à force d'essayer de fournir des soins de qualité dans un système qui manque d'effectifs et de fonds. La COVID-19 n'a fait qu'aggraver une situation difficile.

Mais il y a de l'aide disponible. L'AIIO est votre bouée de sauvetage. Nous avons une équipe d'experts et de spécialistes de la pratique professionnelle dévoués qui peuvent vous aider à faire avancer la résolution des problèmes sur le plan de la charge de travail. À quoi ressemble cette aide? Eh bien, la plupart des contrats conclus par l'AIIO comportent une clause sur les plaintes relatives à la responsabilité professionnelle afin de régler ces problèmes en temps utile et de façon ordonnée. Voyez par vous-même! C'est évident, ça fonctionne et la procédure est propre à l'AIIO.

Mais nous ne pouvons pas vous aider si nous ne sommes pas informés de la situation. Et la meilleure façon de commencer est de remplir un formulaire de rapport sur la charge de travail liée à la responsabilité professionnelle, disponible sur notre site Web, chaque fois que quelque chose ne vous convient pas dans votre milieu de travail. Cela nous permet de dresser un tableau saisissant des problèmes auxquels vous faites face. Je plaisantais à l'assemblée des coordinatrices provinciales/coordonnateurs provinciaux de novembre (voir page 24) en disant que je donne l'impression de radoter parce que je le dis si souvent, mais il vaut la peine de le répéter : Vous devez remplir ce formulaire! Votre unité de négociation doit également faire respecter votre convention collective et demander une rencontre avec votre employeur pour parler des plaintes énoncées dans les formulaires. Si l'employeur ne répond pas dans les délais prévus dans la convention collective, nous allons passer à l'étape suivante prévue dans le processus et utiliser les formulaires comme outil pour remettre les choses sur la bonne voie.

Vous n'avez pas à me croire sur parole. Voici un exemple récent de l'aboutissement d'une plainte relative à la responsabilité professionnelle. Les membres de l'unité de naissance à l'Hôpital Grand River de Kitchener ont rempli des douzaines de formulaires de rapport sur la surcharge de travail jusqu'en juillet 2020 pour exprimer leurs préoccupations concernant l'importance d'une formation adéquate pour le personnel, et ce, pour tous les secteurs de l'unité (avant l'accouchement, après l'accouchement et suivi), la couverture des quarts de travail vacants (congés de maladie, etc.) et l'aménagement physique de l'unité, qui effectue des tests à l'ocytocine de routine au même endroit où se fait le triage des nouveaux cas.

Grâce au travail acharné et à l'intervention de nos spécialistes de la pratique professionnelle, en collaboration avec l'unité de négociation et l'agent(e) des relations de travail, un règlement a été obtenu sans qu'il soit nécessaire de présenter l'affaire à un Comité d'évaluation indépendant (la dernière étape dans le dépôt d'une plainte relative à la responsabilité professionnelle). L'employeur a accepté de mettre en place un groupe flottant de spécialistes pour répondre aux besoins des unités connexes (accouchement, pédiatrie et soins intensifs néonataux), de former les infirmiers(ières) de ce groupe flottant pour plus de polyvalence, d'ajouter deux infirmiers(ières) au nombre minimal exigé, et ce, 24 heures sur 24, 7 jours sur 7, et de créer une zone distincte pour la clinique des tests à l'ocytocine afin d'éliminer la pression sur la zone de triage. Ces changements feront une réelle différence dans la vie professionnelle de ces membres et dans les soins qu'ils prodiguent à leurs patients, et ils ne se sont produits que parce des personnes se sont prises en main et se sont exprimées! De plus, ce règlement est exécutoire et, par conséquent, l'employeur doit mettre en œuvre ces améliorations et l'AIIO veillera à ce qu'il le fasse!

Pour aider et appuyer des résolutions de plaintes relatives à la responsabilité professionnelle en temps utile, notre équipe de pratique professionnelle a également lancé une nouvelle initiative interactive à la fin de l'année dernière, soit des séances Zoom d'une heure pour permettre aux dirigeants locaux et aux membres de poser des questions à un spécialiste de la pratique professionnelle. Les séances ont abordé divers sujets : Examen du processus et rôles de l'équipe de direction d'une unité de négociation; Conseils et trucs pour les réunions patronales-syndicales; et Mobilisation des membres des soins de longue durée et présentation des enjeux. Les séances se sont avérées très populaires, et la rétroaction a été fantastique. Alors, restez à l'affût d'autres occasions, nous allons continuer à élargir l'offre dans ce secteur essentiel.

Donc, ces derniers temps, même si l'action politique locale semble être davantage à l'avant-scène que la pratique professionnelle, je peux vous assurer que peu importe l'ampleur de nos actions de défense de la profession que nous menons auprès du gouvernement, rien de tout cela n'aura d'importance si nous ne réglons pas les problèmes de surcharge de travail que vous avez avec votre employeur à l'interne.



Pour en savoir plus, consultez le site ona.org/pp



Suivez Cathryn at twitter.com/cathrynhoy



The effects of violence are life-changing.

For Ontario's nurses and other health-care professionals, the risk of workplace violence is very real. Surveys indicate that 54 per cent of front-line health-care workers have been physically assaulted and 86 per cent have experienced verbal abuse.

But those numbers don't tell the whole story. Although workplace violence often explodes in an instant, the trauma lasts for weeks, months, sometimes years. A single act or even the persistent fear of violence can end a career.

As the pandemic brings new levels of stress and tension, the probability of violence will increase. When hospitals and other health-care employers make excuses, they send a message that nurses are expendable. It's time for change. We need better security, staffing, training, and policies, and we need stronger enforcement of Ontario's safety laws. That's the only way we'll protect nurses, health-care workers, and patients, residents, and clients alike.



nursesknow.ona.org