

LOCAL ISSUES

Between:

ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")

And:

ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")

Combined

Expiry Date: March 31, 2018

TABLE OF CONTENTS

APPENDIX 3 - SALARY SCHEDULES	1
APPENDIX 4 - EDUCATIONAL ALLOWANCE (FULL-TIME ONLY)	3
APPENDIX 4 - SICK LEAVE PLAN.....	4
APPENDIX 5 - LOCAL PROVISIONS	5
ARTICLE A – RECOGNITION AND DEFINITIONS.....	5
ARTICLE B – MANAGEMENT RIGHTS.....	5
ARTICLE C – UNION COMMITTEES AND UNION REPRESENTATIVES.....	6
ARTICLE D - SCHEDULING - HOURS OF WORK – REGULAR TOUR SYSTEM (EIGHT (8) HOUR TOURS).....	7
ARTICLE E – SCHEDULING – PART-TIME HOURS OF WORK.....	27
ARTICLE F - VACATIONS	35
ARTICLE G – PAID HOLIDAYS	37
ARTICLE H - BULLETIN BOARDS.....	38
ARTICLE I - ASSOCIATION LEAVE.....	38
ARTICLE J - SENIORITY LIST	38
ARTICLE K – AVAILABILITY FOR OVERTIME.....	38
ARTICLE L – PRE-PAID LEAVE.....	39
ARTICLE M - MODIFIED WORK.....	39
ARTICLE N - OCCUPATIONAL HEALTH AND SAFETY	43
ARTICLE O - SELF SCHEDULING	44
ARTICLE P - JOB SHARING	45
ARTICLE Q – MISCELLANEOUS.....	47
ARTICLE R – SECURITY SERVICE	50
ARTICLE S – SICK LEAVE.....	50
LETTER OF UNDERSTANDING.....	52
RE: DEVELOPMENT OF INNOVATIVE AND FLEXIBLE SCHEDULING PRACTICES	52
LETTER OF UNDERSTANDING	54
RE: SUPERIOR CONDITION - REGULAR PART-TIME NURSES WEEKEND AVAILABILITY.....	54
LETTER OF UNDERSTANDING	55
RE: PAID PROFESSIONAL LEAVE DAYS.....	55
LETTER OF UNDERSTANDING	56
RE: J. 2 – ACCESS TO SENIORITY LISTS	56
LETTER OF UNDERSTANDING	57
RE: NEW PAYROLL AND SCHEDULING PROCESSES	57

LETTER OF UNDERSTANDING58
RE: PACU AND OR COMMITTEES58
MEMORANDUM OF AGREEMENT60
RE: TELEPHONE STAND-BY60

APPENDIX 3 - SALARY SCHEDULES

Classification - Registered Nurse

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$31.45	\$32.21
1 Year	\$31.91	\$32.36
2 Years	\$32.45	\$32.90
3 Years	\$34.04	\$34.52
4 Years	\$35.65	\$36.15
5 Years	\$37.66	\$38.19
6 Years	\$39.68	\$40.24
7 Years	\$41.72	\$42.30
8 Years	\$44.68	\$45.31
25 Years	\$45.47	\$46.11

Classification - Graduate Nurse

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$30.05	\$30.78
1 Year	\$30.56	\$30.99
2 Years	\$31.08	\$31.52
3 Years	\$32.66	\$33.12
4 Years	\$34.28	\$34.76
5 Years	\$36.18	\$36.69
6 Years	\$38.17	\$38.70
7 Years	\$40.10	\$40.66
8 Years	\$42.98	\$43.58
25 Years	\$43.74	\$44.35

Classification - Charge Nurse

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$32.47	\$33.25
1 Year	\$33.12	\$33.58
2 Years	\$33.45	\$33.92
3 Years	\$35.10	\$35.59
4 Years	\$36.74	\$37.25
5 Years	\$38.81	\$39.35
6 Years	\$40.84	\$41.41
7 Years	\$42.93	\$43.53
8 Years	\$46.00	\$46.64
25 Years	\$46.81	\$47.47

Classification – Discharge Planners

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$37.66	\$38.57
6 Years	\$39.67	\$40.23
7 Years	\$41.73	\$42.31
8 Years	\$44.68	\$45.31
25 Years	\$45.46	\$46.10

Classification – Clinical Coordinators

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$38.37	\$39.30
6 Years	\$40.38	\$40.95
7 Years	\$42.44	\$43.03
8 Years	\$45.38	\$46.02
25 Years	\$46.16	\$46.81

Classification – Patient Navigation Specialist

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$39.38	\$40.33
6 Years	\$41.37	\$41.95
7 Years	\$43.45	\$44.06
8 Years	\$46.74	\$47.39
25 Years	\$47.55	\$48.22

Classification – Dialysis Access Coordinator

	<u>Effective April 1, 2016</u>	<u>Effective April 1, 2017</u>
Start	\$43.01	\$44.05
6 Years	\$45.04	\$45.67
7 Years	\$47.00	\$47.66
8 Years	\$49.80	\$50.50
25 Years	\$50.93	\$51.64

APPENDIX 4 - EDUCATIONAL ALLOWANCE (FULL-TIME ONLY)

(19.09)

ST. MICHAEL'S HOSPITAL

In addition to the salaries prescribed above, the Hospital will pay the monthly educational allowances set forth hereunder to all nurses who are covered by this Agreement and who have completed their probationary period subject to the following conditions:

- (a) the additional qualification of the degree or certificate held is utilized directly in the job currently being performed;
- (b) proof of the degree or certificate from a school of recognized standing must be submitted by the nurse to the Hospital;
- (c) in accordance with the above, a nurse possessing more than one degree or certificate shall be entitled only to the higher allowance provided hereunder;
- (d) payment of the allowance shall commence at the start of the first full pay period following filing with the Hospital of the required proof of standing.

Monthly Educational Allowances

C.H.A. Nursing Unit Administration Course or recognized Post Graduate Course	- \$15.00 per month
One Year University Diploma	- \$40.00 per month
Bachelor's Degree	- \$80.00 per month
Master's Degree	- \$120.00 per month

A nurse who is covered by this Agreement and who has not completed his/her probationary period but who is otherwise qualified for an educational allowance may in the Hospital's discretion, receive such portion of the foregoing allowances as the Hospital may determine.

Educational allowances shall not be used in the calculation of overtime or other premium for any purpose in this Agreement.

APPENDIX 4 - SICK LEAVE PLAN**ST. MICHAEL'S HOSPITAL****SICK LEAVE PLAN (In effect prior to October 23, 1981)**

Pay for sick leave is for the sole and only purpose of protecting the nurse against loss of regular income when he/she is legitimately ill and unable to work and will be granted on the following basis:

- (a) sick leave will be allowed for sickness for nurses after the completion of their probationary period on the basis of one and one-half (1-1/2) days per month of active employment to a total of eighteen (18) days sick leave after one year's service;
- (b) it is understood and agreed that no sick leave will be allowed during the nurse's probationary period. Should the nurse remain in the employ of the Hospital after completion of his/her probationary period, his/her entitlements shall date back to the last day of hiring;
- (c) all unused sick leave may be accumulated to the credit of the nurse to a maximum of one hundred and twenty (120) days;
- (d) the nurse may be required to produce proof of sickness for any absence in the form of a medical certificate, and report to the Corporate Health and Safety Services when returning to duty;
- (e) nurses shall not be entitled to sick leave for sickness or accident compensable by the Workmen's Compensation Board;
- (f) the Hospital will continue credits for sick leave, until thirty (30) days following the expiry of the sick leave credits;
- (g) a nurse who voluntarily terminates her employment after five years service with the Hospital, will be entitled to receive payment of fifty (50) percent of his/her unused sick leave credits which have accumulated;
- (h) a nurse who retires at age 65 and who has completed five years of service with the Hospital will be entitled to receive 100% of his/her unused sick leave credits which have accumulated;
- (i) payment of sick leave credit during a period of vacation or leave of absence shall be at the sole discretion of the Hospital.

APPENDIX 5 - LOCAL PROVISIONS

ARTICLE A – RECOGNITION AND DEFINITIONS

- A.1 The Hospital recognizes the Association as the sole bargaining agent of all Registered and Graduate nurses employed by the St. Michael's Hospital, engaged in a nursing capacity in The City of Toronto, save and except Clinical Leader/Managers and persons above the rank of Clinical Leader/Manager
- A.2 The word "nurses" whenever used in this Agreement shall mean only those employees of the Hospital included in the above-described bargaining units.
- A.3 The phrase "Immediate Supervisor" whenever used in this Agreement shall mean Clinical Leader Manager or a Hospital Manager who is excluded from the bargaining unit, to whom the nurse usually answers to and reports for duty.
- A.4 "Local Association" refers to the Ontario Nurses' Association at the St. Michael's Hospital, namely, Local 096.

ARTICLE B – MANAGEMENT RIGHTS

- B.1 The Association recognizes that the management of the Hospital and the direction of the working force are fixed exclusively in the Hospital and shall remain solely with the Hospital except as specifically limited by a provision of this Agreement. Without restricting the generality of the foregoing, the Association acknowledges that it is the exclusive function of the Hospital to:
- (a) Maintain order, discipline and efficiency;
 - (b) hire, assign, retire, discharge, direct, promote, demote, classify, transfer, lay-off, recall and suspend or otherwise discipline nurses, provided that a claim of discharge, suspension or discipline without just cause by a nurse who has completed his/her probationary period may be the subject of a grievance, and dealt with as hereinafter provided;
 - (c) determine, in the interest of efficient operation and highest standard of service, classifications, the hours of work, work assignments, methods of doing the work and the working establishment for any service;
 - (d) to manage the operation that the Hospital has engaged in, and to determine the number of personnel required, the services to be performed and the methods, procedures and equipment to be used in connection therewith;
 - (e) Make and enforce and alter from time to time reasonable rules and regulations to be observed by the nurses, provided that such rules and regulations shall not be inconsistent with the provisions of this Agreement. Prior to implementation, the Hospital will advise the Association of changes in rules. The Association may make representations with respect to such rules and regulations.

- B.2 It is agreed that these rights shall not be exercised in a manner inconsistent with the provisions of this Agreement.

ARTICLE C – UNION COMMITTEES AND UNION REPRESENTATIVES

- C.1 There shall be thirty (30) Union representatives for both the full-time and part-time bargaining units. Not more than one (1) representative will be from any unit with less than one hundred (100) nurses and there shall be no more than two (2) representatives from any unit. A member of the Executive may act in the absence of a Union representative.

- C.2 A list of representatives of the Union will be posted on all units within the Hospital.

- C.3 The Local Association will determine all Union Representatives. Every effort will be made to ensure each unit has one representative.

C.4 Negotiating Committee

There shall be up to five (5) representatives on the Negotiating Committee including a member from the part-time bargaining unit.

C.5 Grievance Committee

There shall be up to five (5) representatives on the Grievance Committee. This Committee may be supplemented by an additional ONA representative from the area in which the grievance occurred.

C.6 Association-Hospital Committee

There shall be up to five (5) representatives of each of the parties on the Association-Hospital Committee. Part-time nurses may serve on this Committee. Substitution for members will be permitted providing prior notification is given.

C.7 Professional Development Committee

There shall be three (3) representatives of the Hospital and three (3) representatives of the Union on the Professional Development Committee.

C.8 Scheduling Committee

There shall be two (2) representatives from each of the parties, one (1) of which from each party shall be a co-chair, on the Scheduling Committee. The purpose of the committee shall include but not be limited to:

- i. act in an advisory capacity and assist in resolution of scheduling concerns, if requested
- ii. assist with unit schedules/Christmas time, if requested;

- iii. review new master schedules upon referral from the Bargaining Unit President. Such schedules will be sent electronically to all committee members one week prior to the meeting for the purposes of review such that the committee can have meaningful discussions during the meeting;
- iv. assist units in developing Innovative Scheduling Agreements, and follow-up with a second vote;
- v. reviewing all current master schedules at such time that they are revised

C.9 Union Interview

The Union interview shall take place during the orientation period, for the purpose of interviewing newly hired nurses. The Hospital agrees that the Union shall be allowed a period of forty-five (45) minutes during which this interview shall be conducted.

The Hospital will continue its practice of issuing to the Local Executive the annual schedule of planned orientation sessions.

On the first day of any such session, the Hospital will provide to the Local Executive a list of the nurses attending, including her/his name, status, and unit to which each nurse is hired.

The Local Executive and the Hospital shall schedule the time for the Union interview, at a mutually agreeable time.

- C.10 A copy of the Collective Agreement will be provided to each newly hired nurse during her orientation period to the hospital.

C.11 Association-Hospital Meetings

The Bargaining Unit President, or designate, will identify to the Hospital which committee members require payment under article 6.03(e) at each Association - Hospital meeting.

ARTICLE D - SCHEDULING - HOURS OF WORK – REGULAR TOUR SYSTEM (EIGHT (8) HOUR TOURS)

- D.1 (a) In each two (2) week period, two (2) consecutive days off will be scheduled and nurses may be scheduled to work more than five (5) but no more than seven (7) consecutive days, except by mutual consent. At least two (2) consecutive days off will be scheduled after seven (7) consecutive days of work. Split days off will be kept to a minimum
- (b) The Hospital will schedule at least every second (2nd) weekend off; in the event of failure to give every second (2nd) weekend off, an overtime premium (in accordance with 14.03) shall be paid for the second (2nd) and every successive weekend until a weekend is scheduled off, save and except where:

- i) such weekend has been worked by the nurse to satisfy specific days off requested by such nurse, or
 - ii) such nurse has requested weekend work; or
 - iii) such weekend is worked as a result of an exchange of shifts with another nurse.
- (c) At least two off-tours shall be scheduled between shifts and at least six off-tours shall be scheduled following night duty. A shorter period of time between changes of shift may be agreed upon by mutual consent.
- (d) Effective the first schedule in September 2016, schedules covering a six (6) week period will be posted no less than twenty-one (21) days in advance and by 15:30 hours on the day of posting.
- (e) Requests for change in posted schedules may be made in writing to the Clinical Leader Manager or designate provided they are co-signed by the nurse willing to exchange days off or tour of duty. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time.
- (f) Split tours will not be scheduled.
- (g) Christmas/New Year

All nurses shall receive at least five (5) consecutive days off or more at Christmas or New Year's, except in areas which normally are not scheduled to work on weekends or paid holidays.

Time off at Christmas shall include December 24th, 25th, and 26th. Time off at New Year's shall include December 31st and January 1st, unless otherwise mutually agreed.

Time worked at Christmas shall include December 24th, 25th, and 26th. Time worked at New Year's shall include December 31st and January 1st, unless mutually agreed otherwise.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

A nurse who is scheduled to work either Christmas or New Year's shall be permitted to request vacation prior to Christmas in conjunction with Christmas time off or following New Year's in conjunction with New Year's time off subject to operational requirements. (Full-time only)

Vacations may be granted between Christmas and New Year's subject to operational requirements. (Full-time only)

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse who's requested time off was not granted the previous year. Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavour to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

- (h) Shift work amongst nurses in a unit working the same shift rotation shall be equitably distributed. The distribution of such shift work will be based on:
 - a) Days and nights;
 - b) Weekends and weekdays
 - c) "Shoulder days" (Mondays/Fridays which are consecutive with weekends); and
 - d) Mid-week days
- (i) The Hospital will equitably distribute weekends off in each unit among general staff.
- (j) A nurse shall not be required to work more than two (2) different shifts in any seven (7) calendar day period unless otherwise agreed.
- (k) Employees shall be scheduled to rotate between days and shift tours, and where possible at least fifty (50) percent of tours worked shall be on the day shift, except where the employee chooses to work a greater percentage of shifts. This will be balanced over a period of no more than twelve (12) weeks or two (2) tour rotations.

The Hospital agrees that where staffing requirements are deemed greater on the day shift than on the night shift, such day shifts shall be distributed equitably.

- (l) An individual employee may request to work a straight evening or night shift rotation. Such request shall not be unreasonably denied.

It may be necessary to schedule a nurse that works a straight evening or night shift rotation to a period of not more than ten (10) day shifts for the purpose of assessing their performance, however, every effort will be made to assess a nurse working permanent shifts during his/her regular evening or night shift rotation. The Bargaining Unit President and the affected nurse will be advised of the change in schedule at least six (6) weeks before the schedule change is implemented. Notwithstanding the above, where an urgent event or situation necessitates such an assessment before a nurse can return to his/her regular duties, the Hospital, bargaining Unit President, and then nurse shall work together to schedule such an assessment as soon as possible.

- (m) A weekend is defined as being sixty-four (64) consecutive hours off work commencing at the conclusion of the Friday shift until the commencement of the Monday shift. The commencement time will vary in the event an employee works an evening or night rotation.

In Monday to Friday units which have staggered start times, the sixty-four (64) consecutive hour weekend will be averaged over a six week schedule.

- (n) If new starting and stopping times are being introduced by the Hospital, six (6) weeks' notification in writing shall be given to the Association, unless to do so would be impossible in the circumstances. The Hospital shall meet with the Association prior to introduction of new starting and stopping times, so that the reason for the introduction of new starting and stopping times may be discussed and the Association may have the opportunity to make submissions.
- (o) The day shift shall be the first shift of the day.
- (p) Nurses who work and accumulate overtime in accordance with Article 14.06 and 14.09, shall be permitted to take their overtime at the appropriate premium rate, in time off which will be scheduled at a mutually agreeable time. The granting of such time off shall not be unreasonably denied. Such time off must be taken within ninety (90) calendar days of accrual or payment at the appropriate premium rate shall be made.

The nurse will make a written request, as to when he/she wishes to take, or if he/she wishes to receive payment at the appropriate premium rate for, this overtime. The Hospital will reply, in writing, to this request, within forty-eight (48) hours but no later than seventy-two (72) hours following submission of the request to the immediate Supervisor. Any such payment requests are to be made and paid within the next pay period following the request and will be done through direct deposit to the nurse's account. If no requests are made, the payout will occur at the end of the ninety (90) days from when the overtime occurred through direct deposit to the nurse's account.

- (q) The Hospital intends to continue its present practice of requiring nurses assigned to the Operating Room to work no more than one (1) weekend in six (6) and to the Recovery Room no more than one (1) weekend in five (5). If, however, circumstances warrant a change in this practice, the Hospital will provide six (6) weeks' notice to the Association and to the nurses involved and the Hospital will meet with the Association for discussion prior to implementing any change.
- (r) The Hospital intends to continue its present practice of scheduling every weekend off for all nurses assigned to Medical Imaging, Cysto, Ambulatory Clinics, Medical Day Care and Surgical Day Care. If, however, circumstances warrant a change in this practice, the Hospital will provide six (6) weeks' notice to the Association and to the nurses involved and will meet with the Association for discussion prior to implementing any change.
- (s) Nurses working in the Operating Room shall be required to work no more than fourteen (14) shifts in any six (6) week schedule.
- (t) Nurses shall be permitted to request specific days off, by making such a request in writing to the immediate Supervisor. Such requests shall be made fourteen (14) days in advance of the posting of the schedule. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably withheld and responses will be provided to the nurse in a reasonable time.

D.2 A rest period will be granted as per Article 13.01 of the Central Agreement.

D.3 A meal period will be provided as per Article 13.01 of the Central Agreement.

D.4 Any reduction in the number of daily tours as the result of introduction of a longer daily tour by the Hospital must receive approval of the local Association.

D.5 Extended Tour System (12 hour tours)

The Hospital will endeavour to maintain and achieve the following objectives in the formation of extended working schedules.

1. A longer daily tour (extended tour) shall be introduced into any unit when:
 - (a) Seventy (70) percent of the full-time and regular part-time nurses in the unit who have voted so indicate by secret ballot and
 - (b) The Hospital agrees to implement the extended tours; such agreement shall not be withheld in an unreasonable arbitrary manner.
2.
 - (a) Subsequent to the initial vote, a trial period of at least sixteen (16) weeks will take place.
 - (b) All nurses on the unit must work the extended tour schedule during the trial period.

- (c) At the end of the trial period, a second vote will be taken and must meet the requirements of (1(a) above) in order to continue the extended tour schedule.
3. A longer daily tour (extended tour) may be discontinued in any unit when:
- (a) Seventy (70) percent of the full-time and regular part-time nurses in the unit who have voted so indicate by secret ballot;
 - or
 - (b) The Hospital states its intention to discontinue the extended tour schedule because of:
 - (i) adverse effects on patient care,
 - or
 - (ii) inability of the Hospital to provide a workable staffing schedule.
4. When notice of discontinuation is given by either party in accordance with paragraph (3) above, then:
- (a) the parties shall meet within two (2) weeks of the giving of notice to review the request for discontinuation; and
 - (b) Where it is determined that the extended tour schedule will be discontinued, affected nurses shall be given sixty (60) days' notice before the schedules are so amended.
5. (a) A nurse shall not be required to work more than three (3) consecutive tours, except by mutual consent or during weeks which contain a paid holiday. At least one (1) extended tour off will be scheduled between shifts.
- (b) Nurses shall receive every second (2nd) weekend off duty unless otherwise agreed to between the nurse and the Hospital. A weekend is defined as a minimum of five (5) consecutive extended tours off, which shall commence no later than 1930 hours on Friday.
- In the event of failure to give every second (2nd) weekend off, an overtime premium (in accordance with Article 14.03) shall be paid for the second and every successive weekend worked until a weekend is scheduled off, save and except where:
- i) Such weekend has been worked by the nurse to satisfy specific days off requested by such nurse; or

- ii) Such nurse has requested weekend work; or
 - iii) Such weekend is worked as the result of an exchange of shifts with another nurse.
6. The Hospital will endeavour not to require a nurse to change tours more than once during a week, unless otherwise mutually agreed.
- At least four (4) off tours shall be scheduled following night duty. A shorter period of time between changes of shift may be agreed upon by mutual consent.
7. Effective the first schedule in September 2016, schedules covering a six (6) week period will be posted no less than twenty-one (21) days in advance and by 15:30 hours on the day of posting.
8. Requests for change in posted schedules may be made in writing to the Clinical Leader Manager or designate provided they are co-signed by the nurse willing to exchange days off or tour of duty. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time.
9. Christmas/New Year

All nurses shall receive at least five (5) consecutive days off or more at Christmas or New Year's, except in areas which normally are not scheduled to work on weekends or paid holidays.

Time off at Christmas shall include December 24th, 25th, and 26th. Time off at New Year's shall include December 31st and January 1st, unless otherwise mutually agreed.

Time worked at Christmas shall include December 24th, 25th, and 26th. Time worked at New Year's shall include December 31st and January 1st, unless mutually agreed otherwise.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse whose requested time off was not granted the previous year. Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavor to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

A nurse who is scheduled to work either Christmas or New Year's shall be permitted to request vacation prior to Christmas in conjunction with Christmas time off or following New Year's in conjunction with New Year's time off subject to operational requirements. (Full-time only) Vacations may be granted between Christmas and New Year's subject to operational requirements. (Full-time only)

10. Shift work amongst nurses in a unit working the same shift rotation shall be equitably distributed. The distribution of such shift work will be based on:
 - a) Days and nights;
 - b) Weekends and weekdays
 - c) "Shoulder days" (Mondays/Fridays which are consecutive with weekends); and
 - d) Mid-week days
11. Employees shall be scheduled to rotate between days and shift tours, and where possible at least fifty (50) percent of tours worked shall be on the day shift, except where the employee chooses to work a greater percentage of shifts. This will be balanced over a period of no more than twelve (12) weeks or two (2) tour rotations.

An individual employee may request to work a straight night shift rotation. Such request shall not be unreasonably denied.

The Hospital agrees that where staffing requirements are deemed greater on the day shift than on the night shift, such day shifts shall be distributed equitably.

It may be necessary to schedule a nurse that works a straight night shift rotation to a period of not more than ten (10) day shifts for the purpose of assessing their performance, however, every effort will be made to assess a nurse working permanent shifts during his/her regular night shift rotation. The Bargaining Unit President and the affected nurse will be advised of the change in schedule at least six (6) weeks before the schedule change is implemented. Notwithstanding the above, where an urgent event or situation necessitates such an assessment before a nurse can return to his/her regular duties, the Hospital, Bargaining Unit President, and the nurse shall work together to schedule such an assessment as soon as possible.

12. If new starting and stopping times are being introduced by the Hospital, six (6) weeks' notification in writing shall be given to the Association, unless to do so would be impossible in the circumstances. The Hospital shall meet with the Association prior to the introduction of new starting and stopping times, so that the reason for the introduction of new starting and stopping times may be discussed and the Association may have the opportunity to make submissions.
13. The day shift shall be the first shift of the day.
14. Nurses who work and accumulate overtime in accordance with Article 14.06 and 14.09 shall be permitted to take their overtime at the appropriate premium rate in time off, which shall be scheduled at a mutually agreeable time. The granting of such time off shall not be unreasonably denied. Such time off must be taken within ninety (90) calendar days of accrual or payment at the appropriate premium rate shall be made.

The nurse will make a written request, as to when he/she wishes to take, or if he/she wishes to receive payment at the appropriate premium rate for, this overtime. The Hospital will reply, in writing, to this request, within forty-eight (48) hours but no later than seventy-two (72) hours following submission of the request to the immediate Supervisor. Any such payment requests are to be made and paid within the next pay period following the request and will be done through direct deposit to the nurse's account. If no requests are made, the payout will occur at the end of the ninety (90) days from when the overtime occurred through direct deposit to the nurse's account.
15. Nurses shall be permitted to request specific days' off, by making such a request, in writing, to the immediate Supervisor. Such requests shall be made fourteen (14) days in advance of the posting of the schedule. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably withheld and responses will be provided to the nurse in a reasonable time.
16. A rest period will be granted as per Article 13.02 of the Central Agreement.
17. A meal period will be provided as per Article 13.02 of the Central Agreement.

18. Split tours will not be scheduled.
19. When requested by nurses in each individual unit, a vote shall be conducted among the nurses working extended tours as to whether or not they will continue to work extended tours, or revert to normal tours (7.5 hour tours) between the period December 15th to January 7th.

Where the majority of nurses in a particular nursing unit vote by at least fifty-one percent (51%), then all nurses on the unit shall revert to normal tours (7.5 hour tours) for the period of December 15th until January 7th. Following this period of time, they shall once again revert to their extended tour schedules.

Notwithstanding if the majority of the nurses on the unit vote to revert to normal tours, the Hospital agrees to consider requests from nurses wishing to remain on 12 hour tours.

D.6

2D/2N Extended Tour Schedule

1. All schedules will be done on the basis that each full-time employee will be scheduled for 1950 hours per year.

These required additional shifts must be scheduled by mutual consent between the employee and the CLM recognizing the requirement in the previous sentence.

2. When the Hospital and the Union agree, the 2D 2N extended tour schedule shall be instituted when seventy (70) percent of the full-time and regular part-time nurses on a particular nursing unit who have voted have so indicated by secret ballot. For employees who indicate to their Clinical Leader/Manager that they do not wish to work extended tours, the Hospital will endeavour to schedule these nurses on a normal shift rotation.
3. When less than seventy (70) percent of the full-time and regular part-time nurses on a particular nursing unit who have voted vote, as outlined in paragraph 1, in favour of the 2D 2N extended tour schedule by secret ballot, the Union may approach the Hospital and ask them to consider the implementation of a combination 2D 2N extended tour schedule, other extended tours and normal (7.5 hour) tour in a particular Unit.
4.
 - a) Subsequent to the initial vote, a trial period of at least sixteen (16) weeks will take place.
 - b) At the end of the trial period, a second vote will be taken, and the 2D/2N schedule will continue to be posted if seventy (70) percent of the full-time and regular part-time nurses who have voted vote in favour of its continuation.

The period of time to cast ballots will be by mutual agreement between the Hospital and the Union. The secret ballot will be conducted solely by the Union, and the Union will post the results and advise the Clinical Leader/Manager,

5. At any meeting with the Hospital to discuss the 2D 2N schedule, a member of the Local executive should be in attendance.
6. The 2D 2N schedule may be discontinued in any unit when:
 - i) seventy (70) percent of the full-time and regular part-time nurses in a unit who have voted so indicate by secret ballot; or
 - ii) the Hospital decided to do so because of:
 1. adverse effects on patient care, or
 2. inability to provide a workable staffing schedule, or
 3. where the Hospital wishes to do so for other reasons which are neither unreasonable nor arbitrary, and states its intention to discontinue the extended tours in the schedule;
 - iii) When notice of discontinuance is given by either party in accordance with number (ii) above, then:
 1. the parties shall meet within four (4) weeks of the giving of notice to review the request for discontinuance; and
 2. where it is determined that the extended tours will be discontinued, affected nurses shall be given sixty (60) days notice before the schedules are so amended.
7. (a) Employees shall not be required to work more than four (4) consecutive tours, except where there is mutual agreement between the employee and the CLM, the tour is a result of a personal scheduling request, or is a result of an exchange with another nurse. Where schedules do not conform to the above, or where an employee works in excess of four (4) consecutive tours, the employee shall be paid premium pay for the fifth and subsequent tours until a day off is scheduled;
- (b) Employees shall receive two (2) weekends off in a six week period. The weekend shall consist of six (6) consecutive extended tours, which shall commence no later than 1930 hours Friday.

An employee will receive premium pay as defined in Article 14 for all hours worked on any additional subsequent consecutive weekend other than in as outlined above, until a weekend is scheduled off, save and except where:

- i) Such weekend has been worked by the employee to satisfy specific days off required by such employee; or
- ii) Such employee has requested weekend work; or

- iii) Such weekend is worked as the result of an exchange of shifts with other employees.
 - iv) Such weekend shift is worked to meet the requirement of Article D.10.1.
- (c) Where a nurse works extended tours on a paid holiday she shall be paid in accordance with Article 15 of the Central Agreement, and Article G of the Local provisions of the Collective Agreement.
 - (d) Nurses who work and accumulate overtime in accordance with Article 14.06 and 14.09, shall be permitted to take their overtime at the appropriate premium rate, in time off which will be scheduled at a mutually agreeable time. The granting of such time off shall not be unreasonably denied. Such time off must be taken within ninety (90) calendar days of accrual, or payment at the appropriate premium rate shall be made.

The nurse will make a written request, as to when he/she wishes to take, or if he/she wishes to receive payment at the appropriate premium rate for, this overtime. The Hospital will reply, in writing, to this request, within forty-eight (48) hours but no later than seventy-two (72) hours following submission of the request to the immediate Supervisor. Any such payment requests are to be made and paid within the next pay period following the request and will be done through direct deposit to the nurse's account. If no requests are made, the payout will occur at the end of the ninety (90) days from when the overtime occurred through direct deposit to the nurse's account.

- 8. Scheduled shifts shall be 2D/2N and no other combination of four (4) shifts unless a shift exchange or a request has been previously completed and been approved as the Collective Agreement below.
- 9. Effective the first schedule in September 2016, schedules covering a six (6) week period will be posted no less than twenty-one (21) days in advance and by 15:30 hours on the day of posting.
- 10. Request for change in posted schedules may be made in writing to the Clinical Leader Manager or designate provided they are co-signed by the nurse willing to exchange days off or tour of duty. The written requests shall be kept for three (3) months. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time.
- 11. All 2D/2N schedules may be reviewed by the Innovative Scheduling Committee on a yearly basis or sooner if requested.

12. Nurses shall be permitted to request specific days off by making such a request in writing to the immediate Supervisor. Such requests shall be made fourteen (14) days in advance of the posting of the schedule. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably withheld and responses will be provided to the nurse in a reasonable time.

Christmas/New Year's

13. All nurses shall receive at least five (5) consecutive days off or more at Christmas or New Year's, except in areas which normally are not scheduled to work on weekends or paid holidays.

Time off at Christmas shall include December 24th, 25th, and 26th. Time off at New Year's shall include December 31st and January 1st, unless otherwise mutually agreed.

Time worked at Christmas shall include December 24th, 25th, and 26th. Time worked at New Year's shall include December 31st and January 1st, unless mutually agreed otherwise.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse who's requested time off was not granted the previous year. Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavour to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

A nurse who is scheduled to work either Christmas or New Year's shall be permitted to request vacation prior to Christmas in conjunction with Christmas time off or following New Year's in conjunction with New Year's time off subject to operational requirements. (Full-time only)

Vacations may be granted between Christmas and New Year's subject to operational requirements. (Full-time only)

D.7 Ten (10) Hour Tours

Ten (10) hour tours shall be implemented upon mutual consent of the Hospital and the Association. The Hospital shall not unreasonably refuse to implement a ten (10) hour tour.

There shall be a trial period of six (6) months. This trial period may be terminated upon written notification by either party upon at least sixty (60) days written notice to the other.

The Hospital and the Association shall meet following the completion of the trial period to review and assess the ten (10) hour tour with a view of implementing it on a permanent basis.

Ten (10) hour tours may be implemented when seventy (70) percent of the nurses affected in a particular unit, agree by secret ballot to implement ten (10) hour tours.

A longer daily tour (extended tour) may be discontinued in any unit when:

- (a) Seventy (70) percent of the nurses in the unit so indicate by secret ballot; or
- (b) The Hospital states its intention to discontinue the extended tour schedule because of:
 - (i) adverse effects on patient care, or
 - (ii) inability of the Hospital to provide a workable staffing schedule.

When notice of discontinuation is given by either party in accordance with the paragraph above, then:

- (a) the parties shall meet within two (2) weeks of the giving of notice to review the request for discontinuation; and
- (b) where it is determined that the extended tour schedule will be discontinued, affected nurses shall be given sixty (60) days' notice before the schedules are so amended.

The current Collective Agreement shall be amended to reflect ten (10) hour tours as follows:

1. Hours of Work – (Article 13)

For nurses working ten (10) hour tours, a regular day tour shall be comprised of 9.375 paid hours, which shall include 37½ minutes of paid break time and 37½ minutes of unpaid break time.

2. Scheduling Objectives

The following scheduling objectives contained in the Collective Agreement shall apply to all nurses working ten (10) hour tours as follows:

- (a) Nurses on ten (10) hour tours will not be assigned for more than four (4) consecutive tours.
- (b) At least fourteen (14) hours off will be scheduled between tours.
- (c) At least every second weekend off.
- (d) Effective the first schedule in September 2016, schedules covering a 6 week period will be posted twenty-one (21) days in advance and by 15:30 hours on the day of posting.
- (e) Christmas/New Year's

All nurses shall receive at least five (5) consecutive days off or more at Christmas or New Year's, except in areas which normally are not scheduled to work on weekends or paid holidays.

Time off at Christmas shall include December 24th, 25th, and 26th. Time off at New Year's shall include December 31st and January 1st, unless mutually agreed otherwise.

Time worked at Christmas shall include December 24th, 25th, and 26th. Time worked at New Year's shall include December 31st and January 1st, unless otherwise mutually agreed.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

A nurse who is scheduled to work either Christmas or New Year's shall be permitted to request vacation prior to Christmas in conjunction with New Year's time off subject to operational requirements. (Full-time)

Vacations may be granted between Christmas and New Year's subject to operational requirements. (Full-time)

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse who's requested time off was not granted the previous year. Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavour to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

- (f) Requests for changes in posted time schedules must be submitted in writing and co-signed by a nurse willing to exchange days off or work tours. Each unit will maintain a written record of requests for schedule changes. Such record will be kept for three (3) months. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time.
- (g) A nurse working ten (10) hour tours shall be paid 9.375 hours in a 24 hour period, exclusive of an unpaid meal period of 37½ minutes, it being understood that at the change of tour there will normally be additional time required for reporting which shall be considered to be part of the normal daily tour for a period of up to fifteen (15) minutes duration. Should the reporting time extend beyond fifteen (15) minutes, however, the entire period shall be considered overtime for the purposes of payment under Article 14.
- (h) Nurses shall be permitted to request specific days off, by making such a request in writing to the immediate Supervisor. Such requests shall be made fourteen (14) days in advance of the posting of the schedule. These written requests shall be kept for three (3) months. Such requests shall not be unreasonably withheld and responses will be provided to the nurse in a reasonable time.

3. Vacations

Vacation entitlement for nurses working ten (10) hour tours shall be converted as follows:

<u>Current Week Entitlement</u>	<u>Working Days Off Off</u>	<u>Equivalent Paid Hours</u>
3	12	112.5
4	16	150.0
5	20	187.5
6	24	225.0

The vacation guidelines set out in Article F shall apply to nurses working ten hour tours.

4. Nurses who work and accumulate overtime in accordance with Article 14.06 and 14.09, shall be permitted to take their overtime at the appropriate premium rate, in time off which will be scheduled at a mutually agreeable time. The granting of such time off shall not be unreasonably denied. Such time off must be taken within ninety (90) calendar days of accrual or payment at the appropriate premium rate shall be made.

The nurse will make a written request, as to when he/she wishes to take, or if he/she wishes to receive payment at the appropriate premium rate for, this overtime. The Hospital will reply, in writing, to this request, within forty-eight (48) hours but no later than seventy-two (72) hours following submission of the request to the immediate Supervisor. Any such payment requests are to be made and paid within the next pay period following the request and will be done through direct deposit to the nurse's account. If no requests are made, the payout will occur at the end of the ninety (90) days from when the overtime occurred through direct deposit to the nurses' account.

5. The Hospital agrees that where staffing requirements are deemed greater on the day shift than on the night shift, such day shifts shall be distributed equitably.

D.8

Standby

- (a) The Hospital will notify the Bargaining Unit President or designate no less than six (6) weeks prior to initiating ongoing standby assignments on any unit.
- (b) Standby duty shall be evenly distributed among available experienced nurses in affected units.
- (c) Nurses required to be on standby shall be provided with beeper paging devices. The Hospital shall bear the expense of these devices provided to the nurses. The nurses shall be responsible for informing the Hospital of any device malfunctions or repair concerns.
- (d) Employees shall be entitled to exchange their standby assignments, with a nurse who has the knowledge of patient care and skills required, subject to management approval in accordance with clause (b) above and the conditions set out in D.1 (e) and D.5 (8) and provided that no additional premium payment will be due as a result of the exchange.
- (e) A nurse who is called in shall be paid in accordance with Article 14.06, and in addition, shall receive relief and lunch breaks in accordance with Article 13 and 14 of the Collective Agreement.
- (f) The Hospital will provide a security escort to or from his or her vehicle if a nurse so requests.

- (g) A nurse who is called in to work and,
- i) works a minimum of four hours and/or,
 - ii) works past 3:30 a.m., and
 - iii) is scheduled for the next day shift,
- the nurse will be permitted, once relieved, leave with pay for that part of the next day shift to allow an eight (8) hour rest period between the end of the call in assignment and the commencement of work on the regularly scheduled shift.

In addition, should operational needs require the call back nurse to report at 12:00 hours, the hours worked from 12:00 noon to the end of that scheduled shift will be paid at time and one-half (1½) the nurses' regular straight time hourly rate. In order to facilitate employee health and wellness, the Hospital agrees that every reasonable effort will be made to find a replacement nurse prior to requiring the call back nurse to report at 12:00 hours.

- (h) Nurses working in Medical Imaging shall only be required to take standby one (1) weekend in four (4). If, however, circumstances warrant a change in practice, the Hospital will provide six weeks' notice to the Association and to the nurses involved and will meet with the Association for discussion prior to implementing any change.
- (i) The Hospital agrees to provide compensation for standby and phone calls in accordance with the Letter of Understanding signed September 12, 2014.

D.9 Master Schedules

When a unit creates a master schedule or when a unit changes a master schedule which is in use, a copy of the proposed master schedule will be submitted to the Bargaining Unit President or designate to ensure that the scheduling provisions of the Collective Agreement are adhered to.

All full-time and regular part-time nurses on the unit impacted by a new master schedule or a change in an existing master schedule shall be eligible to vote. The vote shall be by secret ballot and will be conducted solely by the Union. Each schedule must have seventy (70) percent approval of the total number of staff eligible to vote and who cast a ballot. All votes will be held on the unit within fourteen (14) days of written submission of the proposed schedule to the Bargaining Unit President or designate.

The period of time to cast ballots will be by mutual agreement between the Hospital and the Union. All nurses eligible to vote will be notified of this right in advance but no later than three (3) days prior to the vote. All ballots will be counted immediately after the close of the voting period. The Union will post the results of the vote on the unit and advise the Clinical Leader/Manager.

If the vote is unsuccessful a revised schedule will be prepared and another vote will be held on the revised schedule in the manner described above, but no sooner than six (6) weeks from the time of the first vote.

All nurses on the affected unit will complete a trial period of at least sixteen (16) weeks. Thereafter an opportunity for reassessment by the nurses in accompaniment with the Bargaining Unit President or designate and the Clinical Leader Manager of the unit shall occur. Any required changes will be documented with the Bargaining Unit President or designate.

A Master Schedule may be discontinued in any unit when:

- (a) Seventy (70) percent of the full-time and regular part-time nurses in the unit who have voted so indicate by secret ballot; or
- (b) The Hospital states its intention to discontinue the extended tour schedule because of:
 - (i) adverse effects on patient care, or
 - (ii) inability of the Hospital to provide a workable staffing schedule.

When notice of discontinuation is given by either party in accordance with the paragraph above, then:

- (a) the parties shall meet within two (2) weeks of the giving of notice to review the request for discontinuation; and
- (b) Where it is determined that the extended tour schedule will be discontinued, affected nurses shall be given sixty (60) days' notice before the schedules are so amended.

D.10 Unit Weekend Schedule

When the Hospital and the Association agree to a unit weekend schedule the following provisions will apply:

Introduction and Discontinuation of Unit Weekend Schedule

1. When seventy (70) percent of the full-time and regular part-time nurses on a Unit who have voted indicate, by secret ballot, their willingness to participate in a master schedule that accommodates the Unit Weekend Worker in accordance with Article 13.04 of the collective agreement, the Union and the Hospital will meet forthwith to arrange for such a trial.

The secret ballot vote will be conducted solely by the Union. All votes will be held on the unit within fourteen (14) days of written submission of the proposed schedule to the Bargaining Unit President or designate. The period of time to cast ballots will be by mutual agreement between the

Hospital and the Union. All nurses eligible to vote will be notified of this right in advance but no later than three (3) days prior to the vote. All ballots will be counted immediately after the close of the voting period. The Union will post the results of the vote on the unit and advise the Clinical Leader/Manager.

The Employer agrees to implement a master schedule that accommodates the Unit Weekend Schedule; such agreement shall not be withheld in an unreasonable or arbitrary manner.

2. The positions required to accommodate the Unit Weekend Schedule will be posted on the Unit and filled by seniority from amongst the full-time nurses on the unit. If the position is from a vacancy it will be filled in accordance with Article 10.06(a). The filling of such positions will not result in the lay-off or loss of hours of work of any full-time or regular part-time nurse.
3. The trial of the Unit Weekend Schedule will run for a sixteen (16) week period agreed upon by the parties. After twelve (12) weeks of the trial period, a meeting will be held with the unit, the Hospital and the Union to evaluate the trial period and make recommendations to improve the schedules, if needed. A further vote will then be conducted on the unit. Where the nurses in the positions agree and at least seventy (70) percent of the full-time and regular part-time nurses on the unit who have voted indicate their willingness to continue with the new master, the arrangement will continue.

Discontinuation

Nurses in these positions may discontinue the weekend schedules with thirty (30) days notice. Such position will be posted in accordance with number 2 above. If there is no applicant the unit weekend schedule will be discontinued.

Either party may discontinue the Unit Weekend Schedules with ninety (90) days notice. Upon receipt of such notice, a meeting will be held between the parties to discuss discontinuation. It is understood that such discontinuation shall not be unreasonable or arbitrary.

Should the Unit Weekend Schedule be discontinued, the nurses in these positions will revert back to their previous positions and the previous master rotation will be put in place.

Vacations may be granted between Christmas and New Year's subject to operational requirements. (Full-time only)

4. Effective the first schedule in September 2016, schedules covering a 6 week period will be posted twenty-one (21) days in advance and by 15:30 hours on the day of posting.

D.11 Reassignment

The reassignment to nurses from one unit to another patient unit (floating) will occur in the following manner. An employee will not float during their probationary or orientation period, nor when acting as mentors during that shift. This will not apply to casual employees if they have not completed their probationary hours in a 6-month period.

Volunteers will be requested first provided they have the necessary qualifications to perform the assigned duties. Where there are no volunteers, employees will float provided they have the necessary qualifications to perform the assigned duties by rotation over a six week schedule from an integrated list of nurses who are working on that shift. The rotation will start first among casual nurses on duty (according to seniority), and where there are no casuals on duty, by rotation among part-time and full-time nurses (according to seniority).

ARTICLE E – SCHEDULING – PART-TIME HOURS OF WORK

E.1 Regular Tour System- Eight Hour Tours

- (1) A rest period will be granted as per Article 13.01 of the Central Agreement.
- (2) A meal period will be provided as per Article 13.01 of the Central Agreement.
- (3) Effective the first schedule in September 2016, schedules covering a 6 week period will be posted twenty-one (21) days in advance and by 15:30 hours on the day of posting.
- (4) In the preparation of each six (6) week schedule, the first priority will be given to scheduling Regular Part Time nurses to their commitment, based on their provided availability.
- (5) Where shifts are available on a unit after full time and regular part time nurses have been scheduled to their commitment, the Hospital agrees to offer regular and casual part-time nurses employed on the home unit additional shifts. This offer will be made to those nurses who have notified their Clinical Leader/Manager on a bi-weekly basis of their availability to work additional regular shifts. Such offers shall be made on an equitable basis.
- (6) Where staffing needs cannot be met by nurses employed on the unit, shifts may be offered to nurses assigned to different units. For clarity, a nurse can be assigned to only one unit.
- (7) The Hospital agrees to offer additional regular shifts to Hospital employees prior to bringing in agency nurses. This offer will be made to those nurses who have notified the Clinical Leader/Manager on a bi-weekly basis of their availability to work additional regular shifts.

- (8) Any reduction in the number of daily tours as the result of introduction of a longer daily tour by the Hospital must receive approval of the local Association.
- (9) Regular part-time nurses who so desire will receive five (5) consecutive days off or more at either Christmas or New Year's. Christmas shall be defined as all shifts on December 24th, 25th, and 26th. New Year's shall be defined as all shifts on December 31st and January 1st. Regular part-time nurses must be available to work Christmas (December 24th, 25th & 26th) or New Year's (December 31st and January 1st) in accordance with their Regular Part-time commitment and regular scheduling practice unless mutually agreed otherwise.

This Article does not apply to those areas where regularly scheduled work is concentrated on a Monday through Friday basis.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse who's requested time off was not granted the previous year.

Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavour to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

- (10) The Hospital will endeavour to treat part-time nurses equitably with respect to shift assignments given the staff requirements on the nursing unit involved.

The Hospital agrees that where staffing requirements are deemed greater on the day shift than on the night shift, such day shifts shall be distributed equitably.

It is understood that all regular part-time nurses shall be scheduled up to their committed hours on their unit before any casual nurses are utilized on that unit. Once all regular part-time nurses are scheduled up to their committed hours, then extra available shifts may be immediately distributed amongst available regular part-time and casual nurses on the unit on an equitable basis based on operational needs.

- (11) Regular part-time nurses shall receive weekends off on the following basis:

If the RNs FTE is 0.6 or higher, they shall be required to work 3 weekends out of 6. Otherwise, the requirement is 2 weekends out of 6.

The above provisions shall not apply where a nurse requests additional work.

A weekend shall be defined as at least a sixty-four (64) consecutive hour period commencing at the conclusion of the Friday day tour.

- (12) Requests for change in posted schedules may be made in writing to the Clinical Leader Manager or designate provided they are co-signed by the nurse willing to exchange days off or tour of duty. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time. These requests will be kept for three (3) months.

E. 2 Extended Tour System

The Hospital will endeavour to maintain and achieve the following objectives in the formation of extended working schedules:

1. A longer daily tour (extended tour) shall be introduced into any unit when:
 - (a) Seventy (70) percent of the nurses in the unit who have voted so indicate by secret ballot and
 - (b) The Hospital agrees to implement the extended tours. Such agreement shall not be withheld in an unreasonable arbitrary manner.
2.
 - (a) Subsequent to the initial vote, a trial period of at least sixteen (16) weeks will take place.
 - (b) All nurses on the unit must work the extended tour schedule during the trial period and thereafter, except for nurses on the staff of the unit on the day the vote is taken. These nurses may continue to work the seven and one-half (7-1/2) hour tours.
 - (c) Subsequent to the trial period, a second vote will be taken and must meet the requirements of (1(a) above) in order to continue the extended tour schedule.

3. A longer daily tour (extended tour) may be discontinued in any unit when:
- (a) Seventy (70) percent of the nurses in the unit who have voted so indicate by secret ballot;
 - or
 - (b) The Hospital states its intention to discontinue the extended tour schedule because of:
 - i) adverse effects on patient care,
 - or
 - ii) inability of the Hospital to provide a workable staffing schedule.
4. When notice of discontinuation is given by either party in accordance with number (3) above, then:
- (a) the parties shall meet within two (2) weeks of the giving of notice to review the request for discontinuation; and
 - (b) Where it is determined that the extended tour schedule will be discontinued, affected nurses shall be given sixty (60) days' notice before the schedules are so amended.
5. (a) A nurse shall not be required to work more than three (3) consecutive tours, except by mutual consent or during weeks which contain a paid holiday. At least one (1) extended tour off will be scheduled between shifts.
- (b) If the RNs FTE is 0.6 or higher, they shall be required to work three (3) weekends out of six (6). Otherwise, the requirement is two (2) weekends out of six (6).

The above provisions shall not apply where a nurse requests additional work.

A weekend shall be defined as at least a sixty-four (64) consecutive hour period commencing at the conclusion of the Friday day tour.

Weekends shall not be scheduled consecutively. In the event of failure to give every second weekend off, an overtime premium (in accordance with Article 14.03) shall be paid for the second (2nd) and every successive weekend worked until a weekend is scheduled off, save and except where:

- i) Such weekend has been worked by the nurse to satisfy specific days off requested by such nurse; or

- ii) Such nurse has requested weekend work; or
 - iii) Such weekend is worked as the result of an exchange of shifts with another nurse.
6. The Hospital will endeavour not to require a nurse to change tours more than once during a week, unless otherwise mutually agreed.

At least four (4) off tours shall be scheduled following night duty. A shorter period of time between changes of shift may be agreed upon by mutual consent.

7. Regular part-time nurses who so desire will receive five (5) consecutive days off or more at either Christmas or New Year's period. Christmas shall be defined as all shifts on December 24th, 25th, and 26th. New Year's shall be defined as all shifts on December 31st and January 1st. Regular part-time nurses must be available to work Christmas (December 24th, 25th & 26th) or New Year's (December 31st and January 1st) in accordance with their Regular Part-time commitment and regular scheduling practice unless mutually agreed otherwise.

This Article does not apply to those areas where regularly scheduled work is concentrated on a Monday through Friday basis.

Regular part-time and casual nurses may submit their availability for the Christmas and New Year schedule fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

Scheduling regulations may be adjusted between December 15th and January 10th in order to accommodate time off requests and operational requirements by mutual agreement between the nurse and the manager.

A nurse must indicate her preference for either Christmas or New Year's time off, to the appropriate Clinical Leader/Manager, in writing, no later than November 1st. When a scheduling conflict arises amongst nurses requesting the same time off, priority will be given to the nurse who's requested time off was not granted the previous year. Where a conflict still exists, the deciding factor shall be seniority subject to ensuring there is an appropriate skill mix of nurses scheduled during this time based on the requirements of patient care. Where the Hospital is able to grant time off for both Christmas and New Year's, the most senior nurse(s) will be offered first opportunity to accept or decline. The Hospital will endeavour to post a schedule indicating Christmas and New Year's time off as well as regularly scheduled days off and scheduled shifts to be worked by November 25th, but no later than December 1st.

8. If new starting and stopping times are being introduced by the Hospital, six (6) weeks' notification in writing shall be given to the Association, unless to do so would be impossible in the circumstances. The Hospital shall meet with the Association prior to the introduction of new starting and stopping times, so that the reason for the introduction of new starting and stopping times may be discussed and the Association may have the opportunity to make submissions.
9. Effective the first schedule in September 2016, schedules covering a 6 week period will be posted twenty-one (21) days in advance and by 15:30 hours on the day of posting.
10. Requests for change in posted schedules may be made in writing to the Clinical Leader Manager or designate provided they are co-signed by the nurse willing to exchange days off or tour of duty. Such requests shall not be unreasonably denied and responses will be provided to the nurse in a reasonable time. These requests shall be kept for three (3) months.
11. When requested by nurses in each individual nursing unit, a vote shall be conducted among the nurses working extended tours as to whether or not they will continue to work extended tours, or revert to normal tours (7.5 hour tours) between the period December 15th to January 7th.

Where the majority of nurses in a particular nursing unit vote by at least fifty-one (51) percent, then all nurses on the unit shall revert to normal tours (7.5 hour tours) for the period of December 15th until January 7th. Following this period of time, they shall once again revert to their extended tour schedule.

Notwithstanding if the majority of the nurses on the unit vote to revert to normal tours, the Hospital agrees to consider requests from nurses wishing to remain on 12 hour tours.

12. The Hospital will endeavour to treat part-time nurses equitably with respect to shift assignments given the staff requirements on the nursing unit involved.

The Hospital agrees that where staffing requirements are deemed greater on the day shift than on the night shift, such day shifts shall be distributed equitably.
13. The Hospital agrees to offer part-time and casual nurses additional shifts prior to bringing in agency nurses. This offer will be made to those nurses who have notified their Clinical Leader/Manager up to two (2) weeks in advance of their availability to work additional shifts.
14. The day shift shall be the first shift of the day.
15. Nurses shall be permitted to request specific days' off, by making such a request, in writing, to the immediate Supervisor. Such requests shall be made fourteen (14) days in advance of the posting of the schedule. Such requests shall not be unreasonably withheld and responses will be

provided to the nurse in a reasonable time. These written requests shall be kept for three (3) months.

16. A rest period will be granted as per Article 13.02 of the Central Agreement.
17. A meal period will be provided as per Article 13.02 of the Central Agreement.
18. Split tours will not be scheduled.

E. 3 Tours of Less Than 7.5 Hours

Where tours of less than seven and one half (7.5) hours are required, Articles F and G in their entirety will apply except as amended by the following:

- (a) The Hospital will endeavour to keep the number of tours comprised of less than seven and one half (7.5) hours to a minimum (or to a reasonable level);
- (b) Nurses working tours comprised of less than seven and one half (7.5) hours shall be granted a paid rest period;
- (c) No part-time nurse will be scheduled solely on tours which are comprised of less than seven and one half (7.5) hours in any pay period, except where such arrangements are requested by the nurse;
- (d) Nurses working tours comprised of less than seven and one half (7.5) hours, shall not be scheduled to work more than seven (7) consecutive tours. If a nurse is required to work on an eighth (8th) consecutive and subsequent tour, then she/he will receive premium pay for each tour so worked until a day off is scheduled;
- (e) No unit shall have tours of less than seven and one half (7.5) hours introduced into a rotation, without prior notification and discussion with the Union.
- (f) Nurses working tours of less than seven and one-half (7.5) hours will be paid premium rates in accordance with Article 14 for all hours worked in excess of the scheduled short tour.

- E. 4 Nurses who work and accumulate overtime in accordance with Article 14.06 and 14.09, shall be permitted to take their overtime at the appropriate premium rate, in time off which will be scheduled at a mutually agreeable time. The granting of such time off shall not be unreasonably denied. Such time off must be taken within ninety (90) calendar days of accrual or payment at the appropriate premium rate shall be made.

The nurse will make a written request, as to when he/she wishes to take, or if he/she wishes to receive payment at the appropriate premium rate for, this overtime. The Hospital will reply, in writing, to this request, within forty-eight (48) hours but no later than seventy-two (72) hours following submission of the request to the immediate Supervisor. Any such payment requests are to be made and paid within the next pay period following the request and will be done through direct

deposit to the nurse's account. If no requests are made, the payout will occur at the end of the ninety (90) days from when the overtime occurred through direct deposit to the nurse's account.

- E. 5 The reassignment to nurses from one unit to another patient unit (floating) will occur in the following manner. An employee will not float during their probationary or orientation period, nor when acting as mentors during that shift. This will not apply to casual employees if they have not completed their probationary hours in a 6-month period.

Volunteers will be requested first provided they have the necessary qualifications to perform the assigned duties. Where there are no volunteers, employees will float provided they have the necessary qualifications to perform the assigned duties by rotation over a six week schedule from an integrated list of nurses who are working on that shift. The rotation will start first among casual nurses on duty (according to seniority), and where there are no casuals on duty, by rotation among part-time and full-time nurses (according to seniority).

- E.6 (a) The Hospital is required to offer, and the nurse expected to work, unless vacation requested and approved, their commitment on a bi-weekly basis such that hours of work over a six (6) week basis are as follows:

FTE	Hours Bi-Weekly
0.2 FTE	15 hours
0.3 FTE	22.5 hours
0.4 FTE	30 hours
0.5 FTE	37.5 hours
0.6 FTE	45 hours
0.7 FTE	52.5 hours
0.8 FTE	60 hours

- i. In the event a part-time nurse's commitment is not met on the posted schedule, it is agreed that the part-time nurse and manager will discuss additional availability equal to the number of shifts required to meet the part-time nurse's commitment as set out in (a) above
 - ii. Nothing contained herein precludes a part-time nurse from providing availability above their commitment level.
 - iii. The parties agree that part-time nurses must honour their availability within the understanding that part-time nurses will advise the Hospital of any changes to that availability.
 - iv. When a shift is offered to a nurse who has indicated availability and the shift is declined, the shift shall be deemed offered for the purposes of equitable distribution.
- E. 7 Casual nurses should notify the Hospital if there is any change to their availability.

ARTICLE F - VACATIONS

- F.1 (a) The date for determining vacation entitlement shall be the anniversary date of the employee, and the accrual of vacation will be in accordance with Article 16 of the Collective Agreement.
- (b) Employees may accrue vacation from year to year. The maximum accrual at any one time shall not exceed one and one-half of the employee's entitlement, and by each anniversary date it shall not exceed the employee's yearly entitlement, calculated in accordance with Article 16.

The Hospital will consider requests to carry over additional vacation entitlement under special circumstances. Such requests shall not be unreasonably denied.

- F.2 A week of vacation shall be defined as a seven (7) day period. Vacations may be scheduled to commence on any day of the week. Vacation may be granted at any time during the year. Any vacation entitlement over the maximum will be assigned by the Hospital following consultation with the nurse(s) involved.

When a full-time or regular part-time nurse requests vacation, the Hospital will endeavour to grant the weekend immediately preceding and the weekend immediately following the vacation as days off. Such request will not be reasonably denied. Vacation has to be used for any scheduled shifts during that period.

The Hospital shall notify the nurse prior to leaving on his/her vacation the date and time on which to report for duty following vacation. It is understood that the notification is done through the scheduling process.

The Hospital will not unreasonably deny vacation and shall respond to urgent vacation requests as soon as possible, but in any event no more than two (2) business days.

- F.3 Summer Vacation Period (June 15 to September 15)

- (a) The granting of vacation will not be unduly restrictive. Vacation schedules shall be posted by April 30th for all vacations requested by March 24th for the summer vacation period, from June 15th to September 15th.

Regular part-time and casual nurses may submit their availability for the summer vacation period fourteen (14) days prior to its posting. The Hospital may pre-book regular part-time and casual nurses for this schedule and where it does so, such scheduling shall be in accordance with the nurses' availability in order to accommodate time off requests.

- (b) When full-time and regular part-time nurses in a specific nursing unit desire the same or overlapping vacation periods, then the seniority of the nurses in the bargaining unit shall govern the assignment of vacations.

However, a nurse shall be able to exercise his/her seniority only once during the summer vacation period from June 15th to September 15th.
(Applies to full-time and part-time nurses)

- (c) Special consideration shall be given in circumstances where a nurse has plans for an extended vacation, or for a milestone celebration.
- (d) Summer vacation requests made after March 24th will be granted on a first-come, first-served basis.

F.4 Request for vacation of one (1) or more weeks in length outside the prime (Christmas/New Year and summer vacation periods) may be requested up to eight (8) months in advance of the planned vacation dates, and will be approved on a first-come, first served basis effective the date the request was submitted. Where multiple vacation requests submitted are for the same period of time, and the request is submitted on the same date, seniority will be the deciding factor. Approval of the vacation requests will be provided to the employee in writing within seven (7) business days of the submitted request.

Requests for vacation for less than one (1) week in length outside the prime (Christmas/New Year and Summer vacation periods) will be submitted in writing as per the Collective Agreement (eg. D1 (t))

F.5 Nurses will receive their vacation pay with their regular cheque issued immediately preceding their commencement of vacation provided they have so requested in writing to the Clinical Leader Manager four (4) weeks before vacation.

F.6 Employees shall be permitted to have advance borrowing of five (5) days vacation credit. Should an employee leave prior to earning those credits, then the Hospital is authorized for all purposes including for purposes of the *Employment Standards Act*, and Regulations there under, to make deductions from the employees outstanding wages for those credits not yet earned.

F.7 Supplementary Vacation

Full-time nurses entitled to supplementary vacation pursuant to Article 16.01(f) of the central Collective Agreement will request such vacation as per Article F. Unused supplementary vacation will be carried over to the following vacation year(s).

Part-time nurses entitled to supplementary vacation pursuant to Article 16.06 of the central Collective Agreement will request such vacation as per Article F. Unused supplementary vacation will be carried over to the following vacation year(s). The additional 2% vacation pay will be paid out within one (1) month of earning the supplementary vacation.

ARTICLE G – PAID HOLIDAYS

G.1 The following shall be paid holidays:

New Year's Day (Jan 1)	Civic Holiday
Family Day	Labour Day
Good Friday	Thanksgiving Day
Victoria Day	November 11
2nd Monday in June	Christmas Day (Dec 25)
Canada Day (July 1)	Boxing Day (Dec 26)

- G.2 (a) Where possible, paid holidays will be equitably distributed among the full-time nurses in each unit.
- (b) A regular part-time nurse shall be available for work as listed in G.1 of the Collective Agreement on the following basis:
- i) four (4) days per week (up to 0.8 FTE) = 5 paid holidays
 - ii) three (3) days per week (up to 0.6 FTE) = 4 paid holidays
 - iii) two (2) days per week (up to 0.4 FTE) = 3 paid holidays
 - iv) one (1) day per week (up to 0.2 FTE) = 2 paid holidays

Any regular part-time nurse may make him/herself available for a greater number of the holidays referred to above, by mutual consent between the individual nurse and the Hospital.

G.3 For the purpose of this Article, a nurse will be considered to have worked on a paid holiday if the majority of hours worked on a tour coinciding with a paid holiday falls within the paid holiday.

G.4 When a nurse is scheduled off on a weekend which is preceded and/or followed by a paid holiday she/he shall be scheduled off the paid holiday(s), if agreed to by the individual nurse.

When a nurse is scheduled to work on a weekend which is preceded and/or followed by a paid holiday she/he shall be scheduled to work the paid holiday(s), if agreed to by the individual nurse.

G.5 A full-time nurse shall receive at least six (6) of the holidays as scheduled days off in each calendar year.

G.6 Where a full-time nurse is entitled to a lieu day, such lieu day will be a lieu day off with pay at his/her regular straight time hourly rate of pay, to be taken on a day arranged between the nurse and the Hospital in conjunction with a scheduled weekend off, if possible, such day to be granted within thirty (30) days prior to or following the holiday. When a lieu day has been selected an agreed to it can only be changed within the timeframe provided above.

ARTICLE H - BULLETIN BOARDS

- H.1 The Hospital will provide space or bulletin boards on which the Association may post notices of Association meetings and other Association activities.

The Hospital shall also permit the Association to post notices of meetings and other Association activities on a bulletin board in each nursing unit/department.

ARTICLE I - ASSOCIATION LEAVE

- I.1 Leave of absence for Association business shall be given up to a total of no more than twelve hundred (1200) hours (both full-time and part-time) during any calendar year, provided adequate notice is given to the Hospital. Such leave of absence shall not be arbitrarily withheld. It is agreed that not more than eight (8) nurses shall be absent on such leave at the same time. Additional leave of absence may be granted if mutually agreed by the Hospital and the Association.
- I.2 The Bargaining Unit President of Local 96 will be scheduled to work days for his/her term of office. The Hospital shall pay the Bargaining Unit President ten (10) days salary each month. This salary is in lieu of all time spent attending meetings with the Hospital including all committees mandated by the Collective Agreement and time spent preparing for these committee meetings, for negotiating and implementing program transfers, for investigating and/or processing grievances, and for negotiating a renewal Collective Agreement up to but not including, arbitration.

ARTICLE J - SENIORITY LIST

- J.1 Seniority lists will be filed with the Bargaining Unit President of the Local Association or her designate, on or before May 1st and December 1st of each year.
- The Hospital will forward a copy of each list to the Association's Labour Relations Officer directly.
- The Hospital agrees to provide updated seniority lists to the Association immediately prior to serving notice of layoff to any nurse and prior to any program transfers.
- J.2 The Hospital will provide each nursing unit with a copy of the seniority list. The seniority list will be clearly accessible to all nursing staff on the unit.

ARTICLE K – AVAILABILITY FOR OVERTIME

- K.1 Filling OT shifts shall be done on an equitable basis. Nurses wishing to make themselves available for overtime work will submit their availability to their manager or designate, a minimum of two weeks in advance.

Availability for extra shifts or for shifts provided by part-time or casual nurses, as submitted in accordance with the Collective Agreement, shall be referred to for purposes of equitable distribution of any shifts.

In the event that a shift is required to be filled, and that all nurses available for that shift are in overtime situation, bargaining unit nurses shall be offered such overtime shifts prior to bringing in agency or registry nurses in an overtime situation.

K.2 Distribution of Overtime

Overtime shifts will be distributed on an equitable basis, by rotation, according to seniority among those nurses on a unit who make themselves available for overtime. Consideration for the assignment of an overtime shift will include the relative experience and skills of both the nurses on duty and the nurse who may work the overtime shift, to ensure that the mix of experience among the nurses working meets patient safety needs.

Where a shift is offered to a nurse who has indicated her/his availability and the nurse does not respond in a timely manner or declines the shift, the shift shall be deemed distributed.

ARTICLE L – PRE-PAID LEAVE

- L.1 The Hospital shall permit up to ten (10) percent of the bargaining unit (both full-time and part-time) members to be on pre-paid leave each year. It is further understood that no more than five (5) percent of the nurses in a nursing unit, and no less than one (1) nurse per nursing unit, shall be permitted on leave at one time.

ARTICLE M - MODIFIED WORK

- M.1 The Hospital will notify the Association representative of the Joint Health and Safety Committee monthly, of the names of all nurses who go off work due to a work related injury or when a nurse goes on L.T.D.
- M.2 When it has been medically determined that an employee is unable to return to the full duties of his/her position, due to a disability, the Hospital will notify and meet with a staff representative of the Ontario Nurses' Association and a member of the Local Executive to discuss the circumstances surrounding the employee's return to suitable work.
- M.3 The Hospital agrees to provide the employee with a copy of the Workplace Safety and Insurance Board Form 7 at the same time as it is sent to the Board.
- M.4 Early and Safe Return to Work

The Hospital and the Union are committed to a consistent approach to meeting the needs of employees requiring temporary modified work or permanent accommodation in the workplace due to illness or injury. Returning such employees to work at the earliest opportunity is meaningful and practical for both

the employee and the Hospital, and meets the parties' responsibilities under the law.

To that end, the Hospital and the Union agree to cooperate in facilitating the return to work of nurses requiring temporary modified duties or permanent workplace accommodation. The parties therefore agree as follows:

- (a) A joint Return to Work Committee (RWC) comprised of an equal number of Union and Hospital representatives will be established to assist nurses requiring modified work or permanent accommodation in the workplace. One of the Union representatives will be recognized as co-chair. The Committee will meet as necessary with no less than four (4) weeks notice and no more than six (6) weeks notice (unless otherwise jointly agreed) at the request made by either co-chair to the other.
- (b) The Hospital will provide information to the Union co-chair, prior to a meeting of the RWC to include the following:
 - i) nurses absent from work because of disability who are in receipt of Workplace Safety Insurance Board benefits
 - ii) nurses absent from work because of disability who are in receipt of Long Term Disability benefits
 - iii) nurses who have been absent from work because of disability for more than 23 months (in conjunction with the definition change period under LTD benefits.)
 - iv) nurses who are currently on a temporary modified work program
 - v) nurses who are currently permanently accommodated in the workplace
 - vi) nurses who require temporary modified work
 - vii) nurses who require permanent accommodation in the workplace

The parties further agree that information supporting the above will be provided to the RWC or participants of a meeting as described in (d) below.

- (c) A disabled nurse who is ready to return to work will provide the Corporate Health and Safety Services with medical verification of her ability to return to work including information regarding any restrictions.
- (d) When a returning nurse is in need of temporary modified duties for a period of greater than ten (10) days or of a permanent accommodation the Hospital will notify the RWC co-chairs or their designates and will provide to them the information obtained under (b) above. A meeting will be convened to include the nurse, a Union RWC representative, the Clinical Leader/Manager or Manager of the nurse, and a Human Resources representative. The meeting may also include a Corporate Health and Safety Services representative acting in an advisory capacity. This group

will develop a return to work plan designed to facilitate the earliest practical return to full duties or full duties as modified on an individual case basis.

Where a nurse as a result of her temporary restrictions is unable to perform all of the essential duties of her/his pre-injury/illness job or is limited to working less than the full-hours of her/his pre-injury/illness job for a period of ten (10) days or less, the nurse's return to work may be arranged among the nurse and her/his manager with a Corporate Health and Safety Services representative in an advisory role. A copy of the agreed to RTW plan in this circumstance shall be provided to the RTW co-chairs within seven (7) days of the plan commencing. Any disputes that arise between the nurse and her/his manager regarding the temporary RTW plan, or required extensions to the temporary plan beyond the ten (10) day period, shall be referred to the RTW committee or designates for discussion and resolution.

- (e) In creating a return to work plan, the disabled nurse's abilities and accommodation needs will be examined to determine if the nurse can return to her:
 - i) original position
 - ii) original unit
 - iii) original unit/position with modifications to the work area and/or equipment and/or the work arrangement.
 - iv) alternate positions outside the original unit.
- (f) In creating a return to work plan, the committee will consider the nurse's abilities and accommodation needs, and if she is unable to return to work in accordance with article (e) above, the committee will identify any positions in the Hospital in which the nurse may be accommodated.
- (g) A nurse in need of permanent accommodation may be temporarily accommodated until a permanent arrangement is established. Such a nurse will remain on the list of nurses requiring permanent accommodation provided under article (b) (vii) above.
- (h) The parties recognize that more than one nurse requiring accommodation may be suitable for a particular position or arrangement. In such cases the parties agree that in complying with articles (e) and (f) and (g) above, they must balance additional factors including in no particular order:
 - i) skills, ability, and experience
 - ii) ability to acquire skills
 - iii) path of least disruption in the workplace
 - iv) time spent awaiting an accommodation
 - v) seniority

- (i) When more than one nurse is deemed by the committee to be suitable for a particular position or arrangement, and the factors set out in articles (e), (f), (g) and (h) are relatively equal, seniority shall govern.
- (j) The committee (or its designate) will monitor the status of accommodated nurses and the status of nurses awaiting accommodation. Notification will be provided to the Union by Corporate Health and Safety Services when any nurse's modified or accommodated work plan has been completed.
- (k) The Return to Work Committee will also develop and recommend overall strategies for:
 - i) integrating accommodated workers back into the workplace
 - ii) educating nurses and managers about the legal, personal, and organizational aspects of returning employees requiring modified work or accommodation to work
- (l) Alternate Placements
 - i) Before posting, a Human Resources Consultant or Human Resources Manager or designate will examine all potential vacancies to determine if they can be used to accommodate a disabled nurse who requires accommodation but cannot return to her home unit in accordance with section (e) above.
 - ii) If a vacancy is identified as suitable for accommodation purposes, the Human Resources Consultant or Human Resources Manager may recommend holding the posting and consult with the union co-chair of the RWC as soon as possible to determine:
 - (A) whether the unit, after considering all factors including the number of accommodated nurses in the unit, the operational needs of the unit, the safety of nurses working in the unit, can reasonably accommodate a nurse
 - (B) whether the posting of the position under the collective agreement between the parties may be waived, subject to the approval of the Labour Relations Officer
 - (C) whether a position outside the bargaining unit may be an appropriate position for accommodating a nurse
 - iii) When the parties agree to a permanent accommodation whether or not a job posting is waived, and whether or not the position is inside the bargaining unit, the parties will sign an agreement containing the details of the accommodation.
 - iv) The home position of an employee requiring permanent accommodation may be posted under the following circumstances:

- A) The employee is permanently accommodated in another position or arrangement.
 - B) The weight of the medical evidence establishes that there is no reasonable prospect of a return to her/his original position in the foreseeable future.
- v) Filling a disabled employee's home position does not remove the Hospital's duty to accommodate that employee.

ARTICLE N - OCCUPATIONAL HEALTH AND SAFETY

- N.1 The Hospital will notify the Association, in writing, within one week of the Hospital becoming formally aware of any nurse who has been assaulted in the line of work.
- The Hospital will consider requests for reimbursement for damages incurred to the nurses' personal property, such as eye glasses, ripped uniforms, personal clothing, as a result of being assaulted while performing his/her work.
- N.2 The Hospital agrees to have in place policies and procedures to deal with violence in the workplace. The policies will address the prevention of violence, the management of violent situations, and support to employees who have faced violence. Such policies will be available through the Hospital Intranet or Unit specific manual.
- (a) The parties agree to the importance of applying the Hospital's policy regarding abuse of staff by patients, clients and/or visitors to support all Hospital employees. This policy may be reviewed from time to time and the Union will be consulted and have the opportunity for input into any revisions to that policy.
 - (b) In accordance with the policy, if incidents involving abusive client action occur, that such action will be recorded and reviewed at the Occupational Health and Safety Committee on a regular basis.
 - (c) By agreement between the parties and/or other employee representatives outside of the bargaining unit, a task force or special committee may be struck from time to time to review specific safety or security issues common to employees in a unit or department. Any recommendations provided by such a task force or committee will receive full consideration by the Hospital.
- N.3 The Hospital will provide a copy of the employee incident report to a nurse at the time that he or she completes it.

N.4 Musculoskeletal Injury Prevention

The parties are committed to prevention of musculoskeletal injuries in the workplace. To that end, the Corporate Health and Safety Services will provide a quarterly summary of musculoskeletal injuries to the Return to Work Committee which in turn may recommend additional training or revised practices for employees in a unit where the number of injuries is higher than normal frequency.

N.5 Sharps Safety and Needlestick Injuries

The parties are committed to a workplace where attention to sharps safety practices and the minimizing of needlestick injuries is an ongoing commitment. To that end, the Sharps Safety Committee will provide a quarterly summary of needlestick injuries to the Return to Work Committee which in turn may recommend additional training or revised practices for employees in a unit where the number of incidents is higher than normal frequency.

ARTICLE O - SELF SCHEDULING

O.1 The Association and the Hospital agree in principle to the concept of self-scheduling. Should the Hospital or the nurses wish to implement self scheduling on a particular unit, they shall do so according to the following criteria, initially on a test basis.

1. Seventy (70) percent of the full-time and regular part-time nurses who have voted must indicate by secret ballot their willingness to participate in self scheduling prior to the commencement of the test. It is understood that there will be a separate vote conducted for full-time and part-time nurses.
2. The test period shall be for sixteen (16) weeks, after which a second vote shall take place. Self-scheduling shall continue if seventy (70) percent or more of the full-time and regular part-time nurses who have voted by secret ballot their desire to continue self scheduling.
3. If seventy (70) percent of the full-time and regular part-time nurses who have voted indicate a willingness to participate in self-scheduling, all nurses on that unit will be expected to participate in the trial, both during the sixteen (16) week trial period, and after implementation.
4. Nurses participating in self scheduling shall be responsible for scheduling their hours including paid holidays and lieu days.
5. The prepared schedules shall be submitted to the Clinical Leader/Manager for review and approval to ensure that appropriate nursing coverage is maintained. The Clinical Leader/Manager's approval of the prepared schedule shall not be unreasonably withheld.
6. Self scheduling may be cancelled by either the Hospital or the Union upon a minimum of eight (8) weeks' written notice to the other party.

7. Self scheduling, including scheduling regulations, shall comply with all the provisions of the full-time and part-time Collective Agreements in all respects.
8. In the event that self scheduling is continued following the test, the Hospital and the Union shall meet prior to the end of the test period in order to discuss and mutually agree upon the terms of the continuation.
9. Prior to instituting self scheduling on a continuing basis in a unit, the Association will be provided with a copy of the self scheduling guidelines.

ARTICLE P - JOB SHARING

P.1 Introduction and Discontinuance

Although the introduction of a job sharing arrangement will be at the discretion of the Hospital, the Hospital shall not arbitrarily or unreasonably refuse to implement job sharing. Should a job sharing arrangement be implemented, the Hospital reserves the right to determine the number of job share arrangements on any one unit at any one time.

If the Hospital agrees to a job sharing arrangement, the following terms and conditions shall apply unless otherwise agreed to by the Hospital and the Association.

Implementation

1. Where the job sharing arrangement arises out of the filling of a vacant full-time position, the full-time position will be posted first, and, in the event that there are no successful applicants, then both job sharing positions will be posted and selection will be based on the criteria set out in the Collective Agreement
2. Job sharing requests with regard to full-time positions shall be considered on an individual basis. Staff members seeking a job sharing position must submit a written application to the relevant Clinical Leader/Manager. The Hospital shall reserve the right to determine the appropriateness of such arrangement.
3. An incumbent full-time nurse wishing to share his/her position may do so without having his/her half of the position posted. The other half of the job sharing position will be posted and selection will be made on the basis of the criteria set out in the Collective Agreement.
4. Where two (2) full-time employees on one unit wish to job share one (1) position, neither half will be posted.
5. Should one job sharing partner voluntarily transfer or resign, the remaining partner will continue his/her own schedule for a maximum of six weeks from the effective date of the transfer or resignation. The Hospital will determine the need, based on operational requirements, to replace such a vacancy.

If the Hospital so determines to replace such a vacancy, the vacancy created will be posted. If no replacement partner is recruited, the position will revert back to a full-time position. If the position reverts back to full-time, and the remaining partner was previously full-time, the remaining partner will revert to his/her former status and the shared position will become his/her position. If the position reverts back to full-time and the remaining employee was previously part-time and there is no part-time position available on the same Unit, she/he will be laid off in accordance with the layoff provisions of the Collective Agreement. The shared position would then revert to a full-time position and be posted according to the Collective Agreement.

6. Total hours worked by the two (2) job sharers shall equal one (1) full-time position. The division of these hours over the schedule shall be determined by mutual agreement between the two (2) nurses.
7. The above schedules shall conform to the scheduling provisions of the Full-time Collective Agreement. Posted schedules shall be based on the schedule that would apply to a full-time nurse holding that position.
8. The job sharers involved will have the right to determine which partner works on scheduled paid holidays and job sharers shall only be required to work the number of paid holidays that a full-time nurse would be required to work unless mutually agreed otherwise.
9. (a) Job sharers will be expected to cover each other's incidental illnesses and vacations. If, because of unavoidable circumstances, one cannot cover for the other, the Clinical Leader/Manager must be notified and the Hospital will assume responsibility for filling the shift. Job sharers are not required to cover for their partner in the case of prolonged or extended absences due to illness.

A job sharer may exchange shifts with her/his partner, as well as with other nurses as provided by the Collective Agreement. Job sharers will be offered additional unscheduled tours only if they have made their availability known. It is understood that job sharers may only make themselves available on tours when neither job share partner is scheduled, unless otherwise agreed to by the Clinical Leader/Manager, and where such would not result in premium payment.

- (b) Pregnancy Parental Leave and other Leaves pursuant to Article 11 of the Central Agreement

In the event that one member of the job sharing arrangement goes on any of the above leaves of absence exceeding thirty (30) days, the Hospital will determine the need, based on operational requirements, to replace such a vacancy. If the Hospital so determines to replace such a vacancy, the remaining job share partner will have the option of covering all of the absent partner's shifts for the duration of the absence. If the remaining partner is unable to cover the entire leave of absence, he/she must inform the

Clinical Leader/Manager of his/her intentions to cover all/some of the absent partner's shifts at least two (2) weeks prior to the posting of each schedule. If the remaining partner cannot cover for his/her partner, the Hospital will fill the shifts, as needed, from its part-time or casual pool, in accordance with Article E.7, part-time or post for a temporary replacement.

10. In the event that layoffs are required, the job sharers will be laid off in accordance with the layoff provisions of the Collective Agreement. It is understood that the layoff of one or more of the job-sharers will be viewed as eliminating the job-shared position. For purposes of layoff, each job-sharer will be deemed to be .5 of an FTE.
11. Either the Hospital or the Association may discontinue the job sharing arrangement with ninety (90) days' written notice. Upon receipt of such notice a meeting shall be held between the Hospital and the Association within fifteen (15) days to discuss the discontinuation. It is understood and agreed that such discontinuation shall not be unreasonable or arbitrary.

In the event that a job share arrangement is discontinued due to operational requirements, the job sharer(s) will maintain their part-time status and will continue their part-time schedule.

ARTICLE Q – MISCELLANEOUS

- Q. 1 The Hospital shall continue its present policy of paying nurses by bank deposit system. The Hospital will make its best efforts to ensure that this deposit shall be available not later than Friday of every second week by 7:00 a.m.

Pay stubs should be available to nurses electronically every second Wednesday, by noon.

- Q. 2 The Hospital agrees to maintain its policy with regard to laundering and supplying of scrub clothing to nurses working in the Operating Room, Recovery Room, Cardiac Cath Lab, Renal Dialysis Unit, MS-ICU, CV-ICU, Emergency, Neuro-Trauma ICU, GE Unit and Labour and Birth. This scrub clothing shall be laundered and supplied to the nurses at no cost.

- Q. 3 Paycheque Underpayment

In the event of underpayment to a nurse equivalent to one (1), seven and one-half (7 ½) hour shift or more, the Hospital shall pay the outstanding monies as soon as possible, but no later than three (3) business days after notification of the error is made to the Payroll Department.

- Q. 4 LEADERSHIP OPPORTUNITIES

The Hospital will invite expressions of interest from nurses wishing to be considered for leadership assignments and project work greater than one (1) week. All assignments will rotate, and qualifications and equitable opportunity to do the work, as well as seniority, will be considered in selecting candidates.

- Q. 5 The Hospital will review workload measurement data with the Bargaining Unit President if circumstances require. The workload measurement system results may also be discussed at the Association-Hospital Committee meetings.
- Q. 6 The Hospital will endeavour to provide a locker and change area for each nurse as close as possible to the nurses' area of work. At a minimum the Hospital agrees to provide nurse lockers or a secured area on each unit for employees' personal valuables.
- Q. 7 The Hospital will endeavour to provide an on call room for any nurse that is scheduled for standby duty. The Hospital is committed to providing permanent on call space for nurses upon completion of restructuring related construction.
- Q. 8 The Hospital will endeavour to provide a staff lounge for all nurses to utilize while on rest and meal breaks as provided for in the Collective Agreement.
- Q. 9 The Hospital shall endeavour to accommodate nurses' requests for schedule alterations for the purpose of education leave. Such requests shall not be unreasonably denied.
- Q. 10
- (a) Where the Hospital requires re-certification course(s) specific to clinical programs and/or services, the Hospital shall reimburse each nurse for the cost of such course(s) re-certification. Each nurse shall be paid his/her regular straight time hourly rate of pay for such course time subject to Article 9 of the Collective Agreement. Where practicable, the Hospital will provide on-site re-certification.
 - (b) The Hospital will reimburse a nurse for one re-certification per course per term of re-certification.
 - (c) Where the Hospital deems changes to existing certification requirements are essential to allow a nurse to practice in a specific unit, program or service, any such change will be discussed at the Association-Hospital Committee prior to implementation.
 - (d) It is understood that the above provisions do not apply to initial certification to meet requirements on a unit, program or service to which a nurse wishes to transfer.
- Q. 11 Notification to Unsuccessful Job Applicants
- The parties agree that members of the bargaining unit who are unsuccessful candidate(s) for a posted position within the bargaining unit will be notified, in writing, within ten (10) business days of the successful candidate accepting an offer and prior to the posting of the name of the successful candidate(s). Written notification to the successful candidate(s), the unsuccessful candidate(s) who are members of the bargaining unit and the Bargaining Unit President will be completed at the same time.

Q. 12 Retiree Benefits – Process for Payment

Any bargaining unit nurse who retires and wishes to participate in the benefit plans as outlined in article 17.01(h) will provide advance payment of the benefits either through post-dated cheques provided on a yearly basis or through a preauthorized withdrawal process.

It is understood that any transaction would be dated the first of each and every month.

The Hospital will notify the Union of the benefit costs to retired nurses in January of each year, and each time the benefit costs are renegotiated by the Hospital.

Q. 13 Nurses who will not be reporting for duty due to an illness are required to telephone to either the nurse's Unit or Clinical Leader/Manager (depending on requirement of the unit) except where required by the Ministry of Health and Long Term Care directives or Toronto Public Health requirements in which case the nurse must also notify the Corporate Health and Safety Services or where other hospital policy requirements have previously identified other reporting requirements.

Q. 14 Written correspondence shall be deemed to include electronic.

Q. 15 Agency Reporting

Reporting provided to the Union in accordance with Article 10.12 of the Central Agreement shall include the following:

- (a) Agency nurse hours worked per program;
- (b) Total agency nurse hours worked hospital-wide;
- (c) Total bargaining unit hours worked per program;
- (d) Total bargaining unit hours worked hospital-wide;
- (e) Percentage of agency nurse hours worked per program; and
- (f) Percentage of total agency nurse hours worked hospital-wide.

Where program usage appears high, the Bargaining Unit President may request, through the Hospital Association Committee, and the Employer shall provide unit-by-unit details on agency usage as a proportion of total RN staffing for the period in question.

Q.16 Electronic Grievance Form

The parties agree to use the electronic version of the (O.N.A. Grievance Form at Appendix 1 of the Hospital Central Agreement).

The parties agree that hard copies of the electronic form are valid for purposes of Article 7 of the Hospital Central Agreement.

Electronic grievances may be sent, via email, to the applicable Manager and copied to Human Resources, or the identified designate.

The electronic signature of the Union Executive representative or Labour Relations Officer will be accepted as the original signature.

The Union undertakes to get a copy of the electronic version signed by the grievor.

The parties agree to not use or rely upon any preliminary arguments related to the use of the electronic version should a grievance proceed to mediation or arbitration.

ARTICLE R – SECURITY SERVICE

R.1 The Hospital agrees to establish a security task force to address personal safety issues of nurses and other Hospital staff at the change of evening and night tours.

Additionally, the Hospital and the Association will continue to have ongoing discussions as necessary regarding security for all nurses through the Hospital-Association Committee.

ARTICLE S – SICK LEAVE

Nurses who will not be reporting for duty due to illness are expected to give the following minimum notice to their area/unit:

- a) for the day tour commencing at 0730 hours, no later than 0530 hours;
- b) for all other shifts, a minimum of four (4) hours prior to the commencement of their regular shift.

Nurses returning to duty following a sick leave are expected to advise the Hospital not less than twelve (12) hours in advance that they intend to return, except for a nurse scheduled for an evening or night tour, who are expected to call eight (8) hours prior to when they intend to return to work.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

Mona Bratan

Joyce Fenuta

Catherine Shogan RN PhD

Erone Newman

Liz Butorak

FOR THE UNION

Beverly Dalys

Angela Johnson

Deborah Ashikawa

Paula Dowling

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: Development of Innovative and Flexible Scheduling Practices

The Hospital and the Union agree that the development of innovative and flexible scheduling practices to assist Registered Nurses and the Hospital in strengthening commitments to the balance of work life and personal life is a mutual positive goal. Accordingly, the parties agree to strike a work team comprised of two representatives each to review and consider more flexible alternatives to existing scheduling practices. This work team may have the assistance of other scheduling experts from within or outside of the Hospital, or from central ONA resources from time to time. This work will begin within ninety (90) days of the date of ratification of the settlement of the local agreement. The parties also agree that any recommendations for innovative or flexible scheduling practices will require the approval of their respective principals, and further agree that any recommended and approved flexible schedules will be implemented on a trial basis.

Where the union and the hospital agree on an innovative scheduling initiative that impacts only those nurses on a unit who have volunteered to work such an innovative schedule, no vote among other nurses on the unit will be required.

Where an innovative schedule is proposed and there are more volunteers to work that schedule than required, participants will be selected on the basis of most senior first (among those qualified to perform the work) to the number needed.

Where other nurses may be impacted, the vote process as outlined elsewhere in the collective agreement will be followed.

Letters of understanding will be created for such scheduling practices.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

Mona Bratan

Joyce Fenuta

Catherine Shogan RN PhD

Erone Newman

Liz Butorak

FOR THE UNION

Beverly Dalys

Angela Johnson

Deborah Ashikawa

Paula Dowling

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: Superior Condition - Regular Part-time Nurses Weekend Availability

The parties agree that all Regular Part-time nurses formerly employed at the Wellesley-Central site of St. Michael's Hospital, hired prior to October 24, 1984, as Regular Part-time nurses with a commitment to three (3) tours or more per week must be available three (3) weekends out of six (6). Work on a Saturday or Sunday shall constitute a weekend worked in this case.

This agreement between the parties is attached to and forms part of the provisions of the Local Collective Agreement.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

FOR THE UNION

Mona Bratan

Beverly Dalys

Joyce Fenuta

Angela Johnson

Catherine Shogan RN PhD

Deborah Ashikawa

Erone Newman

Paula Dowling

Liz Butorak

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: Paid Professional Leave Days

The Hospital agrees to discuss the application of Paid Professional Leave Days with the Chief Nursing Executive within thirty (30) days of the date of ratification. The parties agree to meet to discuss the application of Paid Professional Leave Days within ninety (90) days of the date of ratification.

The parties agree that any mutually agreed to language with respect to Paid Professional Leave Days shall form part of the collective agreement.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

Mona Bratan

Joyce Fenuta

Catherine Shogan RN PhD

Erone Newman

Liz Butorak

FOR THE UNION

Beverly Dalys

Angela Johnson

Deborah Ashikawa

Paula Dowling

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: J. 2 – Access to Seniority lists

The Hospital and Union agree to meet to discuss ways in which seniority lists can be made more accessible to nursing staff on the unit.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

Mona Bratan

Joyce Fenuta

Catherine Shogan RN PhD

Erone Newman

Liz Butorak

FOR THE UNION

Beverly Dalys

Angela Johnson

Deborah Ashikawa

Paula Dowling

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: New Payroll and Scheduling Processes

The Hospital and Union agree to meet to discuss changes that may be required to facilitate new payroll and scheduling processes and systems that may arise during the course of the renewed collective agreement.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

FOR THE UNION

Mona Bratan

Beverly Dalys

Joyce Fenuta

Angela Johnson

Catherine Shogan RN PhD

Deborah Ashikawa

Erone Newman

Paula Dowling

Liz Butorak

Yvonne Kunne

Alison Carre

LETTER OF UNDERSTANDING

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: PACU and OR Committees

The parties agree to establish two committees to address scheduling concerns in Peri-op Services as detailed below. Each committee shall include a Unit Manager, a Unit Nurse, an ONA Representative, and an HR Representative.

One committee (PACU Committee) shall address 24/7 coverage needs in PACU and impact on O/T and work life balance.

Until such time as the PACU committee recommends, and the Hospital implements, improved scheduling practices in PACU, the stand-by provisions in article D8 (g) iii) shall be amended to allow an RN to submit a written request to the CLM to report to duty past the shift start time to a maximum of two (2) hours, should the RN desire to do so. The request will be approved once the email has been sent to the manager, unless operational needs clearly prevent the approval.

Where the Hospital cannot accommodate the request, the RN will be paid at an overtime rate for any time that falls between the 8th and 10th hour that the RN has to work. Where the request is approved, the RN will be paid at a straight time rate for any time that falls between the 8th and the 10th hour that the RN does not work.

The other committee (OR committee) will work to ensure that RN's on evenings, weekends, holidays, set closures and restricted services in the OR, i.e. March break, and other peak vacation periods, have the knowledge of patient care and skills required to support management of complex trauma and surgical specialty requirements and to ensure equitable access to premium time off for said RNs.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

Mona Bratan

Joyce Fenuta

Catherine Shogan RN PhD

Erone Newman

Liz Butorak

FOR THE UNION

Beverly Dalys

Angela Johnson

Deborah Ashikawa

Paula Dowling

Yvonne Kunne

Alison Carre

MEMORANDUM OF AGREEMENT

Between:

**ST. MICHAEL'S HOSPITAL
(hereinafter referred to as "the Hospital")**

And:

**ONTARIO NURSES' ASSOCIATION
(hereinafter referred to as "the Union")**

Re: Telephone Stand-by

WHEREAS a nurse will be required to remain on standby on nights and be available to do consultations by phone;

NOW AND THEREFORE without prejudice or precedent to any other matter between the parties, the parties have agreed to the following:

1. A nurse on standby will be provided with the necessary equipment including items such as a tablet, ID card, etc. to allow them to work effectively from home when called during their standby shift. The Hospital will be responsible for maintaining such equipment.
2. It is understood that when a nurse in on standby they shall be paid in accordance with Article D. 8 of the local collective agreement.
3. A nurse who is called while on standby shall be paid in accordance with Article 14.06 of the Collective Agreement.
4. Compensation for standby time will be in accordance with Article 14.07 of the Collective Agreement.
5. It is understood that the record of the call will clearly identify the following;
 - (a) The initials on the caller and the purpose of the phone call;
 - (b) The start and end time of the phone call as well as the total duration of time spent which will include documentation time;
 - (c) A brief description of action taken and/or information/service provided.
6. The record will be maintained for the period of the standby assignment, signed off as being complete and accurate by the claiming nurse, then submitted to the Manager or designate for approval of payment.
7. In addition, it is agreed that the minimum payment for a call will be one half hour (paid at a rate of time and one half, i.e. 45 minutes), paid in increments of one half hour at the nurse's current wage rate and shall be considered compensation for all subsequent calls within the half hour. It is understood that the standby premium, referred to in paragraph 2 shall be waived.

8. It is understood that the Hospital retains the right to continuously review and assess operational, program and client needs and, as such, shift coverage and standby assignments are subject to change and/or cancellation. It is also understood that the Hospital will provide the Union with six weeks' notice in the event of a change and/or cancellation.

Dated at Toronto, Ontario, this 10th day of April, 2017

FOR THE HOSPITAL

FOR THE UNION

Mona Bratan

Beverly Dalys

Joyce Fenuta

Angela Johnson

Catherine Shogan RN PhD

Deborah Ashikawa

Erone Newman

Paula Dowling

Liz Butorak

Yvonne Kunne

Alison Carre