

COLLECTIVE AGREEMENT

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as “the Hospital”]

And:

ONTARIO NURSES’ ASSOCIATION
[hereinafter referred to as “the Union”]

Expiry Date: March 31, 2020

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APPENDIX 3**SALARY SCHEDULE****FULL-TIME & PART-TIME**

Classification – Charge Nurse		
Step	April 1, 2018	April 1, 2019
Start	\$34.41	\$35.01
1 Year	\$34.53	\$35.13
2 Years	\$35.08	\$35.70
3 Years	\$36.72	\$37.36
4 Years	\$38.38	\$39.05
5 Years	\$40.44	\$41.15
6 Years	\$42.52	\$43.26
7 Years	\$44.62	\$45.40
8 Years	\$47.66	\$48.49
25 Years	\$48.47	\$49.32

Classification – Registered Nurse		
Step	April 1, 2018	April 1, 2019
Start	\$32.66	\$33.23
1 Year	\$32.81	\$33.39
2 Years	\$33.36	\$33.94
3 Years	\$35.00	\$35.62
4 Years	\$36.66	\$37.30
5 Years	\$38.72	\$39.40
6 Years	\$40.80	\$41.52
7 Years	\$42.89	\$43.64
8 Years	\$45.94	\$46.75
25 Years	\$46.76	\$47.57

APPENDIX 5

LOCAL ISSUES

ARTICLE A – RECOGNITION

A-1 The Hospital recognizes the Union as the bargaining agent for all registered and graduate nurses employed in a nursing capacity by the South Bruce Grey Health Centre in the Counties of Bruce and Grey, save and except co-ordinators, and supervisors and persons at or above the rank of co-ordinator and supervisor.

ARTICLE B – DEFINITIONS

B-1 “Supervisor” or “Immediate Supervisor”, when used in this Agreement, shall mean the first supervisory level excluded from the bargaining unit.

B-2 The word “nurses”, when used in this Agreement, shall mean persons included in the above described bargaining unit.

B-3 “Site”, when used in this Agreement refers to the geographic location of any of the facilities which comprise the South Bruce Grey Health Centre, i.e. Chesley, Durham, Kincardine and Walkerton.

B-4 “Unit” when used in this Agreement refers to nursing care within any of the locations referred to in B-3 above.

B-5 “Primary Assignment” is defined as the position for which a nurse was hired or to which she subsequently transferred in accordance with the job posting procedure.

A job posting may include a multiple-site designation.

B-6 Part-Time Commitment

A regular part-time nurse is committed in writing to be:

(a) available to be scheduled eighteen (18) tours or twelve (12) extended tours per six (6) week schedule, or alternatively, six (6) tours or four (4) extended tours per six (6) week schedule;

(b) available to work weekends as defined in Article H-6 (e) and (f);

(c) available to work either the Christmas or New Year’s period as defined in H-6 (d).

B-7 There is one bargaining unit for SBGHC.

B-8 “Tour” shall normally refer to a seven point five (7.5) hours and an extended twelve (12) hour tour being 11.25 hours.

ARTICLE C – MANAGEMENT RIGHTS

- C-1 The Union recognizes that the management of the Hospital and the direction of the working forces are fixed exclusively in the Hospital and shall remain solely with the Hospital. Without restricting the generality of the foregoing, the Union acknowledges that it is the exclusive function of the Hospital to:
- (a) Maintain order, discipline and efficiency, and in connection herewith, to make, alter and enforce from time to time, reasonable rules and regulations, policies and practices to be observed by its employees which are not inconsistent with the provisions of this Agreement.
 - (b) To direct the working forces, to plan, direct and control the operation of the Hospital, to introduce new and improved methods, facilities and equipment, to determine the amount of supervision necessary, to combine or split departments, to determine the number of personnel required and to determine the extent to which the Hospital will be operated.
 - (c) To hire, assign, transfer, retire, discipline, suspend, discharge, promote, demote, layoff and recall employees subject to the provisions of this Agreement and also to select employees for positions not covered by this Agreement.
 - (d) Determine, in the interest of efficient operation and high standard of service, job rating and classification, the hours of work, work schedules and assignments, methods, procedures and equipment in connection therewith and to generally operate the Hospital in a manner consistent with the obligations of the Hospital to the general public and the communities served.
 - (e) To exercise sole and exclusive jurisdiction over all operations, buildings, machinery and equipment vested in this Hospital.
- C-2 The Hospital agrees that the exercise of its rights shall not be in a manner inconsistent with the provisions of this Agreement.

ARTICLE D – COMMITTEES AND REPRESENTATIVES

D-1 Union Representatives

There shall be an aggregate of eight (8) Union representatives appointed representing both full-time and part-time nurses. Not more than two (2) such representatives shall be from any one (1) site.

D-2 Grievance Committee

There shall be a Grievance Committee comprised of not more than four (4) representatives. Not more than two (2) such representatives from any site shall attend a meeting of the Grievance Committee.

D-3 Negotiating Committee

There shall be a negotiating committee comprised of five (5) nurses.

Where a nurse on the Negotiating Committee is scheduled to work the night tour immediately prior to the day on which negotiations take place, her scheduled tour for that day will be changed from the night tour to the day tour providing the Hospital is able to secure the necessary replacement nurse. Where a nurse on the Negotiating Committee is scheduled to work the evening tour on the day on which negotiations take place, her scheduled tour for that day will be changed from the evening tour to the day tour providing the Hospital is able to secure the necessary replacement nurse.

D-4 Hospital-Association Committee

This Committee shall be comprised of up to five (5) nurses and up to five (5) representatives of the Hospital. Each party may appoint alternates to replace a member from time to time.

D-5 The Hospital acknowledges the right of the Union to have at least one (1) representative of the part-time bargaining unit on each Committee provided for in this Article.

D-6 (a) The Bargaining Unit President (BUP) and the individual site representative or designate will be paid at their regular straight time hourly rate for time spent in meetings arranged or requested by the Hospital which occur outside of their scheduled hours of work. Where travel to another of the Hospital's sites is required for the purposes of this provision, the Hospital's then current rate per kilometer will apply, as will the terms of the related policy and procedure.

(b) The Hospital will provide the Bargaining Unit President with a paid leave of absence one (1) day per month for the purposes of conducting Union business. Requests for paid leave must be submitted (2) two weeks prior to the schedule being posted and will be paid at their regular straight time hourly rate.

The parties shall endeavour to schedule HAC and grievance meetings on alternate months during this paid Union leave.

D-7 Professional Development Committee

The composition of the Professional Development Committee referred to Article 9.02 shall include five (5) representatives of the Hospital including the Chief Nursing Officer or designate and a Human Resources representative. There shall be five (5) representatives from the Union including the Bargaining Unit President. Membership of the Committee may be expanded upon by mutual consent.

ARTICLE E – UNION INTERVIEW

E-1 The place and time for the Union interview as provided in Article 5.06 will be arranged by the Director Patient Care and the Union Representative(s) for the

applicable Unit(s) during the orientation period. The interview shall take place on Hospital premises and shall not exceed thirty (30) minutes in duration.

ARTICLE F – SENIORITY

- F-1 The seniority list as provided in Article 10.02 shall be posted on or before February 1 and August 1 each year and shall reflect seniority accumulated to the prior December 31 and June 30 respectively. A copy of each seniority list will be forwarded directly to the Bargaining Unit President or site contact.
- F-2 Seniority shall be applied on a bargaining unit wide basis for purposes of job postings, layoff and recall.
- F-3 Seniority shall be applied on a site basis for purposes of scheduling and vacation entitlement.

ARTICLE G – LEAVE FOR UNION BUSINESS

- G-1 Leave for Union business as provided for in Article 11.02 shall be provided to an aggregate maximum of thirty (30) days per site in each calendar year provided not less than two (2) weeks notice is provided by the Union to the Hospital. It is agreed that not more than two (2) nurses per site shall be absent on such leave at the same time.

The Hospital will provide replacement staff for leave for Union business unless the leave is requested with less than two (2) weeks notice. It is understood that the employer will not incur any premium payment as a result of this request.

- G-2 Local Co-ordinator Leave/Vice Local Co-ordinator

Subject to scheduling availability by the Hospital, the Hospital agrees to grant leaves of absence, without pay, to nurses elected to the position of Local Co-ordinator/Vice Local Co-ordinator. Subject to reasonable notice, it is understood and agreed that a Local Co-ordinator shall be granted such leave(s) as she or he may require in fulfilling the duties of the position.

ARTICLE H – SCHEDULING – HOURS OF WORK

- H-1 With reference to Article H-2, the work week shall be deemed to commence at twenty-three hundred (2300) or twenty-three hundred and thirty (2330) hours on Sunday of each week respectively.
- H-2 For the application of shift premium as specified in Article 14.10 of the Collective Agreement, the normal daily tours are:
 - Day Tour - 0700 to 1500 hours
 - Evening Tour - 1500 to 2300 hours
 - Night Tour - 2300 to 0700 hours

- H-3 Subject to the needs of the Hospital, nurses may request to work either permanent shifts (days/evenings/nights) on either seven and one-half hour tours

or extended tours as applicable. Refusal of requests will not be the subject of a grievance.

H-4 The rest periods as provided in Article 13.01(b) shall be scheduled by the Hospital.

H-5 (a) Full-Time Only

A nurse who elects to take time off in lieu of overtime as provided in Article 14.09 may accumulate her overtime to a maximum of ninety-two & one half (92.5) hours at any time. Overtime accumulated to March 1st in each year must be retired by March 31st each year or any outstanding balance will be paid out. Hours that may be accumulated between March 1 and March 31 in each year may be added to the following year's accumulation. The scheduling of the time off will be by mutual agreement between the nurse and her immediate supervisor. Employees shall not be required to take time off in lieu of overtime worked unless such time off is mutually agreeable to the Hospital and the employee. The employee may request lump sum payment of hours from the overtime bank throughout the year. Such request will be in writing to the manager in conjunction with the regular payroll schedules.

(b) Part-Time Only

A nurse who elects to bank overtime hours as provided in Article 14.09 may accumulate her banked time to a maximum of ninety-two and one-half (92.5) hours at any time. Overtime accumulated to March 1st in each year must be retired by March 31st each year or any outstanding balance will be paid out. Hours that may be accumulated between March 1 and March 31 in each year may be added to the following year's accumulation. The parties agree that the intent of such accumulation is to supplement periods in which less hours may be available. Banked hours are not to be used to replace scheduled shifts. The employee may request lump sum payment of hours from the overtime bank throughout the year. Such request will be in writing to the manager in conjunction with the regular payroll schedules.

H-6 Scheduling Regulations

(a) Requests for days off need to be submitted two (2) weeks prior to the schedule being posted.

Schedules shall be posted six (6) weeks in advance and shall cover at least a six (6) week period. Where the Hospital intends to post a schedule for other than the normal posting period, nurses shall be notified in advance of the duration of the posting period. No nurse shall be responsible for acknowledging any change in the posted schedule unless notified by the Supervisor in charge of the department at least forty-eight (48) hours before the date of the change. The schedule covering the prime vacation months of July and August shall be posted on or before April 30 and the schedule covering the Christmas and New Year's seasons shall be posted on or before November 1.

- (b) Requests for specific days off are to be submitted in writing at least two (2) weeks in advance of the posting of the schedule and such requests may be granted at the discretion of the Hospital. Requests for specific days off which are submitted less than two (2) weeks prior to the posting of schedules, or which occur following the posting of schedules, must be processed in accordance with Article H-6 (c).

The Hospital shall endeavour to distribute shifts in an equitable fashion at the time of schedule posting. Where an employee has declared unavailability prior to the posting of the schedule, such declaration will result in twenty-two and one-half (22.5) hours less for each seven (7) days requested off in a six (6) week period, excluding days off for unpaid education purposes. These hours will be deemed to count towards the hospital's obligation to distribute the shifts equitably.

- (c) Nurses shall give the Hospital, in writing, notice of intent to exchange shift(s), together with a signed undertaking from the nurse willing to exchange such shift(s). In exceptional circumstances, telephone consent may be requested from the Hospital, it being understood that the nurses involved in the proposed exchange must still confirm the request in writing. Such requests shall be subject to the approval of the Hospital, shall not result in any premium payments and shall not be unreasonably denied. Where partial shift exchanges are approved, total hours paid will not exceed the original scheduled hours.
- (d) A nurse will be scheduled off work for not less than five (5) consecutive days at either the Christmas or New Year's season unless the nurse requests otherwise, except in areas which are not normally required to work on weekends and paid holidays. The normal scheduling conditions shall be waived between December 15th and January 15th to accommodate this special arrangement. For the purpose of this Article, the Christmas season shall be defined as December 24th, 25th and 26th and the new Year's season shall be defined as December 31st, January 1st and 2nd.
- (e) A weekend off is defined as being fifty-six (56) consecutive hours off preceding 1900 or 1930 on Sunday.
- (f) The Hospital shall ensure that each full-time nurse receives at least one (1) weekend off in two (2). The Hospital shall ensure that each regular part-time nurse receives one (1) weekend off in three (3) and shall endeavour to provide every other weekend off.
- (g) A nurse will receive premium pay as provided for in Article 14.03 for all hours worked on a third (3rd) and additional, if any, consecutive and subsequent weekend, 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, in writing, with a copy to the Union, or

- iii) such weekend is worked as the result of an exchange of shifts with another nurse.

NOTE: Nurses requesting weekend work under Part (ii) above cannot expect to be scheduled for tours during the week nor offered additional tours unless no other part-time nurse is available.

- (h) For the purpose of clarity, the weekend premium, as specified in Article 14.15 of the Collective Agreement, will be paid for all time worked during the period of 2300 hours Friday to 2300 hours Sunday.
- (i) Nurses will not normally be required to work more than seven (7) consecutive shifts. Should a nurse be required to work more than seven (7) consecutive shifts, premium pay in accordance with Article 14.03 shall be paid for the eighth and subsequent continuing shifts until a day off is scheduled.
- (j) Nurses shall not be required to work split shifts, being defined as a tour assignment being split into two (2) parts.
- (k) The regular schedule shall provide for a minimum of twenty-four (24) hours between the starting time of one (1) scheduled shift and the starting time of the next scheduled shift when changing shifts except in an emergency.

(l) Full-Time:

The regular schedule shall provide for a minimum of forty-eight (48) hours time off when the tour of duty is changed following night duty.

It is understood that the most senior full-time nurse will be called for any overtime shift that may become available. If the most senior nurse would incur future premiums or overtime as a result of the overtime shift offered, the Employer may bypass to the next most senior nurse(s) until such premiums or overtime will not be incurred.

Part-Time:

The Hospital shall provide a minimum of forty-eight (48) hours time off following three (3) or more consecutive night tours. The Hospital shall provide for a minimum of forty-eight (48) hours time off following three (3) or more consecutive scheduled extended night tours.

- (m) In a two (2) week period, there shall be at least one (1) period of two (2) days off scheduled consecutively.
- (n) i) The Hospital will endeavour to distribute pre-scheduled tours as equitably as possible among the employees in a site in accordance with the nurse's commitment.

Nurses who wish to be considered for additional tours beyond their commitment must indicate their availability in the manner prescribed by the Hospital.

Where extra non-premium tours become available, the Hospital will endeavour to distribute these tours as equitably as possible among the nurses in a nursing unit with the understanding that each nurse in the unit shall first be assigned and/or offered tours to the level of her commitment averaged over the scheduling period prior to the allocation of additional tours in accordance with the following:

- A) The Hospital shall offer the first additional tour to the most senior nurse in the unit and the next additional tour to the next most senior nurse and so on in accordance with their commitment. Except as described in (b) below, offers of additional tours shall continue in descending order until all participating nurses have been offered an additional tour prior to reverting to the most senior nurse.
- B)
 - 1) Where a nurse refuses an offer of an additional tour or has declared unavailability during a time frame in which an additional tour opportunity arises, such tour will be deemed to count toward the Hospital's obligation to offer tours to such nurse.
 - 2) Where a nurse is bypassed in the process of offering additional tours by virtue of lack of direct contact in attempting to fill a short notice vacancy, the Hospital shall endeavour to offer the next additional tour to such nurse, it being understood that each participating nurse shall make every reasonable effort to assist in the process of communication.
- C) It is understood that the Hospital will not be required to offer tours which will result in premium pay and it is the responsibility of the nurse to advise the Hospital in cases where acceptance of such an offer will result in a premium pay situation.
- D) When a part-time nurse accepts an additional tour, she must report for that tour unless arrangements satisfactory to the Hospital are made.
- E) Provided they are qualified, nurses may submit their availability to work additional tours to more than one (1) site if to do so is in accordance with site practice. Where no nurses are available to work an additional tour at a given site as defined in Article B3, nurses at other sites who have declared their availability may be considered for available shifts on the basis of seniority, it being

recognized that no such nurse can be assigned without recent orientation.

F) A nurse who wishes to give away a tour will do so in accordance with the above provisions.

G) It is understood and agreed that the assigning of additional tours arising from this Article will not result in a claim for full-time status.

ii) The Hospital will endeavour to provide equal distribution of hours to be worked by part-time nurses who work in areas where they are scheduled to work less than 7.5 hours per day.

iii) Where a part-time nurse has been scheduled to work on a holiday weekend, she shall be scheduled to work on the holiday as well providing the shift is available and she is qualified for the available work.

iv) Four (4) Hour Tours

Where a part-time nurse is scheduled to work a four (4) hour tour, Article H shall be appropriately applied and as amended by the following:

1) A nurse working a four (4) hour tour shall receive a paid rest period. If the tour extends beyond five (5) hours, the nurse shall also receive a meal period.

2) No part-time nurse will be scheduled solely on four (4) hour tours in any one (1) posted schedule except where such arrangements are or have been agreed to by the nurse.

(o) With reference to Article 6.03, Hospital-Association Committee, the parties agree that planned scheduling changes are appropriate matters for discussion by the Committee.

No nurse shall offer and no employer representative shall request or accept an offer to waive premium pay except as specifically provided for in H-6 (c) and Article H-6 (g).

(p) Prior to posting job vacancies the Hospital shall assess the then current distribution of tours to the existing part-time complement at that site. It being understood that newly hired nurses shall be hired dependent on the needs of the site.

H-7

Standby

(a) Standby will not be considered a scheduled shift.

(b) The Hospital will notify the Bargaining Unit President or site contact prior to initiating ongoing standby assignments.

- (c) Scheduled standby assignments will be distributed equitably amongst qualified nurses.
- (d) Standby assignments shall be posted at the same time as the tours of duty schedules. Nurses shall be permitted to exchange their standby assignments.
- (e) All nurses scheduled for standby in a twenty-four (24) hour period shall be provided with individual beepers.
- (f) The Hospital will make available the equivalent of one (1) private hospital room for nurses scheduled for standby.
- (g) Standby schedules will not be reassigned without consultation with the nurse whose schedule is being changed.
- (h) Standby will not be scheduled on a night before a scheduled day shift unless otherwise agreed to by the nurse. However, if no other nurse is available, then the Hospital may schedule, for the standby assignment, the most junior qualified nurse scheduled to work the following day shift.
- (i) Where a nurse has been called in from standby and works in the hours after 2400 hours, such nurse will not be required to work the day shift unless she does so by mutual agreement between the nurse and the Hospital. If a nurse chooses to work the day shift following the call-in from standby and there are not eight (8) hours off between the end of the standby shift and the start of the day shift, the nurse may either start the shift after eight (8) hours has lapsed or the nurse will be paid at the premium rate of one and one half (1½) time her regular rate of pay for the hours at the start of the day shift that make up the full eight (8) hour lapse.
- (j) The nurse on standby at the time the call back phone call is made will be the nurse called back from standby.
- (k) The Hospital agrees to pay minimum four (4) hours at time and one-half (1½) for nurses who are called in to provide ambulance escort or coverage to the site due to an emergency ambulance transfer.

H-8

Extended Tours

- (a) Extended tours shall be introduced into any unit when:
 - i) Eighty percent (80%) of the nurses in the unit so indicate by secret ballot; and
 - ii) the Hospital agrees to implement the extended tours. Such agreement shall not be withheld in an unreasonably arbitrary manner.
- (b) Extended tours may be discontinued in any unit when:

- i) Fifty percent (50%) of the nurses in the unit so indicate by secret ballot; or
- ii) the Hospital, because of
 - A) adverse effects on patient care, or
 - B) inability to provide a workable staffing schedule, states its intention to discontinue the extended tours in the schedule.
- (c) When notice of discontinuation is given by either party in accordance with paragraph (b) above, then:
 - i) The parties shall meet within two (2) weeks of the giving of notice to review the request for discontinuation; and
 - ii) 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.
- (d) The following regulations shall govern the scheduling of work for nurses working extended tours:
 - i) The Hospital shall ensure each nurse every second weekend off.
 - ii) Nurses will not be required to work more than three (3) consecutive tours excluding DD/NN and combination shift schedules.
 - iii) All other scheduling regulations which apply to nurses working the regular daily tour as provided in Article H.

H-9 For those nurses working a combination of twelve (12) hour tours and eight (8) hour tours, nurses will not be scheduled for more than forty-five (45) hours in a row and not more than three (3) consecutive twelve (12) hour tours or more than six (6) consecutive eight (8) hour tours. The scheduling language of the collective agreement will be followed.

H-10 Where travel to another of the Hospital's sites is required, the Hospital's then current rate per kilometer will apply.

ARTICLE I – SICK LEAVE

I-1 Nurses who report sick must notify the Hospital at least one (1) hour before the start of the day shift and at least two (2) hours before the start of the evening or night shift. A nurse absent in excess of three (3) consecutive days must advise the Hospital of her expected date of return at least twenty-four (24) hours prior to returning to work on her next scheduled tour. Should she fail to provide such notice, the Hospital may delay her return to work by one (1) scheduled tour.

ARTICLE J – PAID HOLIDAYS

J-1 For the purposes of Articles 15.01 and 15.08, the following shall be the designated holidays:

New Year's Day	Civic Holiday
Family Day	Labour Day
Good Friday	Thanksgiving Day
Easter Monday	Remembrance Day (November 11 th)
Victoria Day	Christmas Day (December 25 th)
Canada Day (July 1 st)	Boxing Day (December 26 th)

J-2 Full-Time Only:

With reference to Articles 15.03 and 15.06 where a nurse is entitled to an additional day or lieu day off as provided in Articles 15.04 and 15.05, such day off shall be scheduled within sixty (60) days before or sixty (60) days following the paid holiday, at a time mutually agreed between the nurse and the Hospital.

Any additional day or lieu day not scheduled within sixty (60) days following the paid holiday will be paid on the next regularly scheduled pay date.

J-3 Part-Time Only:

Where a part-time nurse is scheduled to work on a holiday weekend, she shall also be scheduled to work on the holiday provided the shift is available.

ARTICLE K – VACATIONS

K-1 With reference to Article 16.01, vacation entitlement shall be calculated, as per Hospital policy, on the basis of continuous, or adjusted, full-time equivalent service with the Hospital.

K-2 Full-Time Only:

(a) It is the nurse's responsibility to ensure that her vacation bank accumulation does not exceed one (1) year's entitlement unless approved by the Hospital.

i) Should the nurses' vacation bank exceed one (1) year entitlement the nurse may submit a request to retain the excess vacation accumulation for up to six (6) additional months.

ii) The nurse must along with the request submit a plan on how he/she will use the excess vacation within the period.

iii) Carried over vacation will be paid out at the rate it was accrued.

(b) Vacations shall be observed during the period from January 15th to December 15th. Where a nurse, due to extenuating circumstances, requests vacation during the period between December 15th and January 15th, such request shall be at the discretion of the Vice President Clinical Services.

- (c)
 - i) On February 28th each year, the Hospital will post a request list in each site. Nurses requesting vacation and time off in the period June 15 up to and including Labour Day will, by March 30th, indicate their preference. Subject to K-2 (d), the Hospital will post the summer work schedule for the above period by April 30th.
 - ii) Nurses shall be given preference for requested vacation in order of seniority provided requests are submitted within the time limits contained in i) and H-6 respectively. Requests not received within such time limits shall be considered in the order received by the Hospital and may be limited to less than five (5) days.
- (d) Vacation quotas shall not be unreasonably restrictive. However, the Hospital will endeavour to accommodate the wishes of nurses with respect to the choice of vacation dates, subject to the needs of the Hospital. Each nurse within the bargaining unit shall be allowed at least two (2) weeks vacation during the eleven (11) week period ending on Labour Day, if desired, if the request is submitted by March 30th. During the eleven (11) week period ending on Labour Day, individual vacation days and lieu days arising from Article J – Paid Holidays, may be used on weekends to a maximum of two (2) weekends. During the remainder of the year, vacation days and lieu days arising from Article J – Paid Holidays, may be used only as two (2) extended day tour (Saturday and Sunday) or two (2) extended night tour (Friday and Saturday) weekends to a maximum of five (5) weekends.

For the purpose of this Article, one (1) week of vacation is comprised of seven (7) consecutive days.

- (e) Nurses may access vacation, lieu days and accumulated lieu time on short notice provided relief staff are available without premium pay to cover the requested time off. Access to time off under this provision is subject to the restrictions set out in K-2, Article H and Article J.

K-3 Full-Time and Part-Time

Once vacation is approved and scheduled, vacation hours will not be permitted to be replaced with other banked hours.

K-4 Part-Time:

- (a) Nurses covered by this Agreement shall be entitled to vacation time off, based on equivalent service, as is allotted to full-time employees.
- (b) Nurses may access vacation on short notice provided relief staff are available, without premium pay, to cover the requested time off. Access to time off under this provision is subject to the restrictions set out in K-2, Articles H and J.

ARTICLE L – PAY DAYS

- L-1 Salaries will be paid on a bi-weekly basis with deposits being made every second (2nd) Thursday covering hours worked to the previous Saturday at twenty-three hundred (2300) hours.
- L-2 Any error in computation of greater than four (4) hours pay shall be paid by separate cheque, within two (2) business days following verification of the error, unless waived by the nurse. Errors of less than four (4) hours shall be corrected on the following pay.

ARTICLE M – PRE-PAID LEAVE PLAN

- M-1 With reference to Article 11.11, the number of nurses off work at any one time shall not exceed two (2) full-time and two (2) part-time.

ARTICLE N – JOB SHARING

- N-1 The Hospital agrees to a job sharing arrangement pursuant to Article 20.01. The following conditions shall apply unless otherwise agreed to by the parties:
- (a) Job sharing requests with regard to full-time positions shall be considered on an individual basis. The job shared position shall be full-time. The nurses occupying the positions shall be considered part-time with all rights and privileges of part-time nurses under this Collective Agreement.
 - (b) Total hours worked by the job sharers shall equal one (1) full-time position which shall normally be split on a fifty-fifty (50/50) basis. The division of these hours on the schedule shall be determined by mutual agreement between the two (2) nurses and subject to the approval of the Director, Patient Care or designate.
 - (c) Job sharers shall not be requested to work any tours outside the tours of the full-time position, except where no other qualified part-time nurses are available.
 - (d) The above schedule shall conform with the scheduling provisions of the Full-Time Collective Agreement.
 - (e) Each job sharer may exchange shifts with her partner, as well as with other employees, as provided by the Collective Agreement.
 - (f) 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.
 - (g) It is understood that the arrangement is for a trial period of three (3) months for the full-time nurse originating the request. Once the trial period is over, the nurse cannot revert to her former full-time position except under the job posting procedure or Items 9 and 10 below. All

other assignments relating to an originating job sharer will be considered temporary during the trial period.

(h) Coverage

i) It is expected that both job sharers will cover each other's incidental absences. If, because of unavoidable circumstances, one cannot cover the other, the Manager or designate must be notified to book coverage. Job sharers are not required to cover for their partner in the case of prolonged or extended absences.

ii) Vacation, Maternity leave and other leaves pursuant to Article 11:

In the event that one (1) member of the job sharing arrangement goes on any of the above leaves of absence, the coverage will be negotiated with the Manager, Patient Care or designate, but it is hoped that the remaining member of the position would be prepared to cover the leave of absence as much as possible.

Where the job sharing partner agrees to cover her partner's vacation, they shall not form part of any vacation quota. Where the job sharing partner is unable to cover her partner's vacation, the partner requesting vacation will be included in the vacation quota.

iii) Job sharers may accept additional tours when the available tour(s) has first been offered to all other part-time nurses on the unit.

iv) If, as a result of a layoff, there is a reduction in a job sharer's hours, the job sharer may be offered additional tours in accordance with Article H-6 (n), in order to make up the same number of hours as are reduced.

v) Job sharers will not be considered eligible to replace full-time leaves of absence of less than sixty (60) days duration arising outside the job sharing arrangement. Where a job sharer indicates an interest in filling a long term leave (e.g. pregnancy or leaves of equal or greater duration), such request shall be treated in accordance with Article 10.07 (d).

i) Implementation

i) (A) Where the job sharing arrangement arises out of the filling of a vacant full-time position, both job sharing positions will be posted and selection will be based on the criteria set out in the Collective Agreement.

(B) Any incumbent full-time nurse wishing to share her position, may do so without having her half of the position posted. The other half of the job sharing position will be posted and selection will be based on the criteria set out in the Collective Agreement.

- (C) Subject to Hospital approval, where two (2) full-time nurses on one (1) unit wish to share one (1) position, neither half of their position will be posted. Should such action create one (1) full-time position, it shall be posted and filled in accordance with the Collective Agreement.
- (D) If one of the job sharers leaves the arrangement, her position will be posted. If there is no successful applicant to the position, the remaining nurse will revert to her former status. If the remaining nurse was previously full-time, the shared position will become her position. If the remaining nurse was previously part-time and there is no part-time position available on the same unit, she shall be entitled to exercise her layoff bumping rights to obtain a part-time position. The shared position will then revert to full-time and be posted in accordance with the Collective Agreement.

(j) Discontinuation

- i) Either party may discontinue the job sharing arrangement with ninety (90) days notice. Upon receipt of such notice, a meeting shall be held between the parties within fifteen (15) days to discuss the discontinuation. It is understood and agreed that such discontinuation shall not be unreasonable or arbitrary.
- ii) Should the Hospital discontinue job sharing, the nurses currently working those arrangements will have the option of reverting to their former status or remaining part-time. It is understood that by returning to her former status, the nurse may have to exercise her bumping rights in order to remain on her current unit.

ARTICLE O – VIOLENCE IN THE WORKPLACE

O-1 (a) Definition of Violence

The Hospital agrees that no form of verbal, sexual, racial or other abuse of nurses will be condoned in the workplace. Any nurse who believes a situation to be abusive shall report the circumstances to the Hospital in accordance with the existing policy.

(b) Function of Joint Health and Safety Committee

All incidents involving aggression or violence shall be brought to the attention of the Joint Health and Safety Committee. The Employer agrees that the Joint Health and Safety Committee shall concern itself with all matters relating to violence to staff. The Employer will immediately and thoroughly investigate all acts and reports of potential/actual violence and report back to the Joint Health and Safety Committee. The Employer will take every precaution reasonable in the circumstances to prevent violence from occurring.

(c) Training

The Employer agrees to provide education, training, information and instruction, developed in consultation with the JHSC, on the violence prevention and harassment policies, measures, procedures and programs and on prevention of violence to all employees, including domestic violence that can spill over into the workplace. This training will be done during a new employee's orientation and reviewed on an annual basis.

(d) The Hospital will consider requests, submitted within seven (7) calendar days, for reimbursements for damages to personal property such as eyeglasses, ripped uniforms, personal clothing, as a result of being assaulted while performing her duties.

(e) Notification to the Union

The employer will notify the JHSC and Union in writing of all incidents related to violence within four (4) days. For critical injuries the employer will notify the JHSC and the Union immediately and in writing within forty-eight (48) hours. Such notices will contain all of the information as prescribed in Section 5 of the Health Care Regulation.

ARTICLE P – HEALTH AND SAFETY/MODIFIED WORK

P-1 The Hospital will notify the Bargaining Unit President or Site Contact of the names of all nurses who go off work due to a work related injury that results in a WSIB claim or when a nurse goes on LTD. The Bargaining Unit President or designate will be notified and with the nurse's consent will attend any meeting involving a nurse's return to work from a work related injury that results in a WSIB claim or from LTD. Should the nurse decline union representation, she/he will notify both the Union and the Employer.

P-2 The Hospital and the Union recognize the purpose of modified work/return to work programs, is to provide fair and consistent practices for accommodating nurses who have been ill, injured or permanently disabled, to enable their early and safe return to work.

When it has been medically determined that an employee is unable to return to the full duties of her/his 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.

The parties undertake to provide safe work for both permanently or temporarily disabled nurses based on the following principles:

(a) A nurse has the right to employment following an injury or illness if the employee is able to perform either the essential duties of their pre-injury/illness job or any other suitable modified work.

- (b) The Employer shall accommodate the work or the workplace for the nurse with a disability to the extent that the accommodation does not cause the Employer undue hardship.
- (c) The Union acknowledges that the employee has a duty to cooperate as directed by the Occupational Health Service.

P-3 The Hospital agrees to provide the employee with a copy of the Workers' Safety and Insurance Board Form 7 at the same time as it is sent to the Board.

P-4 Needlestick/Sharps

Recognizing the danger of needlestick/sharps injuries, the parties acknowledge the commitment of the Hospital in the area of policies, procedures, equipment, and products that help to reduce and to eliminate these dangers.

P-5 Musculoskeletal Injury Prevention and Control

The parties agree to continue to meet at the Joint Occupational Health and Safety Committee/Hospital-Association Committee to discuss the implementation and maintenance (procedures, practices, education and risk assessment) of a policy in a timely manner.

P-6 WSIB Surcharge Rebate Info

Within a week of receipt of the information, the employer shall provide the JHSC with any and all information about surcharges and/or rebates from WSIB under their NEER program.

P-7 The parties agree that Team Leaders or those nurses in charge when management personnel are not in the facility for the purposes of the *Occupational Health and Safety Act*, under *Sections 27(1)(2)* and as amended, are Supervisors under the Act and are entitled to training under the Act.

ARTICLE Q – MISCELLANEOUS

Q-1 The Hospital will provide bulletin board space at each site for the purpose of posting notices regarding meetings and otherwise restricted to Association matters. No such notice shall be posted without the prior approval of the Chief Executive Officer or designate.

Q-2 Nurses shall be permitted to wear coloured uniforms of their choice provided they conform with the existing policy. Identification badges provided by the Hospital must be worn on all uniforms.

The Hospital agrees to provides scrub clothing to staff working in OR and Recovery Room at no cost to the nurse. In addition, nurses in Emergency and Recovery Room and any nurse who is travelling on ambulance escort will be allowed the option of using scrub gowns/clothing.

Q-3 A copy of all correspondence will be copied to the Bargaining Unit President and all site representatives.

Q-4 Notification to Unsuccessful Job Applicants

The parties agree that any unsuccessful candidate for a ONA job posting will be notified in writing prior to the posting of the successful candidate.

Q-5 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) and 17.01 (i) will be invoiced on a monthly basis.

LOCAL SIGNING PAGE

Dated at Walkerton, Ontario, this 29, day of October, 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

The above noted signatures shall also serve as agreement and approval of any and all Letter(s) of Understanding also attached herein.

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Voluntary Part-Time Benefits

The parties agree that the issue of Voluntary Part-Time Benefits remains an open matter between the parties. The parties also agree to revisit should interest or carrier requirements change in the future.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Weekend Worker

Weekend worker may be introduced on an individual basis to meet the preference of an individual or the Hospital's need for weekend staff.

The schedule shall meet the requirements of 13.04, and shall normally consist of sixteen (16) extended tours in a six (6) week period. Any changes in schedules will be discussed with the Association prior to the posting of weekend worker.

The schedule may be discontinued by either party with a minimum written notice of three (3) months. This notice period may be reduced if the parties mutually agree to discontinue.

Note: Nurses requesting weekend work cannot expect to be scheduled for tours during the week nor offered additional tours unless no other part-time nurse is available.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: 2D2N-Amended Scheduling: Innovative Unit Scheduling Trial

It is understood that there shall be no additional cost factor to the Employer by implementing a 2D2N Amended rotation.

Recognizing the discontinuation notice (Oct. 25/17) provided by the Employer to ONA regarding 2D2N scheduling, the parties are agreeable to trial an amended version of 2D2N scheduling (titled: 2D2N-Amended) as described herein.

The specific start and stop dates of the trial period remain to be determined, but are estimated to be: start with the schedule period beginning on September 9, 2018; conclude with the schedule period ending on approximately March 9, 2019.

During the Trial:

In approximately January 2019, the parties shall meet to assess the trial 2D2N-Amended scheduling and discuss respective interests in continuing or discontinuing such scheduling. Nearing conclusion of the trial period the Union will conduct a vote to determine the nurses' level of support regarding a permanent implementation of 2D2N-Amended scheduling. All nurses across the entire bargaining unit will be eligible to vote, except for those nurses assigned exclusively to Operating Room units.

Once the initial trial period has concluded, the 2D2N-Amended scheduling will be considered for extension, site by site, when:

- (a) Eighty percent (80%) of the nurses eligible to vote within the site so indicate by secret ballot; and
- (b) the Hospital agrees to extend the trial period within the site. Such agreement shall not be withheld in an unreasonably arbitrary manner.

If and when 2D2N-Amended scheduling trial has been extended, such 2D2N-Amended scheduling may be discontinued, site by site, when:

- (a) Fifty percent (50%) of the nurses eligible to vote within the site so indicate by secret ballot; or
- (b) the Hospital, because of:

- i) adverse effects on patient care, or
 - ii) an inability to provide a workable staffing schedule within the site, states its intention to discontinue the 2D2N-Amended schedule.
- (c) When notice of discontinuation is given by either party in accordance with paragraph (b) above, then:
- i) The parties shall meet within two (2) weeks of the issued notice, to review the request for discontinuation; and
 - ii) where it is determined that the 2D2N-Amended schedule will be discontinued, affected nurses shall be given sixty (60) days notice before the schedules are so amended.

Terms Applicable to the 2D2N-Amended Scheduling

The parties agree as follows:

The scheduling provisions contained in Article H-8 (d) are applicable to the 2D2N-Amended scheduling except as amended below:

- (a) (Full-time only) Nurses shall not be required to work more than four (4) consecutive tours. Where schedules do not conform to this, the nurses shall be paid premium for the fifth and subsequent tour(s) until a day off is scheduled, except where such tours are the result of an exchange of tours with other nurses or at the request of the nurse where such request can be accommodated as part of the master rotation.
- (b) The Employer will endeavour to schedule each nurse in a traditional DDNN pattern. However, once per nurse per six (6) week schedule, the Employer may schedule or change the schedule of the nurse so that one DDNN "block" is changed to either a DDDN or DNNN block; in this circumstance, no premium will be payable related to the schedule being four (4) consecutive extended tours albeit in a pattern different than a DDNN pattern. Any changes to a nurses' schedule will require notice consistent with the provisions of Article 14.12; where the change is made with less than forty-eight (48) hours of notice to a full-time nurse and less than twenty-four (24) hours of notice to a part-time nurse, applicable premiums will apply.
- (c) Premium Pay on Weekends
A nurse will receive premium pay as defined in Article 14 for all hours worked on a fourth (4th) consecutive and subsequent consecutive weekend, save and except where:
 - i) Such weekend has been worked by the nurses to satisfy specific days off required by such nurses; or
 - ii) Such nurses have requested weekend work; or
 - iii) Such weekend is worked as the result of an exchange of tours with other nurses.

All schedules will be done on the basis that each full-time nurse will be scheduled for one thousand, nine hundred and fifty (1,950) hours per year. To reach the one thousand, nine hundred and fifty (1,950) worked hours, staff will be scheduled one hundred and thirty-five (135) additional hours to fulfil the gap between the 2D2N-Amended rotation and one thousand, nine hundred and fifty (1,950) hours.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Individual Special Circumstances - Scheduling

In accordance with Article 13.05 the parties agree to introduce the following special circumstance consideration for reduced work week.

1. Individuals interested in reduced work week shall make an application in writing outlining the circumstances that has led to the request.
2. Applications shall be for a limited time period, not to exceed one year. It is noted that individuals may reapply on an annual basis.
3. The Hospital retains the right to limit the number of staff per site/corporation. Applications shall be assessed on an individual basis. Refusal to grant reduced work week will not be the subject of a grievance.
4. Vacation, holidays and stats will be pro-rated accordingly.
5. The nurse will retain full-time status including service and seniority and no reduction in the Hospital's or the nurse's pension deduction below the required amount for a usual thirty-seven and one-half (37.5) hour work week.
6. In the event a nurse accepts additional shifts, overtime will be paid when she/he exceeds two hundred and twenty-five (225) hours per the six (6) week schedule.
7. Special circumstance arrangements may be discontinued by either party with forty-five (45) days notice. Discontinuation shall not be subject to grievance.
8. The nurse will maintain full benefit coverage for extended health coverage, semi-private and dental benefits.
9. To facilitate scheduling, where possible, a mutually agreeable master schedule shall be created. This master schedule shall include weekends as per the full-time rotations.
10. It is understood that in the event the employee resigns, transfers, is laid off or terminated, the arrangement will be deemed discontinued immediately, unless the parties agree otherwise.

- 11. Each Individual Special Circumstance arrangement granted by the Hospital will require signed agreement of the Hospital, the Union Bargaining Unit President and Labour Relations Officer and the employee involved.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Establishment of an Ad Hoc Working Group

The Parties agree to form an Ad Hoc Working Group which will be comprised of the attendees of the Hospital Association Committee to discuss the following items, but not limited to:

1. Article B-5 - Multi-site job postings;
2. Consideration for job postings to state a primary geographic site and related allotment of hours thereof;
3. Consideration of job postings that contain multiple unit designations, i.e. to state a primary unit and related allotment of hours thereof.

The Committee will hold their first meeting by May 31, 2018 and will establish a regular meeting schedule in conjunction with regularly scheduled Hospital-Association Committee (HAC) meetings.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Electronic Grievance Forms

The parties agree that hard copy grievance forms and or an electronic version of the O.N.A. Grievance Form (found at Appendix 1 of the Hospital Central Agreement) are both valid for purposes of Article 7 of the Hospital Central Agreement, and will be accepted as original.

Electronic grievance forms may be sent, via email, to Human Resources, or the identified designate.

The electronic typed 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 individual grievor (if applicable), should the grievance proceed to a Step No. 2 Grievance Meeting, such signed copy will then be provided to Human Resources.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

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Kim Lowe

LETTER OF UNDERSTANDING

Between:

SOUTH BRUCE GREY HEALTH CENTRE
[hereinafter referred to as the "Employer"]

And:

ONTARIO NURSES' ASSOCIATION
[hereinafter referred to as the "Association"]

Re: Electronic Professional Responsibility Workload Report Forms

The parties agree that hard copy Professional Responsibility Workload Form (PRWRF) (found at Appendix 6 of the Hospital Central Agreement) and or the electronic PRWRF are both valid for purposes of Article 8 of the Hospital Central Agreement, and will be accepted as original.

Electronic PRWRFs may be sent, via email, to the applicable Manager or designate, with a concurrent copy also to be provided to Human Resources and the Union Bargaining Unit President.

The electronic typed signature of the employee(s) will be accepted as the original signature.

The Union undertakes to get a copy of the electronic version PRWRF signed by the employee(s), if so requested by the Employer.

Renewed at Walkerton, Ontario, this 29 day of, October 2018.

FOR THE EMPLOYER

FOR THE ASSOCIATION

Audrey King

Scott Sawyer
Labour Relations Officer

Bill Burling

Michelle Kennedy
Bargaining Unit President

Maureen Rydall

Dana Van DeVyvere

Kim Lowe

COLLECTIVE AGREEMENT

Between:

(hereinafter referred to as the "Hospital")

And:

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

Expiry: **March 31, 2023**

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ARTICLE 1 – PURPOSE

1.01 The general purpose of this Agreement is to establish and maintain collective bargaining relations between the Hospital and the nurses covered by this Agreement; to provide for on-going means of communication between the Union and the Hospital and the prompt disposition of grievances and the final settlement of disputes and to establish and maintain mutually satisfactory salaries, hours of work and other conditions of employment in accordance with the provisions of this Agreement.

1.02 It is recognized that nurses wish to work together with the Hospital to secure the best possible nursing care and health protection for patients. Appropriate committees have been created under this Agreement to work towards this objective.

1.03 The employer shall not propose and/or enter into any agreement with an employee that pertains to any terms or conditions of employment that contravene the collective agreement. Any such agreement shall be null and void.

NOTE: In this collective agreement, where the context otherwise requires, the word “nurse(s)” shall include employees in affiliated bargaining units who are represented by the Ontario Nurses’ Association.

ARTICLE 2 – DEFINITIONS

2.01 A registered nurse is a nurse who holds a Certificate of Registration with the College of Nurses of Ontario in accordance with the *Regulated Health Professions Act*, and the *Nursing Act*.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

2.02 A nurse who holds a Temporary Class Certificate of Registration must obtain ~~her or his~~ **their** General Class Certificate of Registration prior to the expiry of ~~her or his~~ **their** Temporary Class Certificate of Registration. If the nurse fails to obtain ~~her or his~~ **their** General Class Certificate of Registration prior to the expiry of ~~her or his~~ **their** Temporary Class Certificate of Registration ~~she or he~~ **they** may be placed on an unpaid leave of absence, otherwise ~~she or he~~ **they** will be deemed to be not qualified for the position of registered nurse and ~~she or he~~ **they** will be terminated from the employ of the Hospital. Such termination shall not be the subject of a grievance or arbitration.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated*

Health Professions Act, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

- 2.03 A nurse who holds a Temporary Class Certificate of Registration will be classified, for purposes of salary, at a level equal to the level previously accorded to the graduate nurse category.
- 2.04 A full-time nurse is a nurse who is regularly scheduled to work the normal full-time hours referred to in Article 13.
- 2.05 A regular part-time nurse is a nurse who regularly works less than the normal full-time hours referred to in Article 13 and who offers to make a commitment to be available for work on a regular predetermined basis. All other part-time nurses shall be considered casual nurses. The predetermined basis upon which the commitment to be available is made shall be determined in local negotiations.
- The definitions shall not have the effect of changing the composition of any existing bargaining units. The Hospital shall not refuse to accept an offer from a nurse to make a commitment to be available for work on a regular predetermined basis solely for the purpose of utilizing casual nurses so as to restrict the number of regular part-time nurses.
- 2.06 This combined agreement contains provisions applicable to full-time nurses and provisions applicable to part-time nurses. The combination of the agreements shall not have the effect of changing the composition of any existing bargaining units nor shall it have the effect of conferring representation rights where such rights do not presently exist. The scope of the applicable bargaining unit is set out in the Appendix of Local Provisions.

ARTICLE 3 – RELATIONSHIP

The parties agree that a safe workplace, free of violence (including domestic violence) and harassment, is a fundamental principle of a healthy workplace. Commitment to a healthy workplace requires a high degree of cooperation between employers, employees, physicians, and the Union. Nurses should feel empowered to report incidents of disruptive behaviour, including physician behaviour, without fear of retaliation. The parties are both committed to a harassment free environment and recognize the importance of addressing discrimination and harassment issues in a timely and effective manner as set out below:

- 3.01 The Hospital and the Union agree that there will be no discrimination, interference, intimidation, restriction or coercion exercised or practiced by any of their representatives with respect to any nurse because of the nurse's membership or non-membership in the Union or activity or lack of activity on behalf of the Union or by reason of exercising ~~her or his~~ **their** rights under the Collective Agreement.
- 3.02 The Union agrees there will be no Union activity, solicitation for membership, or collection of Union dues on Hospital premises or during

working hours except with the written permission of the Hospital or as specifically provided for in this Agreement.

3.03 It is agreed that there will be no discrimination by either party or by any of the nurses covered by this Agreement on the basis of race, creed, colour, ethnic origin, place of origin, sex, sexual orientation, marital status, family status, age, ancestry, citizenship, disability, gender identity, gender expression, record of offences or any other factor which is not pertinent to the employment relationship. ref: *Ontario Human Rights Code*.

3.04 Harassment and Discrimination

(a) "Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status, gender identity, gender expression, or disability", ref: *Ontario Human Rights Code*, Sec. 5 (2) and 10 (1).

(b) "Every person who is an employee has a right to freedom from harassment in the workplace because of sex by his or her employer or agent of the employer or by another employee", ref: *Ontario Human Rights Code*, Sec. 7 (2).

The right to freedom from harassment in the workplace applies also to sexual orientation.

(c) "Every person has a right to be free from:

i) A sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome; or

ii) A reprisal or threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person", ref *Ontario Human Rights Code*, Sec. 7 (3).

(d) The parties recommend and encourage any employee who may have a harassment or discrimination complaint to follow the complaints process as set out in the employer's harassment policies and process.

(e) In recognizing the importance of a harassment free environment, the employer and the union will review hospital policies and processes

with respect to harassment with the employee during **her or his their** orientation period.

- (f) Where a nurse requests the assistance and support of the union in dealing with harassment or discrimination issues, such representation shall be allowed.
- (g) A nurse who believes that **she or he has they have** been harassed contrary to this provision may file a grievance under Article 7 of this Agreement.
- (h) The local parties will determine the appropriate means of promoting an effective and meaningful way of addressing discrimination and harassment issues, which may include, but is not limited to the following:
 - Reviewing the hospital's harassment policy and making joint recommendations to the Chief Nursing Executive.
 - Promoting a harassment free workplace where there is 'zero tolerance'.
 - Ensuring that all employees are familiar with the employer's harassment policy by identifying educational opportunities, including the orientation period for new employees.
 - Identifying supports and solutions to assist employees to deal with harassment and discrimination issues (i.e., Employee assistance Programs, staff supports).
 - Development of processes to address the accommodations/modified work needs for nurses.
 - Development of assertiveness training programs.

NOTE: "Harassment" means engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome", ref: *Ontario Human Rights Code*, Sec. 10 (1).

3.05 The Hospital and the Union recognize their joint duty to accommodate disabled employees in accordance with the provisions of the *Ontario Human Rights Code*.

3.06 Whistle Blowing Protection

Provided a nurse has followed reasonable policies or procedures issued by the Hospital concerned to protect the Hospital's entitlement to investigate and address any allegation of wrongdoing, nurses will not be subject to discipline or reprisal for the reasonable exercise of their professional obligations, including those related to patient advocacy.

- 3.07 In dealing with complaints, Hospitals shall ensure that the process is fair for all.
- 3.08 In dealing with physician conduct, the Hospital may incorporate tools, definitions and processes from the College of Physicians and Surgeons' *Guidebook for Managing Disruptive Physician Behaviour*.

ARTICLE 4 – NO STRIKE, NO LOCKOUT

- 4.01 The Union agrees there shall be no strikes and the Hospital agrees there shall be no lockouts so long as this Agreement continues to operate. The terms "strike" and "lockout" shall bear the meaning given them in the *Ontario Labour Relations Act*.

ARTICLE 5 – UNION SECURITY

- 5.01 The Hospital will deduct from each nurse covered by this Agreement an amount equal to the regular monthly Union dues designated by the Union. The deduction period for a part-time nurse may be extended where the nurse does not receive any pay in a particular month.

Where a nurse has no dues deducted during the payroll period from which dues are normally deducted, that deduction shall be made in the next payroll period provided the nurse has earnings in the next payroll period.

If the failure to deduct dues results from an error by the Hospital, then, as soon as the error is called to its attention by the union, the Hospital shall make the deduction in the manner agreed to by the parties. If there is no agreement, the Hospital shall make the deduction in the manner prescribed by the union.

- 5.02 Such dues shall be deducted monthly and in the case of newly employed nurses, such deductions shall commence in the month following their date of hire.
- 5.03 The amount of the regular monthly dues shall be those authorized by the Union and the Vice-President, Local Finance of the Union shall notify the Hospital of any changes therein and such notification shall be the Hospital's conclusive authority to make the deduction as specified in the Dues Notification Letter. In the case of any changes to the local dues' levies, notification will be made by the local treasurer and such notification shall be the Hospital's conclusive authority to make the deduction specified.
- 5.04 In consideration of the deducting and forwarding of Union dues by the Hospital, the Union agrees to indemnify and save harmless the Hospital against any claims or liabilities arising or resulting from the operation of this Article.

5.05 The amounts so deducted shall be remitted monthly to the Vice-President, Local Finance of the Union, no later than the end of the month following the month in which the dues were deducted. In remitting such dues, the Hospital shall provide a list of nurses from whom deductions were made, their work site (if the bargaining unit covers more than one site), and the nurses' social insurance numbers, amount of dues deducted and, where feasible, the Hospital shall also provide the professional designation, job classification, and status of the nurses. The list shall also include deletions and additions from the preceding month highlighting new hires, resignations, terminations, new unpaid leave of absence of greater than one (1) month, returns from leaves of absence. A copy of this list will be sent concurrently to the local Union. The Hospital shall provide the information currently provided, in an electronic format.

The Hospital will also identify the dues month, name(s) of the bargaining unit and payroll contact information.

The Hospital will provide the members' current addresses and phone numbers it has on record, with the dues lists, at least every six months.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities, which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

5.06 The Hospital agrees that an officer of the Union or Union representative shall be allowed a reasonable period during regular working hours to interview newly hired nurses during their probationary period. During such interview, membership forms may be provided to the nurse. These interviews shall be scheduled in advance as determined by local negotiation and may be arranged collectively or individually by the Hospital.

NOTE: The list provided for in Article 5.05 shall include any other information that is currently provided to ONA. Additionally, the Hospital will provide each nurse with a T-4 Supplementary Slip showing the dues deducted in the previous year for income tax purposes where such information is or becomes readily available through the Hospital's payroll system.

ARTICLE 6 – REPRESENTATION AND COMMITTEES

6.01 Meetings

The parties recognize the value of nurses' input and participation in committee meetings. All joint Employer-Union meetings shall be scheduled where practical, during the nurse's regular working hours. The Employer will provide replacement staff where operationally required.

The employer agrees to pay for time spent during regular working hours for representatives of the Union attending meetings with the Employer.

Upon request the employer will meet with the bargaining unit to discuss and make reasonable efforts to resolve concerns pertaining to scheduling meetings.

6.02

Union Representatives & Grievance Committee

- (a) The Hospital agrees to recognize Union representatives to be elected or appointed from amongst nurses in the bargaining unit for the purpose of dealing with Union business as provided in this Collective Agreement. The number of representatives and the areas which they represent are set out in the Appendix of Local Provisions.
- (b) The Hospital will recognize a Grievance Committee, one of whom shall be chair. This committee shall operate and conduct itself in accordance with the provisions of the Collective Agreement and the number of nurses on the Grievance Committee is set out in the Appendix of Local Provisions.
- (c) It is agreed that Union representatives and members of the Grievance Committee have their regular duties and responsibilities to perform for the Hospital and shall not leave their regular duties without first obtaining permission from their immediate supervisor. Such permission shall not be unreasonably withheld. If, in the performance of their duties, a union representative or member of the Grievance Committee is required to enter a unit within the hospital in which they are not ordinarily employed they shall, immediately upon entering such unit, report their presence to the supervisor or nurse in charge, as the case may be. When resuming their regular duties and responsibilities, such representatives shall again report to their immediate supervisor. The Hospital agrees to pay for all time spent during their regular hours by such representatives hereunder. The Hospital agrees to pay a grievor for all time spent during ~~his or her~~ **their** regular hours at Step 1 and Step 2 grievance meetings.

6.03

Hospital-Association Committee

- (a) There shall be a Hospital-Association Committee comprised of representatives of the Hospital, one of whom shall be the Chief Nursing Executive or nursing designate and of the Union, one of whom shall be the Bargaining Unit President or designate. The number of representatives is set out in the Appendix of Local Provisions and the membership of the Committee may be expanded by mutual agreement.
- (b) The Committee shall meet every two (2) months unless otherwise agreed and as required under Article 8.01 (a) (iv). The duties of chair and secretary shall alternate between the parties. Where possible, agenda items will be exchanged in writing at least five (5) calendar days prior to the meeting. A record shall be maintained of matters referred to the Committee and the recommended disposition, if any,

unless agreed to the contrary. Copies of the record shall be provided to Committee members.

- (c) The purpose of the Committee includes:
- i) Promoting and providing effective and meaningful communication of information and ideas, including but not limited to workload measurement tools and the promotion of best practices. Such communication may include discussion of nursing workload measurement and patient acuity systems. The Hospital will provide, upon request, information on workload measurement systems applicable to nursing currently used by the Hospital, and evaluations completed by the Hospital of such systems.
 - ii) Reviewing professional responsibility complaints with a view to identifying trends and sharing organizational successes and solutions, making joint recommendations on matters of concern including the quality and quantity of nursing care and discussing the development and implementation of quality initiatives.
 - iii) Making joint recommendations to the Chief Nursing Executive; on matters of concern regarding recurring workload issues including the development of staffing guidelines, the use of agency nurses and use of overtime.
 - iv) Dealing with complaints referred to it in accordance with the provisions of Article 8, Professional Responsibility.
 - v) Discussing and reviewing matters relating to orientation and in-service programs.
 - vi) Promote the creation of full-time positions for nurses and discuss the effect of such changes on the employment status of the nurses.
This may include the impact, if any, on part-time and full-time, job sharing and retention and recruitment.
- (d) The Hospital agrees to pay for time spent during regular working hours for representatives of the Union attending at such meetings.
- (e) Where a Committee representative designated by the Union attends Committee meetings outside of ~~her or his~~ **their** regularly scheduled hours, ~~she or he~~ **they** will be paid for all time spent in attendance at such meetings at ~~her or his~~ **their** regular straight time hourly rate of pay. Such payment shall be limited to two (2) Committee representatives per meeting.

6.04 (a) Negotiating Committee

The Hospital agrees to recognize a Negotiating Committee comprised of representatives of the Union for the purpose of negotiating a renewal agreement. The total number of nurses on the Negotiating Committee is set out in the Appendix of Local Provisions, included in this number shall be the Bargaining Unit President. The Hospital agrees to pay members of the Negotiating Committee for time spent during regular working hours in negotiations with the Hospital for a renewal agreement up to, but not including arbitration.

(b) Central Negotiating Team

In central bargaining between the Ontario Nurses' Association and the Participating Hospitals, a nurse serving on the Union's Central Negotiating Team shall be paid for time lost from the nurse's regularly scheduled straight time working hours at ~~her or his~~ **their** regular rate of pay, and without loss of leave credits, for attending central negotiating meetings with the Hospitals' Central Negotiating Committee up to, but not including arbitration.

Central Negotiating Team members shall receive unpaid time off for the purpose of preparation for negotiations. The Union will advise the Hospitals concerned, as far in advance as possible, of the dates for which leave is being requested.

Upon reference to arbitration, the Central Negotiating Team members shall receive unpaid time off for the purpose of attending arbitration hearings.

Time spent on such meetings will not be considered leave under Article 11.02, Leave for Union Business.

The maximum number of Central Negotiating Team members entitled to payment under this provision shall be ten (10), and in no case will more than one (1) full-time nurse and one (1) part-time nurse from a hospital be entitled to such payment.

The Union shall advise the Hospitals' Central Negotiating Committee as far in advance as possible, of the names of the nurses to be paid under this provision. The Hospitals' Central Negotiating Committee will make such request known to the affected hospitals.

For any unpaid leave of absence under this provision, a full-time nurse's salary and applicable benefits shall be maintained by the Hospital, and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary.

For any unpaid leave of absence under this provision, a part-time nurse's salary and percentage in lieu of fringe benefits shall be

maintained by the Hospital, and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary and percentage in lieu of fringe benefits.

Part-time nurses will be credited with seniority and service for all such leave.

6.05 Occupational Health & Safety

- (a) It is a mutual interest of the parties to promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and occupational diseases. The parties agree that health and safety is of the utmost importance and agree to promote health and safety and wellness throughout the organization. The employer shall provide orientation and training in health and safety to new and current employees on an ongoing basis, and employees shall attend required health and safety training sessions. Accordingly, the parties fully endorse the responsibilities of employer and employee under the *Occupational Health and Safety Act*, making particular reference to the following:
- The employer shall take every precaution reasonable in the circumstances for the protection of a worker. [*Occupational Health and Safety Act*, s. 25 (2) (h)].
 - When faced with occupational health and safety decisions, the Hospital will not await full scientific or absolute certainty before taking reasonable action(s) **including but not limited to, providing readily accessible personal protective equipment** that reduces risk and protects employees.
 - Hospitals will ensure adequate stocks of the N95 respirator **or equivalent or better** (or such other personal protective equipment as the parties may in writing agree) to be made available to nurses at short notice in the event that there are reasonable indications of the emergence of a pandemic, **epidemic or outbreak of an infectious disease in the community served by the Hospital.**
 - When the employer receives written recommendations from a health and safety representative, that employer shall respond in writing within twenty-one days, [*Occupational Health and Safety Act*, s. 9 (20)].
 - The employer's response shall contain a timetable for implementing the recommendations the employer agrees with and give reasons why the employer disagrees with any of the recommendations that the employer does not accept, [*Occupational Health and Safety Act*, s.9 (21)].

- The employer shall ensure that the equipment, materials and protective devices as prescribed are provided, [*Occupational Health and Safety Act*, s. 25 (1) (a)].
 - The employee shall use or wear the equipment, protective devices or clothing that the employer requires to be used or worn, [*Occupational Health and Safety Act*, s. 28 (1) (b)].
 - The employee shall not use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker, [*Occupational Health and Safety Act*, s. 28 (2) (b)].
 - A worker who is required by his or her employer to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training. Personal protective equipment that is to be provided, worn or used shall, be properly used and maintained, be a proper fit, be inspected for damage or deterioration and be stored in a convenient, clean and sanitary location when not in use, [*O. Reg. 67/93 – Health Care*].
- (b) The local parties will determine appropriate solutions to promote health and safety in workplaces, including, but not limited to:
- Violence in the Workplace (include Verbal Abuse).
 - In particular, the local parties will consider appropriate measures to address violence in the workplace, which may include, among other remedies:
 - i) Electronic and visual flagging.
 - ii) Properly trained security who can de-escalate, immobilize and detain/restrain.
 - iii) Appropriate personal alarms.
 - iv) Organizational wide risk assessments assessing environment, risk from patient population, acuity, communication, and workflow and individual client assessments.
 - v) Training in de-escalation, “break-free” and safe immobilization/detainment/restraint.
 - Musculoskeletal Injury Prevention.

- Needle Stick and other sharps Injury Prevention.
 - Nurses who regularly work alone or who are isolated in the workplace.
 - Wellness initiatives.
- (c) It is understood that communication on issues of mutual concern should occur between the Joint Health and Safety Committee, Infection Control, Risk Management and Emergency Planning.
- (d) In the event there are reasonable indications of the emergence of a pandemic any nurse working at more than one health care facility will, upon the request of the hospital, provide information of such employment to the hospital. No consequence will flow from such disclosure, other than as strictly necessary to prevent the spread of infection.
- (e) Joint Health and Safety Committee:
- i) Recognizing its responsibilities under the applicable legislation, the Hospital agrees to accept as a member of its Joint Health and Safety Committee, at least one (1) representative selected or appointed by the Union from amongst bargaining unit employees from each Hospital site.

Hospitals will choose either to include a representative from the bargaining unit from each Hospital site, or to have a separate Joint Health and Safety Committee at each Hospital site, unless the parties agree otherwise.

- ii) Such Committee shall identify potential dangers and hazards; institute means of improving health and safety programs and recommend actions to be taken to improve conditions related to safety and health.

- iii) The Hospital agrees to cooperate in providing necessary information and management support to enable the Committee to fulfil its functions. In addition, the Hospital will provide the Committee with access to **the Hospital's pandemic plan and related risk assessment**, all accident reports, health and safety records, **notifications of exposure to an infectious or contagious disease**, and any other pertinent information in its possession. **The Hospital will also provide the Committee with reports on fit testing compliance annually and personal protective equipment inventory on a quarterly basis.** The Committee shall respect the confidentiality of the information.

- iv) Meetings shall be held every second month or more frequently at the call of the co-Chairs, if required. The Committee shall maintain minutes of all meetings and make the same available for review. Copies shall be sent to the Committee members within a reasonable period of time following the meeting. The Joint Health and Safety Committee will determine the appropriate mechanism to communicate the minutes of the proceedings of the Committee to the organization.
- v) Any representative appointed or selected in accordance with (e) (i) hereof, shall serve for a term of at least two (2) calendar years from the date of appointment. Time off for representatives to perform these duties shall be granted.

"A member of a committee is entitled to:

- A) One hour or such longer period of time as the committee determines is necessary to prepare for each committee meeting.
- B) Such time as is necessary to attend meetings of the committee.
- C) Such time as is necessary to carry out [inspections and investigations under subsection 9 (26), 9 (27), and 9 (31) of the Act.]" ref: *Occupational Health and Safety Act*, Sec. 9 (34).
- D) Where an investigation is required under the *Occupational Health and Safety Act*, the Committee shall determine the appropriate member or members who will participate in the investigation, recognizing the interests of a Union representative to be involved in an investigation involving Union members; and

"A member of a committee shall be deemed to be at work during the times described [above] and the member's employer shall pay the member for those times at the member's regular or premium rate as may be proper." ref: *Occupational Health and Safety Act*, Sec. 9 (35)

- vi) The Union agrees to endeavour to obtain the full cooperation of its membership in the observation of all safety rules and practices.
- vii) Pregnant employees may request to be temporarily transferred from their current duties if, in the professional opinion of the employee's physician a risk to the pregnancy

and/or unborn child is identified. If a temporary transfer is not feasible, the employee will be granted an unpaid leave of absence before commencement of the pregnancy leave.

- viii) Where the Hospital identifies high risk areas where nurses are exposed to infectious or communicable diseases for which there are available protective medications, such medications shall be provided at no cost to the nurses.
- ix) At least one of the employees representing workers under the *Occupational Health and Safety Act*, who are trained to be certified workers as defined under the *Act*, shall be from the Union. Upon written request, all Union members on the Joint Health and Safety Committee shall be trained as certified workers.
- x) "A member of a committee shall be deemed to be at work while the member is fulfilling the requirements for becoming certified by the Workplace Health and Safety Agency, and the member's employer shall pay the member for the time spent at the member's regular or premium rate as may be proper". ref: *Occupational Health and Safety Act, Sec. 9 (36)* "[This provision] does not apply with respect to workers who are paid by the Agency for the time spent fulfilling the requirements for becoming certified", ref: *Sec 9 (37)*.
- xi)
 - A) "This section does not apply to a [nurse]:
 - 1) When a circumstance described below is inherent in the worker's work or is a normal condition of the worker's employment; or
 - 2) When the worker's refusal to work would directly endanger the life, health or safety of another person", ref: *Occupational Health and Safety Act, Sec. 43 (1)*.
 - B) "A worker may refuse to work or do particular work where he or she has reason to believe that:
 - 1) Any equipment, machine, device, or thing the worker is to use or operate is likely to endanger himself, herself, or another worker.
 - 2) (a) The physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself; or

- (b) Workplace violence is likely to endanger himself or herself; or
- 3) Any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this *Act* or the regulations and such contravention is likely to endanger himself, herself or another worker", ref: *Occupational Health and Safety Act*, Sec. 43 (3).
- 4) "Workplace violence" means:
 - (a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
 - (b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
 - (c) A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.
- C) A refusal to work or do particular work as outlined in Article 6.05 (e) (xi) (B) shall not be considered a contravention of Article 4.01.

NOTE 1: Issues relating to chairing of meetings and responsibility for the taking of minutes should be discussed locally with the Hospital and the other Unions representing employees of the Hospital.

NOTE 2: Workplace harassment means:

- (a) Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or

Workplace sexual harassment:

- (a) Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or

- (b) Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Ref: *Occupational Health and Safety Act, Sec. 1 (1)*.

6.06 The Union may hold meetings on Hospital premises providing permission has been first obtained from the Hospital.

6.07 The Union shall keep the Hospital notified in writing of the names of the union representatives and/or Committee members and Officers of the Local Union appointed or selected under this Article as well as the effective date of their respective appointments.

6.08 All reference to union representatives, committee members and officers in this Agreement shall be deemed to mean nurse representatives, committee members or officers of the Local Union.

The Local Union will advise the Hospital in writing of the name of the contact person(s) for the Local Union for all purposes under the collective agreement.

6.09 The Hospital agrees to give representatives of the Ontario Nurses' Association access to the premises of the Hospital for the purpose of attending grievance meetings or otherwise assisting in the administration of this Agreement, provided prior arrangements are made with the Administrator. Such representatives shall have access to the premises only with the approval of the Administrator which will not be unreasonably withheld except where the Bargaining Unit President position is vacant or in the event that the Bargaining Unit President is subject to discipline, in which case only prior notice is required.

6.10 Where a nurse makes prior arrangements for time off from a tour of duty, the nurse shall not be scheduled to work another tour that day.

6.11 Nurses who are members of committees pursuant to Regulation 965 of the *Public Hospitals Act* will suffer no loss of earnings for time spent during regular working hours for attending committee meetings.

Where a nurse attends a committee meeting outside of regularly scheduled hours, ~~she or he~~ **they** will be paid for all hours spent in attendance at meetings at ~~her or his~~ **their** regular straight time hourly rate.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while in attendance at such committee meetings.

6.12 Where there is a Nursing Practice Council, or equivalent, whose membership includes bargaining unit members, the Hospital, in consultation with the local union, will develop a transparent process to seek and

establish membership in the Council for such nurses who are bargaining unit members.

- 6.13 The Hospital will discuss government initiatives with the Union that impact on the bargaining unit.

ARTICLE 7 – GRIEVANCE PROCEDURE

- 7.01 For purposes of this Agreement, a grievance is defined as a difference arising between the parties relating to the interpretation, application, administration or alleged violation of the Agreement including any question as to whether a matter is arbitrable.

- 7.02 At the time formal discipline is imposed or at any stage of the grievance procedure, including the complaint stage, a nurse is entitled to be represented by ~~her or his~~ **their** union representative. In the case of suspension or discharge, the Hospital shall notify the nurse of this right in advance. The Hospital also agrees, as a good labour relations practice, in most circumstances it will also notify the local Union.

The Hospital agrees that where a nurse is required to attend a meeting with the Hospital that may lead to disciplinary action, as a good labour relations practice, it will inform the nurse of the purpose of the meeting and ~~her or his~~ **their** right to union representation.

All investigations related to a nurse's employment will be completed in a timely manner.

- 7.03 It is the intent of the parties that complaints of nurses shall be adjusted as quickly as possible, and it is understood that a nurse has no grievance until ~~she or he has~~ **they have** first given ~~her or his~~ **their** immediate supervisor the opportunity of adjusting the complaint. Such complaint shall be discussed with ~~her or his~~ **their** immediate supervisor within nine (9) calendar days after the circumstances giving rise to it have occurred or ought reasonably to have come to the attention of the nurse. This discussion may include consultation, advice and assistance from others. If there is no settlement within nine (9) calendar days, it shall then be taken up as a grievance within nine (9) calendar days in the following manner and sequence:

Step No. 1

The nurse may submit a written grievance, through the Union, signed by the nurse, to the Chief Nursing Executive; or designate. The grievance shall be on a form referred to in Article 7.09 and shall identify the nature of the grievance and the remedy sought and should identify the provisions of the Agreement which are alleged to be violated. The parties may, if they so desire, meet to discuss the grievance at a time and place suitable to both parties. The Chief Nursing Executive or designate will deliver ~~her or his~~ **their**

decision in writing within nine (9) calendar days following the day on which the grievance was presented to ~~her or him~~ **them**. Failing settlement, then:

Step No. 2

Within nine (9) calendar days following the decision under Step No. 1, the grievance may be submitted in writing to the Hospital Administrator or designate. A meeting will then be held between the Hospital Administrator or designate and the Grievance Committee within nine (9) calendar days of the submission of the grievance at Step 2 unless extended by agreement of the parties. It is understood and agreed that a representative(s) of the Ontario Nurses' Association and the grievor may be present at the meeting. It is further understood that the Hospital Administrator or designate may have such counsel and assistance as ~~she or he~~ **they** may desire at such meeting. The decision of the Hospital shall be delivered in writing to the Labour Relations Officer and the local Union representative within nine (9) calendar days following the date of such meeting.

7.04 A complaint or grievance arising directly between the Hospital and the Union concerning the interpretation, application or alleged violation of the Agreement shall be originated at Step No. 2 within fourteen (14) calendar days following the circumstances giving rise to the complaint or grievance. A grievance by the Hospital shall be filed with the Bargaining Unit President or designate.

7.05 Where a number of nurses have identical grievances, and each nurse would be entitled to grieve separately they may present a group grievance in writing signed by each nurse who is grieving to the Chief Nursing Executive or designate within fourteen (14) calendar days after the circumstances giving rise to the grievance have occurred or ought reasonably to have come to the attention of the nurse(s). The grievance shall then be treated as being initiated at Step No. 1 and the applicable provisions of this Article shall then apply with respect to the processing of such grievance.

7.06 (a) Probationary Release

The release of a probationary nurse for reasons based on performance and ability to do the job, including skills, suitability and availability shall not be subject to the grievance procedure unless the probationary nurse is released for:

- i) Reasons which are arbitrary, discriminatory or in bad faith.
- ii) Exercising a right under this Agreement.

The Hospital agrees to provide a probationary nurse with written reasons for ~~her or his~~ **their** release within seven (7) days of such release, with a copy to the Local Union.

A claim by a probationary nurse that ~~she or he has~~ **they have** been unjustly released shall be treated as a grievance, provided the nurse is entitled to grieve, if a written statement of such grievance is lodged by the nurse with the Hospital at Step 2 within seven (7) days after the date the release is effective. Such grievance shall be treated as a special grievance as set out below.

(b) Discipline/Discharge/Suspension

The Hospital agrees to provide written reasons within seven (7) calendar days to the affected nurse in the case of discharge or suspension and further agrees that it will not suspend, discharge or otherwise discipline a nurse who has completed ~~her or his~~ **their** probationary period, without just cause.

A claim by a nurse who has completed ~~her or his~~ **their** probationary period that ~~she or he has~~ **they have** been unjustly discharged or suspended shall be treated as a grievance if a written statement of such grievance is lodged by the nurse with the Hospital at Step No. 2 within seven (7) calendar days after the date the discharge or suspension is effected. Such special grievance may be settled under the Grievance or Arbitration Procedure by:

- i) Confirming the Hospital's action in dismissing the nurse; or
- ii) Reinstating the nurse with or without loss of seniority and with or without full compensation for the time lost; or
- iii) By any other arrangement which may be deemed just and equitable.

7.07 (a) Failing settlement under the foregoing procedure of any grievance between the parties arising from the interpretation, application, administration or alleged violation of this Agreement, including any question as to whether a matter is arbitrable, such grievance may be submitted to arbitration as hereinafter provided. If no written request for arbitration is received within thirty-six (36) calendar days after the decision under Step No. 2 is given, the grievance shall be deemed to have been abandoned. Where such a written request is postmarked within thirty-four (34) calendar days after the decision under Step No. 2, it will be deemed to have been received within the time limits.

- (b) The parties agree that it is their intent to resolve grievances without recourse to arbitration, wherever possible. Therefore, notwithstanding (a) above, the parties may, upon mutual agreement, engage the services of a mediator in an effort to resolve the grievance and may extend the time limits for the request for arbitration. The parties will share equally the fees and expenses, if any, of the mediator.

- 7.08 It is understood and agreed that the Union has carriage of all grievances throughout the grievance and arbitration procedure and not any individual or group of individuals. All agreements reached under the grievance procedure between the representatives of the Hospital and the representatives of the Union will be final and binding upon the Hospital and the Union and the nurses.
- 7.09 Union grievances shall be on the form set out in Appendix 1. Alternately, the local parties may agree to an electronic version of this form and a process for signing.
- 7.10 Where a difference arises between the parties relating to the interpretation, application or administration of this Agreement, including any questions as to whether a matter is arbitrable, or where an allegation is made that this Agreement has been violated, either of the parties may, after exhausting the grievance procedure established by this Agreement, notify the other party in writing of its decision to submit the difference or allegation to arbitration. Where the grievance concerns:
- (a) Selection decisions on job vacancies;
 - (b) Premiums;
 - (c) Scheduling issues;
 - (d) Article 19 – Compensation issues;
 - (e) Entitlement to leaves, including vacation;
 - (f) Discipline up to, but not including discharge;
 - (g) Short term layoffs;
 - (h) Dues issues;
 - (i) Any other issues agreed by the parties.

The matter shall be determined by a sole arbitrator, unless the parties agree to proceed under Article 7.11. The sole arbitrator shall proceed by way of mediation-arbitration at the request of either party. When either party requests that any such matter be submitted to mediation-arbitration or to arbitration as provided above, it shall make such request in writing addressed to the other party to this Agreement and, at the same time, it shall propose the name of a sole arbitrator. Within seven (7) calendar days thereafter, the other party shall agree in writing or propose an alternate name(s). If there is no agreement within fourteen (14) calendar days, the Minister of Labour for the Province of Ontario shall have the power to effect such appointment upon application thereto by the party invoking the arbitration procedure. No person may be appointed as an arbitrator who has been involved in an attempt to negotiate or settle the grievance.

Subject to Article 7.13, once appointed, the sole arbitrator shall have all powers as set out in Section 50 of the *Labour Relations Act*, including the power to mediate/ arbitrate the grievance, to impose a settlement and to limit evidence and submissions.

- 7.11 For all other grievances, including those grievances dealing with nursing practice issues and those agreed to be central rights issues, the matter shall be determined by a three (3) person Board of Arbitration, unless the parties agree to proceed under Article 7.10. The party requesting arbitration shall, at the time of notification of its decision to submit the difference or allegation to arbitration shall name a nominee. Within seven (7) calendar days thereafter the other party shall name a nominee. However, if such party fails to name a nominee as herein required, the Minister of Labour for the Province of Ontario shall have the power to effect such appointment upon application by the party invoking the arbitration procedure. The two (2) nominees, or the parties, if they have agreed not to utilize nominees shall attempt to select by agreement a chair of the arbitration board. If they are unable to agree upon such a chair within a period of fourteen (14) calendar days, they shall then request the Minister of Labour for the Province of Ontario to appoint a chair. No person may be appointed as an arbitrator who has been involved in an attempt to negotiate or settle the grievance.

Subject to Article 7.13, once appointed, the Board of Arbitration shall have all powers as set out in Section 50 of the *Labour Relations Act*, including the power to mediate/arbitrate the grievance, to impose a settlement and to limit evidence and submissions.

- 7.12 No matter may be submitted to arbitration, which has not been properly carried through all requisite steps of the Grievance Procedure.
- 7.13 The Arbitration Board/sole Arbitrator shall not be authorized to make any decision inconsistent with the provisions of this Agreement, nor to alter, modify, add to or amend any part of this Agreement.
- 7.14 The proceedings of the Arbitration Board/sole Arbitrator will be expedited by the parties hereto and the decision of the majority and where there is no majority the decision of the chair will be final and binding upon the parties hereto and the nurse or nurses concerned.
- 7.15 Each of the parties hereto will bear the expense of any nominee appointed by it and the parties will share equally the fees and expenses, if any, of the chair of the Arbitration Board or sole Arbitrator.
- 7.16 The time limits set out in the Grievance and Arbitration Procedures herein are mandatory and failure to comply strictly with such time limits except by the written agreement of the parties, shall result in the grievance being deemed to have been abandoned subject only to the provisions of Section 48 (16) of the *Labour Relations Act*.

ARTICLE 8 – PROFESSIONAL RESPONSIBILITY

(Article 8.01 applies to employees covered by an Ontario College under the *Regulated Health Professions Act* only.)

8.01 The parties agree that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. This provision is intended to appropriately address employee concerns relative to their workload issues in the context of their professional responsibility. In particular, the parties encourage nurses to raise any issues that negatively impact their workload or patient care, including but not limited to:

- Gaps in continuity of care;
- Balance of staff mix;
- Access to contingency staff;
- Appropriate number of nursing staff.

In the event that the Hospital assigns a number of patients or a workload to an individual nurse or group of nurses such that they have cause to believe that they are being asked to perform more work than is consistent with proper patient care, they shall:

- (a)
 - i) At the time the workload issue occurs, discuss the issue within the unit/program to develop strategies to meet patient care needs using current resources.
 - ii) If necessary, using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (who could be within the bargaining unit) who has responsibility for timely resolution of workload issues.
 - iii) Failing resolution of the workload issue at the time of occurrence or if the issue is ongoing the nurse(s) will discuss the issue with ~~her or his~~ **their** Manager or designate on the next day that the Manager (or designate) and the nurse are both working or within ten (10) calendar days whichever is sooner.

When meeting with the manager, the nurse(s) may request the assistance of a Union representative to support/assist ~~her/him~~ **them** at the meeting.
 - iv) Complete the ONA/Hospital professional Responsibility Workload Report Form. The manager (or designate) will provide a written response on the *ONA/Hospital Professional Responsibility Workload Report Form* to the nurse(s) within ten (10) calendar days of receipt of the form with a copy to the

Bargaining Unit President, Chief Nursing Executive, and the Senior Clinical Leader (if applicable).

When meeting with the manager, the nurse(s) may request the assistance of a Union representative to support/assist **her/him them** at the meeting.

- v) Every effort will be made to resolve workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. The discussions and actions will be documented.
- vi) Failing resolution at the unit level, submit the *ONA/Hospital Professional Responsibility Workload Report Form* to the Hospital-Association Committee within twenty (20) calendar days from the date of the Manager's response or when **she or he they** ought to have responded under (iv) above.
- vii) The Chair of the Hospital-Association Committee shall convene a meeting of the Hospital-Association Committee within fifteen (15) calendar days of the filing of the *ONA/Hospital Professional Responsibility Workload Report Form*. The Committee shall hear and attempt to resolve the issue(s) to the satisfaction of both parties and report the outcome to the nurse(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations (Appendix 9).
- viii) Any settlement arrived at under Article 8.01 (a) iii) v), or vi) shall be signed by the parties.
- ix) Failing resolution of the issues through the development of joint recommendations within fifteen (15) calendar days of the meeting of the Hospital Association Committee the issue shall be forwarded to an Independent Assessment Committee.
- x) Failing development of joint recommendation(s) and prior to the issue(s) being forwarded to the Independent Assessment Committee, the Union will forward a written report outlining the issue(s) and recommendations to the Chief Nursing Executive.
- xi) For professionals regulated by the RHPA, other than nurses, the Union may forward a written report outlining the issue(s) and recommendations to the appropriate senior executive as designated by the Hospital.

(Article 8.01 (a), (x), (xiii) and (xiv) and 8.01 (b) applies to nurses only)

- xii) The Independent Assessment Committee is composed of three (3) registered nurses; one chosen by the Ontario Nurses' Association, one chosen by the Hospital and one chosen from a panel of independent registered nurses who are well respected within the profession. The member of the Committee chosen from the panel of independent registered nurses shall act as Chair.

If one of the parties fails to appoint its nominee within a period of thirty (30) calendar days of giving notice to proceed to the Independent Assessment Committee, the process will proceed. This will not preclude either party from appointing their nominee prior to the commencement of the Independent Assessment Committee hearing.

A copy of the Procedural Guidelines contained in Appendix 8 shall be provided to all Chairpersons named in Appendix 2.

- xiii) The Assessment Committee shall set a date to conduct a hearing into the issue(s) within fourteen (14) calendar days of its appointment and shall be empowered to investigate as is necessary and make what findings as are appropriate in the circumstances. The Assessment Committee shall render its decision, in writing, to the parties within forty-five (45) calendar days following completion of its hearing.
- xiv) It is understood and agreed that representatives of the Ontario Nurses' Association, including the Labour Relations Officer(s), may attend meetings held between the Hospital and the Union under this provision.
- xv) Any issue(s) lodged under this provision shall be on the form set out in Appendix 6. Alternately, the local parties may agree to an electronic version of the form and a process for signing.
- xvi) The Chief Nursing Executive, relevant Clinical Leaders, Bargaining Unit President, and the Hospital-Association Committee, will jointly review the recommendations of the Independent Assessment Committee within thirty (30) calendar days of the release of the IAC recommendations, and develop an implementation plan for mutually agreed changes. Such meeting(s) will be booked prior to leaving the Independent Assessment Committee hearing.

- (b) i) The list of Assessment Committee Chairs is attached as Appendix 2. During the term of this Agreement, the central parties shall meet as necessary to review and amend by agreement the list of chairs of Professional Responsibility Assessment Committees.

The parties agree that should a Chair be required; the Ontario Hospital Association and the Ontario Nurses' Association will be contacted. They will provide the name of the person to be utilized on the alphabetical listing of Chairs. The name to be provided will be the top name on the list of Chairs who has not been previously assigned.

Should the Chair who is scheduled to serve decline when requested, or it becomes obvious that ~~she or he~~ **they** would not be suitable, the next person on the list will be approached to act as Chair.

- ii) Each party will bear the cost of its own nominee and will share equally the fee of the Chair and whatever other expenses are incurred by the Assessment Committee in the performance of its responsibilities as set out herein.

NOTE: It is understood and agreed that the provisions of Article 3 have application to conduct pursuant to this provision.

- 8.02 The delegation of Controlled Acts shall be in accordance with the *Regulated Health Professions Act*, Medical Directives, and related statutes and regulations and in accordance with guidelines established by the College of Nurses of Ontario from time to time, and any hospital policy related thereto, provided that if the Union is of the opinion that such delegation would be detrimental to quality patient care, the Union may refer the issue to the Hospital-Association Committee.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

- 8.03 The Hospital will notify the nurse when it reports ~~her or him~~ **them** to the College of Nurses of Ontario and refer them to the Union as a resource.

- 8.04 Should an employee, who is a Health Professional under the *Regulated Health Professions Act*, be required to provide ~~her or his~~ **their** Regulatory College with proof of liability insurance, the Hospital, upon request from the employee, will provide the employee with a letter outlining the Hospital's liability coverage for Health Professionals in the Hospital's employ.

ARTICLE 9 – PROFESSIONAL DEVELOPMENT

- 9.01 Continuous professional development is a hallmark of professional nursing practice. As a self-regulating profession, nursing recognizes the importance of maintaining a dynamic practice environment which includes ongoing learning, the maintenance of competence, career development, career counselling and succession planning. The parties agree that professional

development includes a diverse range of activities, including but not limited to formal academic programs; short-term continuing education activities; certification programs; independent learning committee participation. The parties recognize their joint responsibility in and commitment to active participation in the area of professional development.

9.02

Committee

- (a) There shall be a committee to address the planning of professional development initiatives for nurses as described in Article 9.01. This committee shall include representatives of the Hospital, one of whom shall be the Chief Nursing Executive; or designate and another, a Human Resources representative; and of the Union, one of whom shall be the Bargaining Unit President or designate. The number of representatives is set out in the Appendix of Local Provisions. The membership of the Committee may be adjusted by mutual agreement, but at least fifty (50%) percent will be elected by the Union membership. The parties may agree to incorporate other disciplines into the Committee. The Hospital agrees to pay for time spent during regular working hours for representatives of the Union attending such meetings and will provide replacement staff where needed for such absences. Where a nurse is required to attend such meetings outside of ~~her or his~~ **their** regularly scheduled working hours, the nurse shall be paid for all time spent in attendance at such meetings at either ~~her or his~~ **their** regular straight time hourly rate of pay or elect to receive lieu time off. Where a nurse elects equivalent time off, such time off must be taken within the period set out in the Appendix of Local Provisions or payment in accordance with the former option shall be made.
- (b) The Committee shall meet every two (2) months unless otherwise agreed. Where possible, agenda items will be exchanged in writing at least five (5) calendar days prior to the meeting. A record shall be maintained of matters referred to the Committee and the recommended disposition, if any, unless otherwise agreed. Copies of the record shall be provided to Committee members.
- (c) The parties agree that the following key principles will provide direction for the committee functioning:
- i) Professional development will be recognized.
 - ii) All nurses will have equal access to professional development opportunities.
 - iii) Responsibilities for professional development will be shared between the individual and the Hospital.

- (d) The purpose of the committee is to assist the Hospital in promoting a practice environment that supports continuous learning and enhances opportunities for career development through:
- i) Reviewing annually the organization's strategic directions and priorities which impact on nursing competencies including the budget and expenditures related to nursing education. Through the Chief Nursing Executive, provide recommendations with respect to professional development initiatives in the development of the Hospital Operating Plan.
 - ii) Reviewing the demographics of the nursing complement.
 - iii) Developing guidelines for the development, implementation and evaluation of professional development initiatives.
 - iv) Developing means to promote equal access to professional development opportunities including, but not limited to programs (such as conferences, seminars and workshops), funding, scheduling, leaves, mentoring roles and preceptorship.
 - v) Reviewing and making recommendations regarding professional development initiatives, including but not limited to mentorship and internship.
 - vi) Reviewing and making recommendations regarding the existing nursing continuing education programs; and on the use of technology to enhance access.
 - vii) Developing and implementing an ongoing communication plan to advise nurses about the work of this committee and what opportunities are available for continuous learning.

9.03 Orientation and In-Service Program

The Hospital recognizes the need for a Hospital Orientation Program of such duration as it may deem appropriate taking into consideration the needs of the Hospital and the nurses involved.

9.04 Before assigning a nurse to be in charge of a unit, the nurse will receive orientation to the role of the charge nurse on that unit. It is understood that such nurse may be assigned to any tour as part of the nurse's orientation program, providing such assignment is in accordance with any scheduling regulations or objectives contained in the Appendix of Local Provisions which forms part of this Collective Agreement.

9.05 Nurses who displace other nurses in the event of a long-term layoff, nurses recalled from layoff, nurses whose probationary period has been extended under Article 10.01, and nurses who are transferred on a permanent basis

may be provided any orientation determined necessary by the Hospital for the purposes of allowing the nurse to assume satisfactorily the duties of such position. A request by such a nurse for orientation shall not be unreasonably denied.

9.06 Both the Hospital and the Union recognize their joint responsibility and commitment to provide, and to participate in, in-service education. The Union supports the principle of its members' responsibility for their own professional development and the Hospital will endeavour to provide programs related to the requirements of the Hospital. Available programs will be publicized, and the Hospital will endeavour to provide nurses with opportunities to attend such programs during their regularly scheduled working hours.

9.07 The Hospital will endeavour to schedule mandatory in-service programs during a nurse's regular working hours. When a nurse is on duty and authorized to attend any in-service program within the Hospital and during ~~her or his~~ **their** regularly scheduled working hours the nurse shall suffer no loss of regular pay. When a nurse is required by the Hospital to engage in any learning opportunities outside of ~~her or his~~ **their** regularly scheduled working hours, the nurse shall be paid for all time spent on such learning opportunities at ~~her or his~~ **their** regular straight time hourly rate of pay.

Where the hospital requires e-learning, it will make reasonable efforts to enable hospital e-learning requirements during a nurse's regular working hours. Where a nurse is unable to complete required hospital e-learning during regular working hours and is required to complete hospital e-learning outside of ~~her/his~~ **their** regular working hours, the hospital will identify in advance the time that will be paid at ~~her or his~~ **their** regular straight time hourly rate of pay.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while engaged in such learning opportunities.

9.08 (a) Student Supervision

Nurses may be required, as part of their regular duties, to supervise activities of students in accordance with the current College of Nurses of Ontario **Professional Standards Practice Guidelines – Supporting Learners**. Nurses will be informed in writing of their responsibilities in relation to these students and will be provided with what the Hospital determines to be appropriate training. Any information that is provided to the Hospital by the educational institution with respect to the skill level of the students will be made available to the nurses recruited to supervise the students. Upon request, the Hospital will review the nurse's workload with the nurse and the student to facilitate successful completion of the assignment.

Where a nurse is assigned nursing student supervision duties, the Hospital will pay the nurse a premium of sixty cents (\$0.60) per hour

for all hours spent supervising nursing students. This article will not apply to job classifications that are paid above the Registered Nurse Classification rates set out in Article 19.01 (a) where the higher rate of pay is, in part, based on nursing student supervision duties.

- (b) Nurses are expected, as part of their regular duties, to provide guidance and advice to members of the health care team.
- (c) Mentorship

Nurses may, from time to time, be assigned a formal mentorship role for a designated nurse. Mentorship is a formal supportive relationship between two (2) nurses, which results in the professional growth and development of an individual practitioner to maximize ~~her~~ ~~or his~~ **their** clinical practice. The relationship is time limited and focused on goal achievement. Orientation to the organization or general functioning of the unit does not constitute mentorship.

After consultation with the nurse being mentored and the mentor, the Hospital will identify the experiences required to meet ~~her or his~~ **their** learning needs, will determine the duration of the mentorship assignment and expectations of the mentor, and appropriate training. During the consultation process, the Hospital will review the mentor's workload with the mentor and the nurse being mentored to facilitate successful completion of the mentoring assignment.

The Hospital will provide, on a regular basis, all nurses with an opportunity to indicate their interest in assuming a mentorship role, through a mechanism determined by the local parties. The Hospital selects and assigns the mentor for a given mentoring relationship. At the request of any nurse, the Hospital will discuss with any unsuccessful applicant ways in which ~~she or he~~ **they** may be successful for future opportunities.

The Hospital will pay the nurse for this assigned additional responsibility a premium of sixty cents (60¢) per hour, in addition to ~~her or his~~ **their** regular salary and applicable premium allowance.

NOTE: See Appendix 7, Letter of Understanding re Mentorship Guidelines.

9.09 Internships

The Hospital may establish internships for the purpose of meeting future projected nursing shortages and/or providing career opportunities where there are no internal qualified candidates for job postings. In such circumstances, the implementation and guidelines of such an arrangement will be determined locally by the Hospital and the Union subject to the following:

Internships are designed to develop the Hospital's staff in order to fill positions for which there are currently no qualified internal candidates and/or for which shortages are predicted within a five (5) year period. Internships enable hospitals to maximize the use of qualified internal staff to meet their human resources needs, while at the same time providing career development opportunities for their employees.

To provide direction to the local parties in developing and implementing internship(s) the Ontario Nurses' Association and Participating Hospitals have agreed to the following principles:

- (a) The Hospital will establish the expectations for each internship opportunity.
- (b) There will be an open application process for internship opportunities.
- (c) The opportunities will be open to currently employed nurses who can demonstrate continuous learning, and a commitment to the Hospital.
- (d) Nurses who are selected for internship opportunities will commit to continued employment on a mutually determined basis.
- (e) Initiatives to support selected candidates may include but are not limited to:
 - i) No loss of regular wages while attending a requisite course.
 - ii) Paid course fees.
 - iii) Paid time for clinical practicums in the Hospital or another clinical site.
 - iv) Any other initiatives, as agreed.
- (f) Part-time nurses will be credited with seniority and service for all such hours paid while participating in these initiatives as provided above.

9.10 The Hospital undertakes to notify the Union in advance, so far as practicable, of any technological changes which the Hospital has decided to introduce which will significantly change the status of the nurse within the bargaining unit.

The Hospital agrees to discuss with the Union the effect of such technological changes on the employment status of the nurses and to consider practical ways and means of minimizing the adverse effect, if any, on the nurses concerned.

Nurses who are subject to layoff due to technological change will then be given notice of such layoff at the earliest reasonable time and in keeping with the requirements of the applicable legislation and the provisions of Article 10.08 will apply.

9.11 Where computers and/or new computer technology (e.g., computer charting) are introduced into the workplace that nurses are required to utilize in the course of their duties, the Hospital agrees that necessary training will be provided at no cost to the nurses involved, in accordance with Article 9.07.

9.12 A copy of any completed evaluation, which is to be placed in a nurse's file, shall be first reviewed with the nurse. The nurse shall initial such evaluation as having been read and shall have the opportunity to add ~~her or his~~ **their** views to such evaluation prior to it being placed in ~~her or his~~ **their** file. It is understood that such evaluations do not constitute disciplinary action by the Hospital against the nurse.

Each nurse shall have reasonable access to all ~~her or his~~ **their** files for the purpose of reviewing their contents in the presence of ~~her or his~~ **their** supervisor. A copy of the evaluation will be provided to the nurse at ~~her or his~~ **their** request. A request by a nurse for a copy of other documents in ~~her or his~~ **their** file will not be unreasonably denied.

Notwithstanding Article 9.13, upon review of the file, should the nurse believe that any coaching/counselling letter is no longer applicable, ~~she or he~~ **they** may request that such documentation be removed. Such request shall not be unreasonably denied.

No document shall be used against a nurse where it has not been brought to ~~her or his~~ **their** attention in a timely manner.

9.13 Any letter of reprimand, suspension or other sanction will be removed from the record of a nurse eighteen (18) months following the receipt of such letter, suspension or other sanction provided that such nurse's record has been discipline free for one year. Leaves of absence in excess of sixty (60) continuous calendar days will not count towards either period referenced above.

9.14 The Peer Feedback Process of the Quality Assurance Program Required by the College of Nurses of Ontario

The above referenced Peer Feedback is confidential information which the nurse is expected to obtain by requesting feedback from peer(s) of ~~her or his~~ **their** choice, for the sole purpose of meeting the requirements of the Quality Assurance Program required by the College of Nurses of Ontario. The parties recognize the importance of supporting the confidential nature of the Peer Feedback component of the Quality Assurance Program. For further clarity, the above referenced Peer Feedback will not be used as a performance evaluation under Article 9.12.

- 9.15 A nurse shall be entitled to leave of absence without loss of earnings from ~~her or his~~ **their** regularly scheduled working hours for the purpose of writing exams arising out of the Quality Assurance Program required by the College of Nurses of Ontario.

The period of the leave will include a scheduled night shift that extends into the day of the examination and any scheduled shift commencing on the day of the examination.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above for the purpose of writing such exams.

Note: Where exams are available online, this provision will interpret online as “writing the exam”.

- 9.16 The Hospital will meet with the Union to discuss any remediation or continuing education required by the College of Nurses of Ontario (CNO) to re-establish eligibility for clinical practice following a nurse’s return from an approved absence.
- 9.17 To support succession planning and retention, the local parties will discuss mid-career opportunities for nurses to receive training/education.
- 9.18 Within fourteen (14) days of receipt of a written request from ~~the a~~ nurse ~~either~~ during or ~~at~~ **within twelve (12) months of** the end of employment, the Hospital will provide the nurse with a letter detailing ~~her or his~~ **their** employment dates, length of service (including total hours worked, available as of the date of the request) and experience at the Hospital.

ARTICLE 10 – SENIORITY

10.01 Probationary Period

- (a) i) Newly hired nurses shall be considered to be on probation for a period of seventy (70) tours worked from date of last hire (525 hours of work for nurses whose regular hours of work are other than the standard workday). If retained after the probationary period, the full-time nurse shall be credited with seniority from date of last hire and the part-time nurse shall be credited with seniority for the seventy (70) tours (525 hours) worked. With the written consent of the Hospital, the probationary nurse and the Bargaining Unit President of the Local Union or designate, such probationary period may be extended. Where the Hospital requests an extension of the probationary period, it will provide notice to the Union at least seven (7) calendar days prior to the expected date of expiration of the initial probationary period. It is understood and agreed that any extension to the probationary period will not exceed an additional sixty (60) tours (450 hours) worked

and, where requested, the Hospital will advise the nurse and the Union of the basis of such extension with recommendations for the nurse's professional development.

- ii) The parties recognize that ongoing feedback about the nurse's progress is important to the probationary nurse.
- (b) A nurse who transfers from casual or regular part-time to full-time status shall not be required to serve a probationary period where such nurse has previously completed one since ~~her or his~~ **their** date of last hire. Where no such probationary period has been served, the number of tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) during the nine months immediately preceding the transfer shall be credited towards the probationary period.
 - (c) A nurse who transfers from casual part-time or full-time to regular part-time status shall not be required to serve a probationary period where such nurse has previously completed one since ~~her or his~~ **their** date of last hire. Where no such probationary period has been served, the number of tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) during the nine (9) months immediately preceding the transfer shall be credited towards the probationary period.

10.02

Seniority Lists

- (a) A seniority list shall be established for all full-time nurses covered by this Agreement who have completed their probationary period. For information purposes only, the names of all full-time probationary nurses shall be included in the seniority list. Seniority on such lists will be expressed in terms of a date.
- (b) A seniority list shall be established for all regular part-time nurses covered by this Agreement who have completed their probationary period. For information purposes only, the names of all regular part-time probationary nurses shall be included in the seniority list. Seniority on such lists will be expressed in terms of total hours worked.
- (c) A seniority list shall be maintained for casual part-time nurses for the purposes of Article 10.07 only. Seniority on such lists will be expressed in terms of total hours worked, and shall be established on the following basis:
 - i) At hospitals where casual nurses had seniority under the provisions of a Collective Agreement prior to October 23, 1981, such seniority shall continue with accumulation of hours worked since October 23, 1981.

- ii) At hospitals where there was no such seniority, the seniority list in 10.02 (c) shall show accumulation of hours worked since October 23, 1981.

Articles 10.02 (c) (i) and (ii) apply to nurses only.

- iii) Subsequently certified Hospitals shall establish dates for the commencement of the accumulation of seniority by local negotiations in accordance with the terms of the Memorandum of Conditions for Joint Bargaining.
- (d) A copy of the current seniority list will be filed with the Bargaining Unit President of the Local Union, or designate, on request but not more frequently than once every six (6) months at a time to be mutually determined. At the same time, a copy of the seniority list shall also be posted and made available to the nurses on each unit, in a manner and location determined by the local parties. Where available, Hospitals will include the nurses' work unit on the seniority list.

10.03 Retention/Transfer of Service and Seniority

A nurse's full seniority and service shall be retained by the nurse in the event that the nurse is transferred from full-time to part-time or in the event the nurse is transferred from casual to regular part-time or vice-versa. A nurse whose status is changed from full-time to part-time shall receive credit for **her or his their** full seniority and service on the basis of 1500 hours worked for each year of full-time seniority or service. A nurse whose status is changed from part-time to full-time shall receive credit for **her or his their** full seniority and service on the basis of one year of seniority or service for each 1500 hours worked. Any time worked in excess of an equivalent shall be pro-rated at the time of transfer. For the purpose of job posting competitions only, full-time or part-time seniority, once converted to a date, shall not precede the nurse's date of hire.

10.04 Effect of Absence (Full-time)

(Article 10.04 and Note 1 following Article 10.04 apply to full-time nurses only; Note 2 provides that the accrual of seniority and service on pregnancy and parental leave also applies to part-time nurses; Note 3 provides that the clause (including the notes) must be interpreted in a manner consistent with the *Ontario Human Rights Code* and the *Employment Standards Act*).

If a nurse's absence without pay from the Hospital including absences under Article 11, Leaves of Absence, exceeds thirty (30) continuous calendar days the nurse will not accumulate seniority or service for any purposes under the Collective Agreement for the period of the absence in excess of thirty (30) continuous calendar days unless otherwise provided and the nurse will become responsible for full payment of any subsidized employee benefits in which **she or he is they are** entitled to participate during the period of

absence. In the case of unpaid approved leaves of absence in excess of thirty (30) continuous calendar days a nurse may arrange with the Hospital to prepay the full premium of any applicable subsidized benefits during the period of leave in excess of thirty (30) continuous calendar days to ensure continuing coverage. In circumstances where a full-time nurse is on an unpaid leave of absence in excess of thirty (30) calendar days and voluntarily works occasional tour(s) during the leave period, the nurse shall be deemed to have continued on unpaid leave.

Notwithstanding this provision, seniority shall accrue if a nurse's absence is due to disability resulting in W.S.I.B. benefits or L.T.D. benefits including the period of the disability program covered by Employment Insurance.

Notwithstanding this provision, seniority and service will accrue and the Hospital will continue to pay the premiums for benefit plans for nurses for a period of up to seventeen (17) weeks while a nurse is on pregnancy leave under Article 11.07 and for a period of up to sixty-one (61) weeks while a nurse is on parental leave under Article 11.08. Seniority and service will accrue for an adoptive parent or a natural father for a period of up to sixty-three (63) weeks while such nurse is on a parental leave under Article 11.08.

NOTE 1: Nurses presently enjoying the accumulation of seniority for greater periods shall continue to receive such seniority benefits while employed by the Hospital.

NOTE 2: The accrual of seniority and service for nurses on pregnancy and parental leave applies to both full-time and part-time nurses.

NOTE 3: This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code* and the *Employment Standards Act*.

10.05 Effect of Absence (Part-time)

Seniority for part-time nurses shall accrue for absences due to a disability resulting in WSIB benefits, or illness or injury in excess of thirty (30) consecutive calendar days. The rate of accumulation will be based on the employee's normal weekly hours paid over the preceding qualifying twenty-six (26) weeks. A qualifying week is a week where the nurse is not absent due to vacation, pregnancy-parental leave, WSIB, or illness or injury that exceeds thirty (30) consecutive calendar days.

10.06 Deemed Termination

A full-time or regular part-time nurse shall lose all service and seniority and shall be deemed to have terminated if the nurse:

- (a) Leaves of ~~her or his~~ **their** own accord.

- (b) Is discharged and the discharge is not reversed through the grievance or arbitration procedure.
- (c) Has been laid off for thirty-six (36) calendar months.
- (d) Refuses to continue to work or return to work during an emergency which seriously affects the Hospital's ability to provide adequate patient care unless a satisfactory reason is given to the Hospital.
- (e) Is absent from scheduled work for a period of three (3) or more consecutive working days without notifying the Hospital of such absence and providing a satisfactory reason to the Hospital.
- (f) Fails to return to work (subject to the provisions of 10.06 (e)) upon termination of an authorized leave of absence without satisfactory reason or utilizes a leave of absence for purposes other than that for which the leave was granted.
- (g) Fails upon being notified of a recall to signify ~~her or his~~ **their** intention to return within twenty (20) calendar days after ~~she or he has~~ **they have** received the notice of recall mailed by registered mail to the last known address according to the records of the Hospital and fails to report to work within thirty (30) calendar days after ~~she or he has~~ **they have** received the notice of recall or such further period of time as may be agreed upon by the parties.

10.07

Job Posting

- (a) i) Where a permanent full-time vacancy occurs in a classification within the bargaining unit or a new full-time position within the bargaining unit is established by the Hospital, such vacancy shall be posted for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit and nurses in another ONA bargaining unit at the Hospital, if any, may make written application for such vacancy within the seven (7) day period referred to herein. Subsequent vacancies created by the filling of a posted vacancy are to be posted for seven (7) consecutive calendar days. Where a vacancy under this provision has remained unfilled for a period of six (6) months from the date of the initial posting, and the employer still requires the position to be filled, it will be reposted as noted above.
- ii) Where a permanent regular part-time vacancy occurs in a classification within the bargaining unit or a new regular part-time position within the bargaining unit is established by the Hospital, such vacancy shall be posted for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit and nurses in another ONA bargaining unit at the Hospital, if any, may make written application for such vacancy within the

seven (7) day period referred to herein. Subsequent vacancies created by the filling of a posted vacancy are to be posted for seven (7) consecutive calendar days. Where a vacancy under this provision has remained unfilled for a period of six (6) months from the date of the initial posting, and the employer still requires the position to be filled, it will be reposted as noted above.

- iii) Absent exceptional circumstances, the hospital will endeavour to move nurses who have been selected for positions in accordance with Article 10.07 (c) and (d) into their positions within forty-five (45) days of their selection to the positions.
- iv) The job posting provisions take precedence over any recall rights that employees may have under this Agreement, unless otherwise provided herein.

Where a full-time employee on layoff is the successful candidate for a vacant part-time position, ~~she or he~~ **they** shall retain recall rights to ~~her or his~~ **their** former position in the full-time bargaining unit for a period of six (6) months from the date of ~~her or his~~ **their** layoff. This shall also apply to a part-time employee on layoff who is the successful candidate for a vacant full-time position. In these circumstances, the job posting provisions will not apply.

- (b) A nurse may make a written request for transfer by advising the Hospital and filing a Request for Transfer form indicating ~~her or his~~ **their** name, qualifications, experience, present area of assignment, seniority and requested area of assignment. A Request for Transfer shall become active as of the date it is received by the Hospital and shall remain so until December 31 following. Such requests will be considered as applications for posted vacancies and subsequent vacancies created by the filling of a posted vacancy.

Unsuccessful applicants will be notified. The local parties will ensure that there is a means of notifying the unsuccessful applicants in a timely manner.

At the request of the nurse, the Hospital will discuss with unsuccessful applicants ways in which they can improve their qualifications for future postings.

- (c) Nurses shall be selected for positions under either Article 10.07 (a) or (b) on the basis of their skill, ability, experience and qualifications. Where these factors are relatively equal amongst the nurses considered, seniority shall govern providing the successful applicant, if any, is qualified to perform the available work within an appropriate familiarization period. Where seniority governs, the most senior

applicant, regardless of ~~her or his~~ **their** ONA bargaining unit, will be selected. Where the applicant has been selected in accordance with this Article and it is subsequently determined that ~~she or he~~ **they** cannot satisfactorily perform the job to which ~~she or he was~~ **they were** promoted or transferred, the Hospital will attempt, during the first sixty (60) tours (450 hours for nurses whose regular hours of work are other than the standard work day) worked from the date on which the nurse was first assigned to the vacancy, to return the nurse to ~~her or his~~ **their** former job, and the filling of the subsequent vacancies will likewise be reversed. If the nurse requests the Hospital will give due consideration to returning the nurse to the nurse's former position, provided that the former position has not been filled or eliminated. Such request shall not be unreasonably denied. Where the nurse is returned to ~~her or his~~ **their** former position within thirty (30) tours, the hospital will select an applicant, in accordance with this provision, from the previous posting to fill the position. Where there were no qualified applicants, the position will be reposted in accordance with Article 10.07 (a). Notwithstanding the level of entry to practice (baccalaureate degree in nursing) which became effective in 2005, the Hospital will not establish qualifications, or identify them in job postings, in an arbitrary or unreasonable manner.

- (d) i) Vacancies which are not expected to exceed sixty (60) calendar days (including vacancies caused due to illness, accident, leaves of absence [including pregnancy and parental]) may be filled at the discretion of the Hospital. In filling such vacancies consideration shall be given to regular part-time nurses in the bargaining unit on the basis of seniority who are qualified to perform the work in question. If the temporary vacancy is not filled by a regular part-time nurse, consideration will be given to casual part-time nurses in the bargaining unit on the basis of seniority who are qualified to perform the work in question, prior to utilizing non-bargaining unit nurses supplied by an agency or registry. It is understood, however, that where such vacancies occur on short notice, failure to offer part-time nurses such work shall not result in any claim for pay for time not worked while proper arrangements are made to fill the vacancy. Where part-time nurses fill temporary full-time vacancies, such nurses shall be considered regular part-time and shall be covered by the terms of the part-time collective agreement. Upon completion of the temporary vacancy, such nurse shall be reinstated to ~~her or his~~ **their** former position unless the position has been discontinued, in which case the nurse shall be given a comparable job. Where the Local parties agree, full-time nurses may be considered for temporary full-time vacancies on the same basis as regular part-time nurses. A list of all vacancies expected to be sixty (60) days or more that were filled in the preceding month under this provision, including

the names of the nurses selected and the anticipated duration of the vacancy, will be provided to the Union.

- ii) Vacancies due to illness, accident, leaves of absence (including pregnancy and parental) which are expected to exceed sixty (60) calendar days will be posted in accordance with Article 10.07 (a).

(e) Specific Time-Limited Temporary Positions

Specific time-limited temporary positions which are expected to exceed a term of sixty (60) calendar days but no greater than six (6) months will be posted in accordance with Article 10.07 (a). This term may be extended a further six (6) months by mutual agreement of the local parties. Where a nurse is transferred under this Article, their vacated position shall be posted in accordance with Article 10.07 (a).

Upon completion of such temporary position, the nurse will be reinstated to ~~her or his~~ **their** former position.

Should such position continue beyond the expected term, it shall be considered to be a permanent bargaining unit position and posted as such at that time.

- (f) The Hospital shall have the right to fill any permanent vacancy on a temporary basis until the posting procedure or the Request for Transfer procedure provided herein has been complied with and arrangements have been made to permit the nurse selected to fill the vacancy to be assigned to the job.
- (g) A nurse selected as a result of a posted vacancy or a Request for Transfer need not be considered for a further ~~permanent~~ vacancy for a period of up to nine (9) months **or for the initial duration of the vacancy to which the nurse was transferred, whichever is shorter**, from the date of ~~her or his~~ **their** transfer to the vacant position. This does not apply to nurses applying for vacancies or requesting a transfer to full-time or regular part-time positions posted in accordance with Article 10.07 that are on their unit, or nurses who posted or transferred as a result of a layoff, **or nurses filling temporary vacancies applying for permanent positions**.
- (h) Where nurses are reassigned to meet patient care needs at the hospital, they will be reassigned to units or areas where they are qualified to perform the available work.

10.08

Layoff – Definition and Notice

- (a) A "Layoff" shall include a reduction in a nurse's hours of work and cancellation of all or part of a nurse's scheduled shift.

Cancellation of single or partial shifts will be on the basis of seniority of the nurses on the unit on that shift unless agreed otherwise by the Hospital and the Union in local negotiations.

A partial or single shift reassignment of a nurse from **her or his** **their** area of assignment will not be considered a layoff. The parties agree that the manner in which such reassignments are made will be determined by local negotiations.

- (b) A "short-term layoff" shall mean:
- i) A layoff resulting from a planned temporary closure of any part of the Hospital's facilities during all or part of the months of July and August (a "summer shutdown") or during the period between December 15th and January 15th inclusive (a "Christmas shutdown"); or
 - ii) A layoff resulting from a planned temporary closure, not anticipated to exceed six months in length, of any part of the Hospital's facilities for the purpose of construction or renovation; or
 - iii) Any other temporary layoff which is not anticipated to exceed three months in length.
- (c) A "long-term layoff" shall mean any layoff which is not a short-term layoff.
- (d) The Hospital shall provide the local Union with no less than 30 calendar days' notice of a short-term layoff. Notice shall not be required in the case of a cancellation of all or part of a single scheduled shift, provided that Article 14.12 has been complied with. In giving such notice, the Hospital will indicate to the local Union the reasons causing the layoff and the anticipated duration of the layoff and will identify the nurses likely to be affected. If requested, the Hospital will meet with the local Union to review the effect on nurses in the bargaining unit.
- (e) Notice

In the event of a proposed layoff at the Hospital of a permanent or long-term nature within the bargaining unit, the Hospital shall:

- i) Provide the Union with no less than five (5) months written notice of the proposed layoff.
- ii) Provide to the affected employee(s), no less than four (4) months written notice of layoff or pay in lieu thereof.

NOTE: Where a proposed layoff results in the subsequent displacement of any member(s) of the bargaining unit, the original notice to the Union provided in (i) above shall be considered notice to the Union of any subsequent layoff.

In the event of the elimination of a vacant position or in circumstances where the Hospital decides not to fill a vacated position, the Union will be provided with notice at the time the decision is made.

The Hospital shall meet with the local Union to review the following:

- iii) The reasons causing the layoff/elimination.
- iv) The service which the Hospital will undertake after the layoff/elimination.
- v) The method of implementation including the areas of cut-back and the nurses to be laid off.
- vi) Any limits which the parties may agree on the number of nurses who may be newly assigned to a unit or area.

10.09 Layoff – Process and Options

- (a) In the event of a layoff, nurses shall be laid off in the reverse order of seniority provided that the nurses who are entitled to remain on the basis of seniority are qualified to perform the available work. Subject to the foregoing, probationary nurses shall be first laid off.
- (b) Nurses shall have the following entitlements in the event of a layoff.

Prior to implementing a short-term layoff on a unit, nurses will first be offered, in order of seniority, the opportunity to take vacation day(s), utilize any compensating/lieu time credits or to take unpaid leaves in order to minimize the impact of a short-term layoff.

- i) A nurse who has been notified of a short-term layoff may:
 - (A) Accept the layoff; or
 - (B) Opt to retire if eligible under the terms of the Hospital's pension plan as outlined in Article 17.04; or
 - (C) Elect to transfer to a vacant position, provided ~~she or he is~~ **they are** qualified to perform the available work; or

- (D) Displace the least senior nurse in the bargaining unit whose work ~~she or he is~~ **they are** qualified to perform.
- ii) A nurse who has been notified of a long-term layoff may:
- (A) Accept the layoff; or
- (B) Opt to retire if eligible under the terms of the Hospital's pension plan as outlined in Article 17.04; or
- (C) Elect to transfer to a vacant position provided that ~~she or he is~~ **they are** qualified to perform the available work; or
- (D) Displace another nurse in any classification who has lesser bargaining unit seniority and who is the least senior nurse on a unit or area whose work the nurse subject to layoff is qualified to perform.
- iii) In all cases of layoff:
- (A) Any agreement between the Hospital and the Union concerning the method of implementation of a layoff shall take precedence over the terms of this article. While an individual nurse is entitled to Union representation, the unavailability of a representative of the Union shall not delay any meeting regarding layoffs or staff reductions.
- (B) Where a vacancy occurs in a position following a layoff hereunder as a result of which a nurse has been transferred to another position, the affected nurse will be offered the opportunity to return to ~~her or his~~ **their** former position providing such vacancy occurs within six (6) months of the date of layoff. Where the nurse returns to ~~her or his~~ **their** former position there shall be no obligation to consider the vacancy under Article 10.07. Where the nurse refuses the opportunity to return to ~~her or his~~ **their** former position the nurse shall advise the Hospital in writing.
- (C) No reduction in the hours of work shall take place to prevent or reduce the impact of a layoff without the consent of the Union.
- (D) All regular part-time and full-time nurses represented by the Union who are on layoff will be given a job opportunity in the full-time and regular part-time categories before any new nurse is hired into either category.

- (E) Full-time and part-time layoff and recall rights shall be separate.
 - (F) Casual part-time nurses shall not be utilized while full-time or regular part-time nurses remain on layoff, unless the provisions of Article 10.10 have been complied with or unless the matter is covered by local scheduling.
 - (G) No new nurses shall be hired until all those nurses who retain the right to be recalled have been given an opportunity to return to work.
 - (H) In this Article (10.09), a "vacant position" shall mean a position for which the posting process has been completed and no successful applicant has been appointed.
 - (I) The option to "accept a layoff" as provided in this Article includes the right of an employee to absent ~~her or himself~~ **themselves** from the workplace.
- (c) i) Where there are vacant positions available under Article 10, but the nurse is not qualified to perform the available work, and if such nurse is not able to displace another nurse under Article 10, the nurse will be provided with the necessary training up to sixteen (16) weeks' training to enable the nurse to become qualified for one of the vacant positions. In determining the position for which training will be provided the Hospital shall take account of the nurse's stated preference.
- ii) When nurses would otherwise be recalled pursuant to Article 10 but none of the nurses on the recall list are qualified to perform the available work the Hospital will provide necessary training up to sixteen (16) weeks to nurses, in order of seniority, to enable them to become qualified to perform the available work.
- iii) Where a nurse receives training under this provision, ~~she or he~~ **they** need not be considered for any further vacancies for a period of six (6) months from the date ~~she or he is~~ **they are** placed in the position.

10.10 Recall from Layoff

Full-time and regular part-time nurses shall be recalled in the order of seniority unless otherwise agreed between the Hospital and the local Union, subject to the following provisions, provided that a nurse recalled is qualified to perform the available work:

- (a) Full-time and regular part-time nurses on layoff may notify the Hospital of their interest in accepting occasional vacancies and/or temporary vacancies which may arise and for which they are qualified. Such notification of interest shall state any restrictions on the type of assignment which a nurse is willing to accept and shall remain valid for six weeks. However, if a nurse declines an occasional or temporary vacancy the Hospital shall not be obliged to call upon the nurse again during the balance of such six-week period.
- (b) For the purposes of this article, an "occasional vacancy" shall mean an assignment which is anticipated not to exceed five shifts (37.5 hours). Occasional vacancies shall be offered first to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then to casual part-time nurses.
- (c) For the purposes of this article, a "temporary vacancy" shall mean an assignment which is anticipated to exceed five shifts (37.5 hours). Temporary vacancies which arise in the full-time bargaining unit shall be offered by seniority first to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then by seniority to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then to casual part-time nurses. Temporary vacancies which arise in the part-time unit shall be offered by seniority first to regular part-time nurses on layoff who have expressed interest, and if no such part-time nurse accepts then by seniority to full-time nurses on layoff who have expressed interest, and if no such full-time nurse accepts then to casual part-time nurses.
- (d) A nurse to whom an occasional or temporary vacancy is offered may accept or decline such vacancy and in either case shall maintain ~~her~~ **or his their** position on the recall list.

The acceptance of a temporary vacancy that is anticipated to exceed sixty (60) calendar days shall be considered a recall from layoff for purposes of Article 10.06 (c). No new notice of layoff will be required, and the nurse will be deemed to be laid off at the conclusion of the temporary vacancy.

A full-time nurse on layoff who accepts a temporary full-time vacancy within thirty (30) days of the effective day of layoff will continue to receive benefit coverage for the duration of the temporary vacancy.

A full-time nurse who has worked for more than 600 hours in 140 calendar days as the result of accepting one or more temporary vacancies shall thereafter be eligible for benefit coverage as a full-time nurse and shall be paid accordingly and shall continue to receive benefit coverage so long as ~~she or he~~ **they** continues to fill a

temporary vacancy and such full-time employee shall accrue seniority in the manner prescribed for full-time employees throughout the period of employment.

Otherwise, a full-time employee who accepts a temporary or occasional vacancy shall be paid ~~her or his~~ **their** regular full-time rate of pay together with a percentage payment in lieu of benefits at the rate specified for part-time nurses.

A full-time employee who accepts a temporary part-time vacancy or occasional vacancies as provided herein will accrue seniority throughout the period of such employment in the manner prescribed for part-time nurses.

A part-time employee who accepts a temporary or occasional vacancy will accrue seniority throughout the period of such employment in the manner prescribed for part-time nurses.

10.11 Transfer outside of the Bargaining Unit

- (a) A nurse who is transferred to a position outside of the bargaining unit for a period of not more than three (3) months or is seconded to teach for an academic year shall not suffer any loss of seniority, service or benefits.

A nurse who is transferred to a position outside of the bargaining unit for a period of more than three (3) months, but not more than one (1) year, or in the case of pregnancy or parental leave up to eighteen (18) months shall retain, but not accumulate, ~~her or his~~ **their** seniority held at the time of the transfer. In the event the nurse is returned to a position in the bargaining unit, ~~she or he~~ **they** shall be credited with seniority held at the time of transfer and resume accumulation from the date of ~~her or his~~ **their** return to the bargaining unit.

The union will be provided notice prior to the commencement of the transfers mentioned above.

A nurse must remain in the bargaining unit for a period of at least five (5) months before transferring out of the bargaining unit again or ~~she or he~~ **they** will lose all seniority held at the time of the subsequent transfer.

- (b) In the event that a nurse is transferred to a position outside of the bargaining unit for a period in excess of one (1) year, or in the case of pregnancy or parental leave up to eighteen (18) months, ~~she or he~~ **they** will lose all seniority held at the time of transfer. In the event the nurse is returned to a position in the bargaining unit, the nurse's seniority will accrue from the date of ~~her or his~~ **their** return to the bargaining unit.

- (c) It is understood and agreed that a nurse may decline such offer to transfer and that the period of time referred to above may be extended by agreement of the parties.
- (d) The Hospital agrees that it will not make work assignments that violate the purpose and intent of this provision. The Hospital will advise the local Union of the names of any nurses performing the duties of positions outside of the bargaining unit pursuant to Articles 10.11 and/or 19.04 (b), the date the assignment commenced, the area of assignment and the duration of such assignments.
- (e) A nurse who accepts a transfer under Article 10.11 will not be required to pay union dues for any complete calendar month during which no bargaining unit work is performed.

10.12

Work of the Bargaining Unit/Agency Nurses

- (a) Nurses who are in supervisory positions excluded from the bargaining unit shall not perform duties normally performed by nurses in the bargaining unit which shall directly cause or result in the layoff, loss of seniority or service or reduction in benefits to nurses in the bargaining unit.

Nurses will be assigned duties and responsibilities in accordance with the *Regulated Health Professions Act* and other applicable statutes and regulations thereto. Hospitals will not assign such duties and responsibilities to employees not covered by this agreement unless those duties and responsibilities are appropriate to the position occupied by the person to whom the duties and responsibilities are being assigned and are consistent with quality patient care.

Unless otherwise agreed by the Union and the Hospital, work performed by full-time nurses will not be assigned to part-time nurses for the purpose of eliminating full-time positions.

- (b) The Hospital shall not contract out the work of a bargaining unit nurse if, as a result of such contracting out, any bargaining unit nurse other than a casual part-time nurse is laid off, displaced or loses hours of work or pay. Prior to contracting out any available work, the Hospital will first offer the work on the basis of seniority to regular part-time nurses in the bargaining unit. Contracting out to an employer who is organized and who will employ the employees of the bargaining unit who would otherwise be laid off, with similar terms and conditions of employment, is not a breach of this provision. This clause will not apply to the ad hoc use of agency or registry nurses for single shift coverage of vacancies due to illness or leaves of absence.
- (c) It is agreed that ad hoc usage of agency nurses (RN) will not exceed the lesser of 1.5% of the total bargaining unit hours or the Hospital's

actual usage for 2005-2006 base fiscal year. The Hospital will make ongoing best efforts to reduce any use of agency nurses. Any use of Agency nurses beyond 1.5% in a fiscal year will result in a payment to the Union of 62 cents per hour of agency use above 1.5% to be determined annually at the end of each fiscal year.

For clarity: The use of agency nurses is limited to *ad hoc* single shift coverage of vacancies due to illness or leaves of absence. Any other usage of agency nurses requires the Union's written consent.

10.13 Integrations/Rationalization

To minimize the adverse impact of integration on employees, the parties agree that a standardized approach to Human Resources Adjustment Planning should be used, including the development of provincial standards or principles.

For the purposes of this Article, the parties agree that 'integrate', 'integration' and 'health service provider' have the same meaning as defined by the Local Health System Integration Act. Throughout this agreement, the words rationalization, consolidation or integration may be used interchangeably.

In the event of a health service integration or rationalization with another service provider, the Employer and the Union agree to be guided by the following principles:

- (a) The Hospital shall notify affected nurses and the Union as soon as a formal decision to rationalize or integrate is taken.
- (b) The Hospital shall provide the Union with pertinent financial and staffing information and a copy of any reorganization plans which impact on the bargaining unit relating to the rationalization or integration of services.
- (c) The Hospital and the Union shall begin discussions concerning the specifics of the rationalization or integration forthwith after a decision to rationalize or integrate is taken.
- (d) As soon as possible in the course of developing a plan for the implementation of the rationalization or integration, the Hospital shall notify affected nurses and the Union of the projected staffing needs, and their location, which are anticipated to result; notice to affected nurses and the Union shall include the estimated number and types of positions anticipated to be available, and their location, as the result of the rationalization or integration.
- (e) If services in the Hospital are to be reduced, transferred or eliminated as the result of rationalization or integration, or if the employment of nurses is otherwise to be affected, the Hospital shall prepare a list of

the affected nurses in order of seniority by jobs for which it considers such nurses are eligible. This list will be updated to reflect any changes due to employees leaving or entering the unit.

- (f) If a rationalization or integration is anticipated to result in a loss of employment for nurses at another service provider by reason of the establishment of a new unit or the enlargement or extension of services at the hospital:
- i) In the period before an integration or rationalization takes place, where a permanent vacancy occurs and has not been filled after Article 10.07 has been complied with, the vacancy shall be filled by the senior qualified employee of the other service provider who wishes to make an early transfer. A nurse taking such a position shall be treated as a transferring employee and not as a new hire.
 - ii) When the integration or rationalization takes place, and when nurses formerly employed by the other service provider or providers involved are transferred to the Hospital, such nurses shall maintain their seniority dates and shall be placed on seniority lists at the Hospital accordingly. Thereafter they shall exercise seniority rights in accordance with this agreement. Following implementation of the rationalization or integration, no nurse who has been transferred to the Hospital shall suffer a reduction in wages. If the wage grid in effect at the Hospital does not correspond to the grid in effect at the service provider at which such nurses were formerly employed, nurses whose wages were not identical to a wage step on the Hospital's grid shall be moved to the next higher step. Where the transferring nurse's salary exceeds the range maximum, the nurse's salary will be maintained.
 - iii) Nurses who have been transferred to the Hospital shall be subject to the benefit plans of the Hospital in the manner provided under the collective agreement. The retention, modification or abandonment of superior conditions and the provisions of sick leave plans, to which nurses who have been transferred to the Hospital were formerly subject, shall be negotiated between the Union and the Hospital. Nurses who have been transferred to the Hospital shall retain their former level of vacation entitlement or shall be entitled to the level provided by this agreement, whichever is the greater.
 - iv) Hours of work shall be those of the Hospital.
 - v) A nurse who has been transferred to the Hospital and who has not completed ~~her or his~~ **their** probationary period at the service provider where ~~she or he was~~ **they were** formerly employed shall receive credit for ~~her or his~~ **their** service

during such probationary period and shall complete the balance of the probationary period required by this agreement. No new probationary period shall be served by a nurse who has been transferred to the Hospital.

- (g) If an integration or rationalization is anticipated to result in the creation of employment for nurses at another service provider by reason of the establishment of a new unit or the enlargement, transfer or extension of services at that service provider:
- i) Notice of positions at the other service provider shall be posted at the hospital for a period of seven (7) consecutive calendar days. Nurses in this bargaining unit and nurses in other ONA bargaining units at the Hospital, if any, may make written application for such vacancy within the seven (7) day period referred to herein.
 - ii) Nurses shall be selected for positions on the basis of their skill, ability, experience and qualifications. Where these factors are relatively equal amongst the nurses considered, seniority shall govern providing the successful applicant, if any, is qualified to perform the available work within an appropriate familiarization period. Where seniority governs, the most senior applicant, regardless of ~~her or his~~ **their** ONA bargaining unit, will be selected. Where the applicant has been selected in accordance with this Article and it is subsequently determined that ~~she or he~~ **they** cannot satisfactorily perform the job to which ~~she or he was~~ **they were** promoted or transferred, the Hospital will attempt, during the first sixty (60) tours (450 hours for nurses whose regular hours of work are other than the standard work day) worked from the date on which the nurse was first assigned to the vacancy, to return the nurse to ~~her or his~~ **their** former job, and the filling of the subsequent vacancies will likewise be reversed.

Nothing in the foregoing shall be deemed to limit or restrict the parties' rights under the *Labour Relations Act, 1995*, the *Local Health System Integration Act* or the *Public Sector Labour Relations Transition Act, 1997*, as may be amended from time to time.

10.14 Human Resource Plans, Retirement and Separation Allowances

- (a) Local Human Resource Plans will apply to Health Services Restructuring Commission directives and integrations, provided that in the case of integrations, this Article will apply only to a hospital which is also bound by this collective agreement as well as the Local Human Resources Plan. In other circumstances, the balance of this Article will apply.

(b) Before issuing notice of long-term layoff pursuant to Article 10.08 (e) (ii), and following notice pursuant to Article 10.08 (e) (i), the Hospital will make offers of retirement allowance in accordance with the following conditions:

- i) The Hospital will first make offers in order of seniority on the unit(s) and within the classification where layoffs would otherwise occur.
- ii) The Hospital will make offers to nurses eligible for retirement under the Hospital pension plan (including regular part-time, if applicable, whether or not they participate in the hospital pension plan).
- iii) The number of retirements the Hospital approves will not exceed the number of nurses who would otherwise be laid off.

A nurse who elects a retirement option shall receive, following completion of the last day of work, a retirement allowance of one (1) week's salary for each year of service, to a maximum ceiling of thirty-five (35) weeks' salary.

For a regular part-time nurse, the retirement allowance will be based on the nurse's normal weekly hours. The normal weekly hours shall be calculated by using the same time period used for calculation of the Employment Insurance benefit.

- iv) If a nurse(s) on the unit referred to in paragraph (i) does not accept the offer, the Hospital will then extend the offer, in order of seniority, to eligible nurses in the same classification in the unit where a nurse who has been notified of a long-term layoff elects to displace in accordance with Article 10.09 (b) ii) (D) and one subsequent displacement. The Hospital is not required to offer retirement allowances in accordance with this provision on any subsequent displacements i.e., the offer shall follow the displaced nurse, to a maximum of two displacements.

NOTE: For the purposes of this provision, Charge Nurse and Team Lead shall be considered as within the same classification as a "General Duty RN", or any other classification agreed by the parties.

(c) Where a nurse has received individual notice of long-term layoff under Article 10.08 such nurse may resign and receive a separation allowance as follows:

- i) Where an employee resigns effective within thirty (30) days after receiving individual notice of long-term layoff, she or he

they shall be entitled to a separation allowance of two (2) weeks' salary for each year of continuous service to a maximum of sixteen (16) weeks' pay, and, on production of receipts from an approved educational program, within twelve (12) months of resignation will be reimbursed for tuition fees up to a maximum of three thousand (\$3,000.00) dollars.

- ii) Where an employee resigns effective later than thirty (30) days after receiving individual notice of long-term layoff, **she or he they** shall be entitled to a separation allowance of four (4) weeks' salary, and, on production of receipts from an approved educational program, within twelve (12) months of resignation will be reimbursed for tuition fees up to a maximum of one thousand two hundred and fifty (\$1,250.00) dollars.

10.15 Labour Adjustment Service Provider

The Hospital and the Union will utilize the services of such labour adjustment service provider as the local parties may agree upon for purposes of counselling, adjustment, training and development services.

NOTE 1: In the bargaining units where full-time and part-time nurses are both employed, seniority lists and layoff and recall rights of part-time nurses shall be separate from full-time nurses.

NOTE 2: The seniority list referred to in Article 10.02 shall include any other information that is currently provided to the Union.

10.16 Information Reported to the Union

- (a) A copy of all job postings will be provided to the local Union at the time of posting.
- (b)
 - i) A list of vacancies filled in the preceding month under Articles 10.07 (a) and (b), and the names of the successful applicants, will be posted, with a copy provided to the Union.
 - ii) The Hospital will provide the Union with a list of unfilled previously posted vacancies on a monthly basis in an electronic format. The Union will also be advised of any posted positions that have been rescinded by the Hospital in the preceding month.
- (c) A list of all vacancies expected to be sixty (60) days or more that were filled in the preceding month as per 10.07 (d), including the names of the nurses selected and the anticipated duration of the vacancy, will be provided to the Union.

- (d) In order for the Union to be able to monitor the extent of work assignment between RNs and RPNs in the Hospital, the Hospital will provide the Union's Labour Relations Officer and Bargaining Unit President with semi-annual reports (by March 31 and September 30 each year), in an electronic format, by bargaining unit, site and by nursing unit, of the following:
- i) The number of part-time and full-time RN bargaining unit hours worked.
 - ii) The number of part-time and full-time RPN bargaining unit hours worked.
- (e) The Hospital will provide the Union, on a quarterly basis, with satisfactory reporting respecting the use of agency nurses and the percentage that use represent of total bargaining unit hours worked (RN). The Union may, at its expense arrange for an audit of the information provided and the employer will cooperate in that audit process.
- (f) Details of the reporting requirements under (b) ii), (d) and (e) above will be agreed upon by the local parties where applicable.

ARTICLE 11 – LEAVES OF ABSENCE

11.01 Written requests for a personal leave of absence without pay will be considered on an individual basis by the Chief Nursing Executive, Supervisor or designate. Such requests are to be given as far in advance as possible and a written reply will be given within fourteen (14) days; except in cases of emergency in which case a reply will be given as soon as possible. Such leave shall not be unreasonably withheld.

11.02 (a) Leave for Union Business

The Hospital agrees to grant leaves of absence without pay to nurses selected by the Union to attend to Union business including but not limited to conferences, conventions and Provincial Committee meetings and to any nurse elected to the position of Local Co-ordinator. The cumulative total leave of absence, the amount of notice, the number of nurses that may be absent at any time from one area and the number of days (including those of the Local Co-ordinator) is set out in the Appendix of Local Provisions. During such leave of absence, a nurse's salary and applicable benefits or percentage in lieu of fringe benefits shall be maintained by the Hospital and the local Union agrees to reimburse the Hospital in the amount of the daily rate of the full-time nurse or in the amount of the full cost of such salary and percentage in lieu of fringe benefits of a part-time nurse except for Provincial Committee meetings which will be reimbursed by the Union. The Hospital will bill the local Union

within a reasonable period of time. Part-time nurses will receive service and seniority credit for all leaves granted under this Article.

(b) ONA Staff Leave

Upon application in writing by the Union on behalf of an employee to the Hospital, an unpaid leave of absence may be granted to such employee selected for a secondment or a temporary staff position with the Ontario Nurses' Association. Such leave shall not be unreasonably denied or extended beyond twelve (12) months. Notwithstanding Article 10.04, there shall be no loss of service or seniority for an employee during such leave of absence. It is understood that during such leave the employee shall be deemed to be an employee of the Ontario Nurses' Association. The employee agrees to notify the Hospital of ~~her or his~~ **their** intention to return to work at least two (2) weeks prior to the date of such return. The employee shall be reinstated to ~~her or his~~ **their** former position, unless that position has been discontinued, in which case the employee shall be given a comparable job.

11.03 Leave, Board of Directors

A nurse who is elected to the Board of Directors of the Ontario Nurses' Association, other than to the office of President, shall be granted upon request such leave(s) of absence as ~~she or he~~ **they** may require to fulfil the duties of the position. Reasonable notice – sufficient to adequately allow the Hospital to minimize disruption of its services shall be given to the Hospital for such leave of absence. Notwithstanding Article 10.04, there shall be no loss of seniority or service for a nurse during such leave of absence. Leave of absence under this provision shall be in addition to the Union leave provided in Article 11.02 above. During such leave of absence, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary and 19% of salary in lieu of applicable benefits.

11.04 Leave, President, ONA

Upon application in writing by the Union on behalf of the nurse to the Hospital, a leave of absence shall be granted to such nurse elected to the office of President of the Ontario Nurses' Association. Notwithstanding Article 10.04, there shall be no loss of service or seniority for a nurse during such leave of absence. During such leave of absence, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Union agrees to reimburse the Hospital in the amount of the full cost of such salary and applicable benefits. It is understood, however, that during such leave the nurse shall be deemed to be an employee of the Ontario Nurses' Association. The nurse agrees to notify the Hospital of ~~her or his~~ **their** intention to return to work at least two (2) weeks prior to the date of such return.

Notwithstanding the above, the Hospital and the Union may make alternate arrangements in respect to salary and benefit continuation.

11.05 Bereavement Leave

A nurse who notifies the Hospital as soon as possible following a bereavement shall be granted four (4) consecutive working days off without loss of regular pay for scheduled hours, in conjunction with the day of the funeral, or a memorial service (or equivalent) of a member of **her or his their** immediate family. "Immediate family" means parent, brother, sister, spouse, son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandparent of spouse or grandchild. A nurse shall be granted one (1) day bereavement leave without loss of regular earnings to attend the funeral of, or a memorial service (or equivalent) for **her or his their** aunt, uncle, niece or nephew. "Spouse" for the purposes of bereavement leave will be defined as in the *Family Law Act*. "Spouse" for the purposes of bereavement leave will also include a partner of the same sex. "Immediate family" and "In-laws" as set out above shall include the relatives of "spouses" as defined herein. Where a nurse does not qualify under the above-noted conditions, the Hospital may nonetheless grant a paid bereavement leave. The Hospital, in its discretion, may extend such leave with or without pay, particularly where extensive travel is required.

Notwithstanding the above, individuals will be granted flexibility to distribute their bereavement leave entitlement over two (2) occasions, not exceeding four (4) days in total, in order to accommodate religious and cultural diversity.

Part-time nurses will be credited with seniority and service for all such leave.

11.06 Jury & Witness Duty

- (a) If a full-time or part-time nurse is required to serve as a juror in any court of law, or is required to attend as a witness in a court proceeding in which the Crown is a party, or is required by subpoena to attend a court of law in connection with a case arising from the nurse's duties at a hospital, or is required to attend a coroner's inquest in connection with a case arising from the nurse's duties at a hospital, or is required by subpoena to appear as a witness before the College of Nurses of Ontario, the nurse shall not lose service/seniority or regular pay because of such attendance and shall not be required to work the night shift prior to, or on the day of such duty provided that the nurse:
- i) Notifies the Hospital immediately on the nurse's notification that **she or he they** will be required to attend court.
 - ii) Presents proof of service requiring the nurse's attendance.

- iii) Deposits with the Hospital the full amount of compensation received excluding mileage, travelling and meal allowances and an official receipt where available.

In addition, where a full-time nurse or regular part-time nurse is selected for jury duty for a period in excess of one (1) week, ~~she or he~~ **they** shall be paid for all hours scheduled and not be expected to attend at work. Upon completion of the process the nurse shall be returned to that point on ~~her or his~~ **their** former schedule that is considered appropriate by the Hospital. It is understood and agreed that the local parties may agree to different scheduling arrangements for the first week of jury and witness duty.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

- (b) Where the Hospital requires a nurse to attend any meetings in preparation for a case or legal proceeding which either arises from a nurse's employment with the Hospital or otherwise involves the Hospital, the Hospital will make every reasonable effort to schedule such meetings at the Hospital during the nurse's regularly scheduled hours of work. If the nurse is required to attend such meetings outside of ~~her or his~~ **their** regularly scheduled hours, the nurse shall be paid for all hours spent in such meetings at ~~her or his~~ **their** regular straight time hourly rate of pay.

Part-time nurses will be credited with seniority and service for all such hours paid as provided above while in attendance at such meetings.

11.07 Pregnancy Leave

- (a) Pregnancy leave will be granted in accordance with the provisions of the *Employment Standards Act*, except where amended in this provision, which may be up to seventeen (17) weeks.
- (b) The nurse shall give written notification at least one (1) month in advance of the date of commencement of such leave and the expected date of return.
- (c) The nurse shall reconfirm ~~her~~ **their** intention to return to work on the date originally approved in subsection (b) above by written notification received by the Hospital at least four (4) weeks in advance thereof. The nurse shall be reinstated to ~~her~~ **their** former position unless the position has been discontinued in which case, ~~she~~ **they** shall be given a comparable job.

- (d) Nurses newly hired to replace nurses who are on approved pregnancy leave may be released and such release shall not be the subject of a grievance or arbitration. If retained by the Hospital, in a permanent position, the nurse shall be credited with seniority from date of hire subject to successfully completing ~~her or his~~ **their** probationary period. ~~The nurse shall be credited with tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) towards the probationary period provided in Article 10.01 (a) to a maximum of 30 tours (225 hours for nurses whose regular hours of work are other than the standard workday).~~

The Hospital will outline to nurses hired to fill such temporary vacancies the circumstances giving rise to the vacancy and the special conditions relating to such employment.

- (e) The Hospital may request a nurse to commence pregnancy leave at such time as the duties of ~~her~~ **their** position cannot reasonably be performed by a pregnant woman or the performance or non-performance of ~~her~~ **their** work is materially affected by the pregnancy.
- (f) On confirmation by the Employment Insurance Commission of the appropriateness of the Hospital's Supplemental Unemployment Benefit (SUB) Plan, a nurse who is on pregnancy leave as provided under this Agreement who has applied for and is in receipt of Employment Insurance pregnancy benefits pursuant to Section 22 of the *Employment Insurance Act* shall be paid a supplemental employment benefit. That benefit will be equivalent to the difference between eighty-four percent (84%) of ~~her~~ **their** regular weekly earnings and the sum of ~~her~~ **their** weekly Employment Insurance benefits and any other earnings. Biweekly payment shall commence following completion of the one (1) week Employment Insurance waiting period, and receipt by the Hospital of the nurse's Employment Insurance cheque stub as proof that ~~she is~~ **they are** in receipt of Employment Insurance pregnancy benefits and shall continue for a maximum period of fifteen (15) weeks. The nurse's regular weekly earnings shall be determined by multiplying ~~her~~ **their** regular hourly rate on ~~her~~ **their** last day worked prior to the commencement of the leave times ~~her~~ **their** normal weekly hours. The normal weekly hours for a part-time employee shall be calculated by using the same time period used for calculation of the Employment Insurance benefit. The employee does not have any vested right except to receive payments for the covered employment insurance period. The plan provides that payments in respect of guaranteed annual remuneration or in respect of deferred remuneration or severance pay benefits are not reduced or increased by payments received under the plan.

The employer shall continue to pay the percentage in lieu of benefits for part-time employees based on the employee's normal weekly

hours for the full duration of the pregnancy leave in addition to pension contributions if applicable.

11.08 Parental Leave

- (a) A nurse who becomes a parent of a child is eligible to take a parental leave in accordance with the provisions of the *Employment Standards Act*, except where amended in this provision.
- (b) A nurse who has taken a pregnancy leave under Article 11.07 is eligible to be granted a parental leave of up to sixty-one (61) weeks' duration, in accordance with the *Employment Standards Act*. Otherwise, a nurse who is eligible for a parental leave may extend the parental leave for a period of up to sixty-three (63) weeks' duration, consideration being given to any requirements of adoption authorities. In cases of adoption, the nurse shall advise the hospital as far in advance as possible with respect to a prospective adoption and shall request the leave of absence, in writing, upon receipt of confirmation of the pending adoption. If, because of late receipt of confirmation of the pending adoption, the nurse finds it impossible to request the leave of absence in writing, the request may be made verbally and subsequently verified in writing.
- (c) The nurse shall be reinstated to ~~her or his~~ **their** former position, unless that position has been discontinued, in which case the nurse shall be given a comparable job.
- (d) Nurses newly hired to replace nurses who are on approved parental leave may be released and such release shall not be the subject of a grievance or arbitration. If retained by the Hospital, in a permanent position, the nurse shall be credited with seniority from date of hire subject to successfully completing ~~her or his~~ **their** probationary period. ~~The nurse shall be credited with tours worked (hours worked for nurses whose regular hours of work are other than the standard workday) towards the probationary period provided in Article 10.01 (a) to a maximum of 30 tours (225 hours for nurses whose regular hours of work are other than the standard workday).~~

The Hospital will outline to nurses hired to fill such temporary vacancies, the circumstances giving rise to the vacancy and the special conditions relating to such employment.

- (e) On confirmation by the Employment Insurance Commission of the appropriateness of the Hospital's Supplemental Unemployment Benefit (SUB) Plan, a nurse who is on parental leave as provided under this Agreement who has applied for and is in receipt of Employment Insurance parental benefits pursuant to Section 23 of the *Employment Insurance Act* shall be paid a supplemental employment benefit. That benefit will be equivalent to the difference between eighty-four (84%) percent of the nurse's regular weekly

earnings and the sum of ~~her or his~~ **their** weekly Employment Insurance benefits and any other earnings. Biweekly payment shall commence following completion of the one (1) week Employment Insurance waiting period, and receipt by the Hospital of the employee's Employment Insurance cheque stub as proof that ~~she or he is~~ **they are** in receipt of Employment Insurance parental benefits and shall continue while the nurse is in receipt of such benefits for a maximum period of twelve (12) weeks. The nurse's regular weekly earnings shall be determined by multiplying ~~her or his~~ **their** regular hourly rate on ~~her or his~~ **their** last day worked prior to the commencement of the leave times ~~her or his~~ **their** normal weekly hours. The normal weekly hours for a part-time employee shall be calculated by using the same time period used for calculation of the Employment Insurance benefit.

The employee does not have any vested right except to receive payments for the covered employment insurance period. The plan provides that payments in respect of guaranteed annual remuneration or in respect of deferred remuneration or severance pay benefits are not reduced or increased by payments received under the plan.

The employer shall continue to pay the percentage in lieu of benefits for part-time employees based on the employee's normal weekly hours for the portion of the parental leave for which SUB payments are being made, i.e., 12 weeks, in addition to pension contributions if applicable.

Where an employee elects to receive parental leave benefits pursuant to Section 12 (3) (b) (ii) of the *Employment Insurance Act*, the amount of any Supplemental Unemployment Benefit payable by the Hospital will be no greater than what would have been payable had the employee elected to receive the parental leave benefit pursuant to Section 12 (3) (b) (i) of the *Employment Insurance Act*.

NOTE: (Note 1 applies to full-time nurses only)

Provisions in existing Collective Agreements providing for paternity leave shall be continued in effect and added to the above provisions in such Collective Agreements.

11.09 Education Leave

The parties acknowledge that the responsibility for professional development is shared between the nurse and the Hospital. In this regard, the local parties will endeavour to provide flexible work schedules to accommodate the nurse's time off requirements.

- (a) Leaves of absence, without pay, for the purposes of furthering professional nursing career development may be granted on written

application by the nurse to the Chief Nursing Executive, Supervisor or designate. Requests for such leave will not be unreasonably denied.

- (b) A full-time or regular part-time nurse shall be entitled to leave of absence without loss of earnings from ~~her or his~~ **their** regularly scheduled working hours for the purpose of taking any examinations required in any recognized course in which nurses are enrolled to enhance their nursing qualifications.

For greater clarity, the period of the leave shall include the night shift prior to and any scheduled shifts commencing on the day of the examination as long as payment under this clause does not result in payment for more than one regularly scheduled shift.

The nurse agrees to notify the immediate manager of the date of the examination as soon as possible after ~~she or he has~~ **they have** become aware of the date of the exam.

- (c) Leave of absence without loss of regular earnings from regularly scheduled hours for the purpose of attending short courses, workshops or seminars to further professional nursing career development may be granted at the discretion of the Hospital upon written application by the nurse to the Chief Nursing Executive, Supervisor or designate.
- (d) Regular part-time nurses will be credited with seniority and service for all such hours paid for writing examinations, attending courses, workshops or seminars to further career development as provided above.

NOTE: (Note 2 applies to full-time nurses only)

Provisions in existing Collective Agreements providing for time off to study for College of Nurses examinations, to write registration examinations or examinations for courses of study related to employment shall be continued in effect and added to the above provisions in such Collective Agreements.

11.10 Professional leave with pay will be granted to full-time and regular part-time nurses who are elected or appointed to the College of Nurses to attend scheduled meetings of the College of Nurses.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

Regular part-time nurses who are elected or appointed to the College of Nurses will be credited with seniority and service for all such hours paid as provided above.

11.11 Pre-Paid Leave Plan

The Hospital agrees to introduce a pre-paid leave program, funded solely by the nurse, subject to the following terms and conditions:

- (a) The plan is available to nurses wishing to spread four (4) years' salary over a five (5) year period, in accordance with Part LXVIII of the *Income Tax Regulations*, Section 6801, to enable them to take a one (1) year leave of absence following the four (4) years of salary deferral.
- (b) The nurse must make written application to the Chief Nursing Executive or Supervisor at least six (6) months prior to the intended commencement date of the program (i.e., the salary deferral portion), stating the intended purpose of the leave.
- (c) The number of nurses that may be absent at any one time shall be determined by local negotiations. The year for purposes of the program shall be September 1 of one year to August 31 the following year or such other twelve (12) month period as may be agreed upon by the nurse, the local Union and the Hospital.
- (d) Written applications will be reviewed by the Chief Nursing Executive, Supervisor or designate. Leaves requested for the purpose of pursuing further formal nursing education will be given priority. Applications for leaves requested for other purposes will be given the next level of priority on the basis of seniority.
- (e) During the four (4) years of salary deferral, 20% of the nurse's gross annual earnings will be deducted and held for the nurse and will not be accessible to ~~her or him~~ **them** until the year of the leave or upon withdrawal from the plan.
- (f) The manner in which the deferred salary is held shall be at the discretion of the Hospital.
- (g) All deferred salary, plus accrued interest, if any, shall be paid to the nurse at the commencement of the leave or in accordance with such other payment schedule as may be agreed upon between the Hospital and the nurse.
- (h) All benefits shall be kept whole during the four (4) years of salary deferral. During the year of the leave, seniority will accumulate. Service for the purpose of vacation and salary progression and other benefits will be retained but will not accumulate during the period of leave. Full-time nurses shall become responsible for the full payment of premiums for any health and welfare benefits in which they are participating. Contributions to the Healthcare of Ontario Pension Plan will be in accordance with the Plan. Full-time nurses will not be

eligible to participate in the disability income plan during the year of leave.

- (i) A nurse may withdraw from the plan at any time during the deferral portion provided three (3) months' notice is given to the Chief Nursing Executive or Supervisor. Deferred salary, plus accrued interest, if any, will be returned to the nurse, within a reasonable period of time.
- (j) If the nurse terminates employment, the deferred salary held by the Hospital plus accrued interest, if any, will be returned to the nurse within a reasonable period of time. In case of the nurse's death, the funds will be paid to the nurse's estate.
- (k) The Hospital will endeavour to find a temporary replacement for the nurse as far in advance as practicable. If the Hospital is unable to find a suitable replacement, it may postpone the leave. The Hospital will give the nurse as much notice as is reasonably possible. The nurse will have the option of remaining in the Plan and rearranging the leave at a mutually agreeable time or of withdrawing from the Plan and having the deferred salary, plus accrued interest, if any, paid out to the nurse within a reasonable period of time.
- (l) The nurse will be reinstated to ~~her or his~~ **their** former position unless the position has been discontinued, in which case the nurse shall be given a comparable job.
- (m) Final approval for entry into the pre-paid leave program will be subject to the nurse entering into a formal agreement with the Hospital in order to authorize the Hospital to make the appropriate deductions from the nurse's pay. Such agreement will include:
 - i) A statement that the nurse is entering the pre-paid leave program in accordance with Article 11.11 of the Collective Agreement.
 - ii) The period of salary deferral and the period for which the leave is requested.
 - iii) The manner in which the deferred salary is to be held.

The letter of application from the nurse to the Hospital to enter the pre-paid leave program will be appended to and form part of the written agreement.

NOTE: The local parties may agree to a time frame that is different from that referenced in (a) above, in which case the provisions of this article will apply with the necessary changes.

11.12 Secondments

- (a) A nurse who is seconded from the Hospital to a committee/position involving the Health Sector, the Broader Public Sector, or the Ministry of Health and Long-Term Care (MOHLTC) shall be granted a leave of absence without pay for a period of up to five (5) years. Notwithstanding Article 10.04 there shall be no loss of seniority or service during such leave. Subject to the agreement of the agency to which the nurse is seconded, the nurse's salary and applicable benefits shall be maintained by the Hospital and the Hospital shall be reimbursed for the full cost of salary and applicable benefits by the agency to which the nurse is seconded. The nurse agrees to notify the Hospital of ~~her or his~~ **their** intention to return to work at least two (2) weeks prior to the date of such return.
- (b) The Hospital shall seek the Union's agreement to establish secondment arrangements. Such agreement shall not be unreasonably denied. The terms and conditions will be established by agreement of the parties.

A nurse who is seconded to another Employer, for a period not greater than one (1) year, shall not suffer any loss of seniority, service or benefits for the duration of the secondment.

Notwithstanding Article 10.12, the parties also agree that a hospital may allow a nurse from another Employer to be seconded to the hospital for a period not greater than one (1) year. It is understood that this nurse remains the employee of the sending Employer and is subject to the terms and conditions of employment of that Employer. If the seconded nurse is not covered by an ONA collective agreement, the Hospital will ensure that the Union receives the equivalent of the dues remittance for all such workers.

- 11.13 (a) Family Medical Leave will be granted in accordance with the *Employment Standards Act* for up to twenty-eight (28) weeks within a fifty-two (52) week period.
- (b) A nurse who is on Family Medical Leave shall continue to accumulate seniority and service and the Hospital will continue to pay its share of the premiums of the subsidized employee benefits, including pension, in which the nurse is participating during the leave.
- (c) Subject to any changes in a nurse's status which would have occurred had ~~he or she~~ **they** not been on Family Medical Leave, the nurse shall be reinstated to ~~her~~ **their** former duties, on the same shift in the same department, and at the same rate of pay.

11.14 Military Leave

A nurse will be granted unpaid leave without loss of seniority in order to meet any obligations pertaining to the Canadian Military Reserve. The nurse will give as much notice as reasonably possible.

11.15 Domestic or Sexual Violence Leave will be granted in accordance with the *Employment Standards Act*.

ARTICLE 12 – SICK LEAVE AND LONG-TERM DISABILITY

(Articles 12.01 to 12.11 apply to full-time nurses only)

12.01 The Hospital will assume total responsibility for providing and funding a short-term sick leave plan at least equivalent to that described in the 1980 Hospitals of Ontario Disability Income Plan brochure. Effective January 1, 2006, new hires will be covered under the 1992 Hospitals of Ontario Disability Income Plan.

The Hospital will pay 75% of the billed premium towards coverage of eligible employees under the long-term disability portion of the Plan (HOODIP or an equivalent plan). The employee will pay the balance of the billed premium through payroll deduction. For the purpose of transfer to the short-term portion of the disability program, employees on the payroll as of the effective date of the transfer with three (3) months or more of service shall be deemed to have three (3) months of service. For the purpose of transfer to the long-term portion of the disability program, employees on the active payroll as of the effective date of the transfer with one (1) year or more of service shall be deemed to have one (1) year of service.

12.02 Effective the first of the month following the transfer, all existing sick leave plans in the Participating Hospitals shall be terminated and any provisions relating to such plans shall be null and void under the respective Collective Agreements except as to those provisions relating to pay out of unused sick leave benefits which are specifically dealt with hereinafter.

12.03 Existing sick leave credits for each employee shall be converted to a sick leave bank to the credit of the employee. The sick leave bank shall contain the unused sick leave days to the credit of the nurse on the effective date of the transfer to the Plan set out in Article 12.01. The "sick leave bank" shall be utilized to:

- (a) Supplement payment for sick leave days under the new plan which would otherwise be at less than full wages.
- (b) Where a pay-out provision existed under the former sick leave plan in the Collective Agreement, pay out shall be made on the termination of employment, or in the case of death, to the nurse's estate. The parties may agree to voluntarily cash out existing sick

leave banks. The amount of the pay-out shall be a cash settlement at the nurse's then current salary rate for any unused sick credits to the maximum provided under the sick leave plan in which the nurse participated as of October 23, 1981.

- (c) Where, as of the effective date of transfer, an employee does not have the required service to qualify for pay out on termination, ~~her or his~~ **their** existing sick leave credits as of that date shall nevertheless be converted to a sick leave bank in accordance with the foregoing and the nurse shall be entitled to the same cash out provisions as set out in paragraph (b) above providing the nurse subsequently achieves the necessary service to qualify for pay out under the conditions of the sick leave plan in which ~~she or he~~ **they** participated as of October 23, 1981.
- (d) Where a pay-out provision existed under the former sick leave plan in the Collective Agreement, a nurse who, as of the date of this award, has accumulated sick leave credits and is prevented from working for the Hospital on account of an occupational illness or accident that is recognized by The Workplace Safety and Insurance Board as compensable within the meaning of the *Workplace and Safety Insurance Act*, the Hospital, on application from the nurse, will supplement the award made by The Workplace Safety and Insurance Board for loss of wages to the nurse by such amount that the award of The Workplace Safety and Insurance Board for loss of wages, together with the supplementation of the Hospital, will equal one hundred per cent (100%) of the nurse's net earnings to the limit of the nurse's accumulated sick leave credits. Nurses may utilize such sick leave credits while awaiting approval of a claim for WSIB benefits.

12.04 When a nurse has completed any portion of ~~her or his~~ **their** regularly scheduled tour prior to going on sick leave benefits or WSIB benefits, the nurse shall be paid for the balance of the tour at ~~her or his~~ **their** regular straight time hourly rate. This provision will not disentitle the nurse to a lieu day under Article 15.05 if ~~she or he~~ **they** otherwise qualify**ies**.

12.05 Any dispute which may arise concerning a nurse's entitlement to short-term or long-term benefits under HOODIP or an equivalent plan may be subject to grievance and arbitration under the provisions of this Agreement. If a claim for long-term disability is denied, the employee must fully comply with the carrier's medical appeals process, if available to the nurse, prior to referring a grievance to arbitration, provided that the process is completed within ninety (90) days of its inception, unless that time is extended by mutual agreement of the Hospital and the Union.

12.06 Nurses presently employed who are covered by a long-term disability plan in effect as of October 21, 1981, may elect to be covered by HOODIP or to continue their present coverage.

- 12.07 No sick pay benefit is payable under HOODIP for the first fifteen (15) hours of absence for the sixth (6th) and subsequent period(s) of absence in the same fiscal year (April 1st through March 31st).
- 12.08 The Hospital will notify each nurse of the amount of unused sick leave in ~~her or his~~ **their** bank annually.
- 12.09 For nurses whose regular hours of work are other than the standard workday, the short-term sick leave plan will provide payment for the number of hours of absence according to the scheduled tour to a total of 562.5 hours. All other provisions of the existing plan shall apply with the necessary changes.
- 12.10 Absences due to pregnancy related illness shall be considered as sick leave under the sick leave plan.
- 12.11 A nurse who is absent from work as a result of an illness or injury sustained at work and who has been awaiting approval of a claim for WSIB benefits for a period longer than one complete tour or more may apply to the Hospital for payment equivalent to the lesser of the benefit the nurse would receive from WSIB if the nurse's claim was approved, or the benefit to which the nurse would be entitled under the short-term sick portion of the disability income plan (HOODIP or equivalent plan). Payment will be provided only if the nurse provides evidence of disability satisfactory to the Hospital and a written undertaking satisfactory to the Hospital that any payments will be refunded to the Hospital following final determination of the claim by The Workplace Safety and Insurance Board. If the claim for WSIB benefits is not approved, the monies paid as an advance will be applied towards the benefits to which the nurse would be entitled under the short-term portion of the disability income plan. Any payment under this provision will continue for a maximum of fifteen (15) weeks.
- (Articles 12.12, 12.13, 12.14 and 12.15 apply to both full-time and part-time nurses)
- 12.12 Nurses returning to work from an illness or injury compensable from the Workplace Safety and Insurance Board will be assigned light work as necessary, if available.
- 12.13 A nurse who transfers from full-time to part-time may elect to retain ~~her or his~~ **their** accumulated sick leave credits to be utilized during part-time or subsequent full-time employment as provided under the sick leave plan in which the nurse participated as of October 23, 1981.
- 12.14 If the Employer requires the employee to obtain a medical certificate, the employer shall pay the full cost of obtaining the certificate. A medical certificate will include a certificate from a nurse practitioner and/or midwife in the context of the employee's pregnancy.

12.15 Attendance Management

Days of absence arising out of a medically-established serious chronic condition, an ongoing course of treatment, a catastrophic event, absence for which WSIB benefits are payable, medically necessary surgical interventions, or days where the employee is asymptomatic and is under a doctor's care from the commencement of symptoms for a confirmed communicable disease (and has provided medical substantiation of such symptoms) but is required to be absent under the Hospital or public health authority protocol, will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program. Leaves covered under the *Employment Standards Act*, 2000 and leaves under Article 11 will not be counted for the purposes of being placed on, or progressing through, the steps of an attendance management program.

NOTE: This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code*.

ARTICLE 13 – HOURS OF WORK

13.01 The following provision designating regular hours on a daily tour and regular daily tours over the nursing schedule determined by the Hospital shall not be construed to be a guarantee of the hours of work to be performed on each tour or during each tour schedule.

Subject to Article 13.02 below:

- (a) The normal daily tour shall be seven and one-half (7½) consecutive hours in any twenty-four (24) hour period exclusive of an unpaid one-half (½) hour meal period, 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.
- (b) Nurses shall be entitled, subject to the exigencies of patient care, to relief periods during the tour on the basis of fifteen (15) minutes for each half tour. The scheduling of meal periods and relief periods shall be determined by local negotiations.
- (c) The regular daily tours of duty of a full-time nurse shall average five (5) days per week over the nursing schedule determined by the Hospital. Full-time schedules shall be determined by local negotiation.

Full-time nurses in the bargaining unit engaged in teaching in Schools for R.P.N.'s shall work a flexible schedule, Monday to Friday, averaging 37½ hours per week over the schedule to be

determined by local negotiations. (Last paragraph of 13.01 (c) applies to nurses only).

- (d) Where a nurse notifies ~~her or his~~ **their** supervisor that ~~she or he has~~ **they have** been or will be unable to take the normal meal break due to the requirement of providing patient care, such nurse shall be paid time and one half (1½) ~~her or his~~ **their** regular straight time hourly rate for all time worked in excess of ~~her or his~~ **their** normal daily hours.
- (e) The Hospital shall not enter into any agreement with employees under Section 17 (2) of the Employment Standards Act, 2000 that conflicts with the collective agreement.

13.02 Where nurses are now working a longer daily tour, the provisions set out in this Article governing the regular hours of work on a daily tour shall be adjusted accordingly.

The normal daily extended tour shall be 11.25 consecutive hours in any 24-hour period, exclusive of a total of forty-five (45) minutes of unpaid mealtime.

Nurses shall be entitled, subject to the exigencies of patient care, to relief periods during the tour of a total of forty-five (45) minutes.

The scheduling of meal and relief periods shall be determined by local negotiations.

The introduction or discontinuance of longer daily tours shall be determined by local negotiations.

Where the Union and the Hospital agree to an extended daily tour that differs from the normal daily extended tour, the provisions set out in this agreement shall be adjusted accordingly and recorded in the Appendix of Local Provisions.

13.03 Innovative Unit Scheduling

Schedules other than those included in Articles 13.01 and 13.02 may be developed in order to improve quality of working life, support continuity of patient care, ensure adequate staffing resources, and support cost-efficiency. The parties agree that such innovative schedules may be determined locally by the Hospital and the Union subject to the following principles:

- (a) Such schedules shall be established by mutual agreement of the Hospital and the Union.
- (b) These schedules may pertain to full-time and/or part-time nurses.

- (c) The introduction of such schedules and trial periods, if any, shall be determined by the local parties and recorded in the Appendix of Local Provisions. Such schedules may be discontinued by either party with notice as determined within the Appendix of Local Provisions.
- (d) Upon written agreement of the Hospital and the Union, the parties may agree to amend collective agreement provisions to accommodate any innovative unit schedules.

13.04 Unit Weekend Worker

A unit weekend schedule may be developed in order to meet the Hospital's need for weekend staff, and individual nurses' preference for a weekend work schedule.

A unit weekend schedule is defined as a schedule in which a full-time weekend worker nurse works a weekly average of thirty (30) hours and is paid for 37.5 hours at ~~her or his~~ **their** regular straight time hourly rate. The schedule must include two 11.25-hour tours, which fall within a weekend period as determined by the Hospital and the Union. A nurse working a weekend schedule will work every weekend except as provided for in the provisions below.

If the Hospital and the Union agree to a unit weekend schedule, the introduction of that schedule and the manner in which the position(s) are filled, shall be determined by the local parties and recorded in the Appendix of Local Provisions. This unit schedule may be discontinued by either party with notice as determined within the Appendix of Local Provisions. Such agreement shall not be unreasonably withheld. The opportunity for an individual weekend worker nurse to discontinue this schedule shall be resolved by the local parties:

- (a) Weekend and shift premiums shall not be paid.
- (b) Vacation Bank

Vacation entitlement is determined by Article 16.01. For the purposes of Article 16.01 (g), hours worked or credited as paid leave will be based on an accelerated rate of 1.25 hours credit for each hour worked.

Mechanism for the vacation bank is determined by current local practices.

Drawing from the vacation bank will occur at an accelerated rate of 1.25 paid hours for every hour taken as vacation (i.e., 11.25 hours worked equals 14.0625 hours paid; 7.5 hours worked equals 9.375 hours paid).

Vacation must be taken as a full weekend off (i.e., Saturday and Sunday). The maximum number of weekends off cannot exceed the week entitlement level determined by Article 16.01.

Single vacation days may be taken on weekdays, which need not be in conjunction with the Saturday and Sunday. Single vacation days may be taken on the weekend, provided no replacement is required.

Cash-out and carry-over provisions for the bank will be defined locally.

Article 16.05 (a), (b) and (c) do not apply.

(c) Paid Holiday Bank

Nurses qualify in accordance with the collective agreement. The paid holidays are identified in the Local Appendix.

Credit to the paid holiday bank will occur on the date of the holiday.

Drawing from the paid holiday bank will occur at an accelerated rate of 1.25 hours paid for every hour taken (i.e., 11.25 hours worked equals 14.05 hours paid; 7.5 hours worked equals 9.375 hours paid).

If a nurse works on a paid holiday as defined by the local parties, **she or he they** will receive one and one-half (1½) pay for all hours worked on a holiday. The nurse will not receive a lieu day. Article 14.04 also applies.

The holiday bank can be used as income replacement for absences due to illness or for lieu time off on a weekday.

Cash-out and carry-over provisions for the bank will be resolved locally.

(d) Sick Leave

The nurse may utilize **the overtime bank, and** the paid holiday bank as income replacement for absences due to illness, as described in Article **13.04** (c) **and (g) above**.

The nurse is eligible for long-term disability benefits as described in Article 12. A nurse will not receive pay for the first seventeen (17) weeks of any period of absence due to a legitimate illness. Subject to the availability of paid holiday banked hours, the nurse will be eligible for Employment Insurance for weeks three (3) through seventeen (17) for any absence due to a legitimate illness. The Hospital will provide the nurse with sixty-five (65%) percent of **her or his their** regular earnings for weeks eighteen (18) through thirty (30) for any absence due to a legitimate illness.

The nurse may utilize ~~her or his~~ **their** sick leave bank available under Article 12.03 for unpaid absences due to illness and Employment Insurance top-up in accordance with the formula for converting hours as described in Article 10.03.

Nurses may be required to provide medical proof of illness for any absence of a scheduled shift, which is neither vacation nor an approved leave of absence. It is agreed and understood that Article 18.04 will apply in these circumstances.

The provision of medical certificates shall be subject to Article 12.14.

(e) Leaves of Absence

Article 11 applies for both paid and unpaid leaves. For the purposes of an unpaid 11.25-hour shift, the deduction from pay shall equate to 14.05 hours. For the purposes of an unpaid 7.5-hour shift, the deduction from pay shall equate to 9.375 hours.

(f) Tour Exchange

Weekend tour exchanges will be permitted only between weekend tour nurses. Weekday tour exchanges will be permitted provided the Hospital does not incur additional costs.

In all instances of tour exchange, the tours must be of the same duration.

(g) Overtime

Overtime will begin to accrue after sixty (60) hours in a two (2) week period averaged over the scheduling period determined by the local parties.

Overtime will apply if the nurse works in excess of the normal daily hours.

Payment for overtime is as in Article 14.01 (a).

(h) Scheduling Provisions

The scheduling and premium provisions relating to consecutive weekends off in the Local Appendix do not apply to nurses who accept positions under this provision.

(i) Christmas Period

The local provisions relating to scheduling during this period will apply, except as modified to confirm that the weekend tour nurse will continue to work weekends during this period.

13.05 Individual Special Circumstance Arrangements

Notwithstanding Article 2.04, the Hospital and the Union may agree in certain circumstances, the schedule of an individual full-time nurse may be adjusted to enable an average weekly work assignment of 30 to 37.5 hours.

- (a) Such an arrangement shall be established by mutual agreement of the Hospital and the Union and the nurse affected. The parties agree that the arrangement applies to an individual, not to a position.
- (b) The parties shall determine the introduction of a special circumstance arrangement. Issues related to vacation, paid holidays and benefit coverage will be determined by the Hospital and the Union. The nurse will retain full-time status, including but not limited to seniority and service.

The parties agree that for pension purposes, there will be no reduction in the normal 37.5 hours per week pension contributions made by a nurse and/or the Hospital under this provision, nor shall there be proration of Extended Health Care, Semi-Private or Dental benefits.

(NOTE: If the above proposal is satisfactory to HOOPP and Revenue Canada)

Any party may discontinue the special circumstance arrangement with notice as determined within the agreement. In the event that the nurse affected resigns, transfers, is laid off or terminated, the arrangement will be deemed to be discontinued immediately, unless the parties mutually agree otherwise.

ARTICLE 14 – PREMIUM PAYMENT

- 14.01 (a) (Article 14.01 (a) applies to full-time nurses only)

If a nurse is authorized to work in excess of the hours referred to in Article 13.01 (a) or (c), ~~she or he~~ **they** shall receive overtime premium of one and one-half (1½) times ~~her or his~~ **their** regular straight time hourly rate. Notwithstanding the foregoing, no overtime premium shall be paid for a period of less than fifteen (15) minutes of overtime work where the nurse is engaged in reporting functions at the end of ~~her or his~~ **their** normal daily tour. If authorized overtime amounts to fifteen (15) minutes or more, overtime premium shall be paid for the total period in excess of the normal daily tour. Overtime premium will not be duplicated for the same hours worked under Article 13.01 (a) and (c) nor shall there be any pyramiding with respect to any other premiums payable under the provisions of this Collective Agreement. Nothing herein will disentitle the nurse to payment of the normal tour differential provided herein. For purpose of clarity, a nurse who is required to work on ~~her or his~~ **their**

scheduled day off shall receive overtime premium of one and one-half (1½) times ~~her or his~~ **their** regular straight time hourly rate except on a paid holiday the nurse shall receive two (2) times ~~her or his~~ **their** straight time hourly rate. The Hospital agrees that if the Collective Agreement provided a greater overtime premium for overtime work immediately prior to this Agreement, the Hospital will continue to pay such greater overtime premium. This is not intended to entitle the nurse to be paid for work performed while engaged in the reporting functions as provided herein.

(b) (Article 14.01 (b) applies to part-time nurses only.)

If a part-time nurse is authorized to work in excess of the hours referred to in Article 13.01 (a), ~~she or he~~ **they** shall receive overtime premium of one and one-half (1½) times ~~her or his~~ **their** regular straight time hourly rate. A part-time nurse (including casual nurses but not including part-time nurses who are filling temporary full-time vacancies) who works in excess of seventy-five (75) hours in a two (2) week period shall receive time and one-half (1½) ~~her or his~~ **their** regular straight time hourly rate for all hours worked in excess of seventy-five (75). A part-time nurse who is filling a temporary full-time vacancy shall receive time and one-half (1½) ~~her or his~~ **their** regular straight time hourly rate for all hours worked in excess of an average of 37½ hours per week over the full-time nursing schedule determined by the Hospital. Such averaging will commence at the conclusion of the two-week period following the nurse's transfer to the temporary full-time position and will end at the conclusion of the two-week period prior to the nurse's return to ~~her or his~~ **their** former position. Notwithstanding the foregoing, no overtime premium shall be paid for a period of less than fifteen (15) minutes of overtime work where the nurse is engaged in reporting functions at the end of ~~her or his~~ **their** normal daily tour. If authorized overtime amounts to fifteen (15) minutes or more, overtime premium shall be paid for the total period in excess of the normal daily tour. Overtime premium will not be duplicated for the same hours worked under Article 13.01 (a) nor shall there be any pyramiding with respect to any other premiums payable under the provisions of this Collective Agreement. Nothing herein will disentitle the nurse to payment of the normal tour differential provided herein. The Hospital agrees that if the Collective Agreement provided a greater premium for overtime work immediately prior to this Agreement, the Hospital will continue to pay such greater overtime premium. This is not intended to entitle the nurse to be paid for work performed while engaged in the reporting functions as provided herein.

14.02 Notwithstanding the foregoing, overtime will not be paid for additional hours worked during a twenty-four (24) hour period either as a result of change in tour on the request of a nurse or a change-over to daylight saving from standard time or vice versa or an exchange of tours by two nurses.

- 14.03 Work scheduled by the Hospital to which a premium is attached under scheduling regulations contained in the Collective Agreement and set out in the Appendix of Local Provisions shall be paid at one and one-half (1½) times the nurse's regular straight time hourly rate or as otherwise provided.
- 14.04 Where a nurse is required to work on a paid holiday or on an overtime tour or on a tour that is paid at the rate of time and one-half (1½) the nurse's regular straight time hourly rate as a result of 14.03 above and the nurse is required to work additional hours following ~~her or his~~ **their** full tour on that day (but not including hours on a subsequent regularly scheduled tour for such nurse) such nurse shall receive two (2) times ~~her or his~~ **their** regular straight time hourly rate for such additional hours worked. Where a nurse is called back from standby and works in excess of the hours of a normal shift on ~~her or his~~ **their** unit, such nurse shall receive two (2) times ~~her or his~~ **their** regular straight time hourly rate for such additional hours worked.
- 14.05 A nurse who reports for work as scheduled, unless otherwise notified by the Hospital, shall receive a minimum of four (4) hours' pay at ~~her or his~~ **their** regular straight time hourly rate. The nurse shall be required to perform any nursing duties assigned by the Hospital which ~~she or he is~~ **they are** capable of doing, if ~~her or his~~ **their** regular duties are not available.
- 14.06 Where a full-time or regular part-time nurse has completed ~~her or his~~ **their** regularly scheduled tour and left the hospital and is called in to work outside ~~her or his~~ **their** regularly scheduled working hours, or where a nurse is called back from standby, such nurse shall receive two (2) times ~~her or his~~ **their** regular straight time hourly rate for all hours worked with a minimum guarantee of four (4) hours' pay at two (2) times ~~her or his~~ **their** regular straight time hourly rate except to the extent that such four (4) hour period overlaps or extends into ~~her or his~~ **their** regularly scheduled shift. In such a case, the nurse will receive time two (2) times ~~her or his~~ **their** regular straight time hourly rate for actual hours worked up to the commencement of ~~her or his~~ **their** regular shift.
- 14.07 A nurse who is required to remain available for duty on standby outside ~~her or his~~ **their** regularly scheduled working hours shall receive standby pay in the amount of three dollars and forty-five cents (\$3.45) per hour for the period of standby scheduled by the Hospital. Where such standby duty falls on a paid holiday, as set out in the Appendix of Local Provisions, the nurse shall receive standby pay in the amount of five dollars and five cents (\$5.05) per hour. Standby pay shall, however, cease where the nurse is called in to work under Article 14.06 above and works during the period of standby.
- 14.08 The regular straight time hourly rate for a full-time or part-time nurse will be the hourly rate in the wage schedule set forth in Article 19.01 (a).
- 14.09 Where a full-time nurse has worked and accumulated approved hours for which ~~she or he is~~ **they are** entitled to be paid premium pay (other than hours relating to working on paid holidays) such full-time nurse shall have the option of electing payment at the applicable premium rate or time off

equivalent to the applicable premium rate (i.e., where the applicable rate is time and one-half [$1\frac{1}{2}$] then time off shall be at time and one-half [$1\frac{1}{2}$]). Where a full-time nurse chooses equivalent time off such time off must be taken within the period set out in the Appendix of Local Provisions or payment in accordance with the former option shall be made.

The application of this clause for part-time nurses will be determined by the local parties.

- 14.10 **Effective April 1, 2021**, a nurse shall be paid a shift premium of two dollars and twenty-five cents (\$2.25) per hour for each hour worked which falls within the hours defined as an evening shift and ~~two dollars and sixty-five cents (\$2.65)~~ **two dollars and eight-eight cents (\$2.88)** for each hour worked which falls within the hours defined as a night shift provided that such hours exceed two (2) hours if worked in conjunction with the day shift. Tour differential will not form part of the nurse's straight time hourly rate. For purposes of this provision, the night shift and the evening shift each consist of 7.5 hours. The defined hours of a night and evening shift shall be a matter for local negotiation.

14.11 Ambulance Escort

Where a nurse is assigned to provide patient care for a patient in transit, the following provisions shall apply:

- (a) i) Where a full-time nurse performs such duties during ~~her or his~~ **their** regular shift, the full-time nurse shall be paid ~~her or his~~ **their** regular rate of pay. Where a full-time nurse performs such duties outside ~~her or his~~ **their** regular shift or on a day off, ~~she or he~~ **they** shall be paid the appropriate overtime rate.
- ii) Where a part-time nurse performs such duties during an assigned shift, ~~she or he~~ **they** shall be paid ~~her or his~~ **their** regular rate of pay. Where a part-time nurse continues to perform such duties in excess of ~~her or his~~ **their** assigned shift, ~~she or he~~ **they** shall be paid the appropriate overtime rate.
- (b) Where such duties extend beyond the nurse's regular shift, the Hospital will not require the nurse to return to regular duties at the hospital without at least eight (8) hours of time off. Where such time off extends into the nurse's next regularly scheduled shift, ~~she or he~~ **they** will maintain ~~her or his~~ **their** regular earnings for that full shift.
- (c) Hours spent between the time the nurse is relieved of patient care responsibilities and the time the nurse returns to the hospital or to such other location agreed upon between the Hospital and the nurse will be paid at straight time or at appropriate overtime rates, if applicable under Article 14.01. It is understood that the nurse shall return to the hospital or to such other location agreed upon between

the Hospital and the nurse at the earliest opportunity. Prior to the nurse's departure on escort duty, or at such other time as may be mutually agreed upon between the Hospital and the nurse, the Hospital will establish with the nurse arrangements for return travel.

- (d) The nurse shall be reimbursed for reasonable out of pocket expenses including room, board and return transportation and consideration will be given to any special circumstances not dealt with under the foregoing provisions.

NOTE 1: (Note 1 applies to full-time nurses only)

The Hospital agrees to continue to pay any greater monetary benefit for ambulance escort duty if such greater benefit has been paid by the Hospital immediately prior to this Agreement. This note applies at Hospitals where this superior condition exists as of December 14, 1987.

NOTE 2: (Note 2 applies to part-time nurses only)

The Hospital agrees to continue to pay any greater monetary benefit for ambulance escort duty if such greater benefit was paid by the Hospital under a Collective Agreement immediately prior to this Agreement. This note applies at Hospitals where this superior condition exists as of December 14, 1987.

14.12 (a) (Article 14.12 (a) applies to full-time nurses only)

The posting of work schedules shall be as set out in the Appendix of Local Provisions. It shall be the responsibility of the nurse to consult posted work schedules. The Hospital will endeavour to provide as much advance notice as is practicable of a change in the posted schedule. Changes to the posted work schedule shall be brought to the attention of the nurse. Where less than forty-eight (48) hours' notice is given personally to the nurse, time and one-half (1½) of the nurse's regular straight time hourly rate will be paid for all hours worked on the nurse's next shift worked.

Where less than forty-eight (48) hours' notice is given personally to the nurse for the cancellation of a shift that was added to ~~her or his~~ **their** schedule, time and one half (1½) the nurse's straight time hourly rate will be paid on the nurse's next shift worked. This shall not include shifts added to ~~her or his~~ **their** schedule within the same forty-eight (48) hour notice period unless the employer paid such premiums under an existing practice as of March 31, 2004.

Where a nurse is cancelled without the required notice on two (2) or more separate occasions prior to working ~~her or his~~ **their** next shift(s), premium pay under this provision will be extended to subsequent shifts worked, such that the number of premium paid shifts equal the number of such separate occasions.

Where a shift that attracts premium pay pursuant to this provision is otherwise a premium paid tour, ~~she or he~~ **they** will be paid two times ~~her or his~~ **their** straight time hourly rate for all hours worked on that tour.

(b) (Article 14.12 (b) applies to part-time nurses only)

i) The posting of work schedules for regular part-time nurses shall be determined by local negotiations. It shall be the responsibility of the regular part-time nurse to consult posted work schedules. The Hospital will endeavour to provide as much advance notice as is practicable of a change in the posted schedule. Changes to the posted work schedule shall be brought to the attention of the regular part-time nurse.

ii) Where less than twenty-four (24) hours' notice is given personally to the regular part-time nurse, time and one-half (1½) of the nurse's regular straight time hourly rate will be paid for all hours worked on the nurse's next shift worked.

Where less than twenty-four (24) hours' notice is given personally to the nurse for the cancellation of a shift that was added to ~~her or his~~ **their** schedule, time and one half (1½) the nurse's straight time hourly rate will be paid on the nurse's next shift worked. This shall not include shifts added to ~~her or his~~ **their** schedule within the same twenty-four (24) hour notice period unless the employer paid such premiums under an existing practice as of March 31, 2004.

Such changes shall not be considered a lay off.

iii) Where a nurse is cancelled without the required notice on two (2) or more separate occasions prior to working ~~her or his~~ **their** next shift(s), premium pay under this provision will be extended to subsequent shifts worked, such that the number of premium paid shifts shall equal the number of such separate occasions.

Where a shift attracts premium pay pursuant to this provision is otherwise a premium paid tour, ~~she or he~~ **they** will be paid two (2) times ~~her or his~~ **their** straight time hourly rate for all hours worked on that tour.

iv) Where a nurse is called in to work a regular shift less than two (2) hours prior to the commencement of the shift and arrives within one (1) hour of the commencement, then the nurse will be paid for a full tour provided that the nurse works until the normal completion of the tour.

v) Casual part-time nurses whose work schedule has been pre-scheduled and whose schedule is changed with less than twenty-four (24) hours' notice then paragraph (b) – shall apply to casual part-time nurses.

(c) Where a hospital is encountering problems around the provision of personal notice to nurses, the parties will endeavour to resolve these concerns at the Hospital-Association Committee.

14.13 When a nurse is required to travel to the hospital or to return home as a result of reporting to or off work between the hours of 2400 – 0600 hours, or at any time while on standby, the Hospital will pay transportation costs either by taxi or by the nurse's own vehicle at the rate of twenty-two cents (\$0.22) per kilometre or hospital policy whichever is greater or such greater amount as the Hospital may in its discretion determine for each trip between the aforementioned hours. The nurse will provide to the Hospital satisfactory proof of payment of such taxi fare.

14.14 A nurse who works a second consecutive full tour shall be entitled to the normal rest periods and meal period for the second tour but shall be provided at the time of the meal period with a hot meal or six dollars (\$6.00) if the Hospital is unable to provide the hot meal. Other nurses required to work more than two (2) hours overtime on the same day they have worked a full tour shall, after the two (2) hours, receive a ½ hour paid meal period and shall be provided with a hot meal or six dollars (\$6.00) if the Hospital is unable to provide the hot meal.

14.15 A nurse shall be paid a weekend premium of two dollars and eighty cents (\$2.80) per hour for each hour worked between 2400 hours Friday and 2400 hours Sunday, or such other 48-hour period as the local parties may agree upon. If a nurse is receiving premium pay under Article 14.03, pursuant to a local scheduling regulation with respect to consecutive weekends worked, the nurse will not receive weekend premium under this provision.

Effective April 1, 2022, a nurse shall be paid a weekend premium of ~~two dollars and eighty cents (\$2.80)~~ **three dollars and four cents (\$3.04)** per hour for each hour worked between 2400 hours Friday and 2400 hours Sunday, or such other 48-hour period as the local parties may agree upon. If a nurse is receiving premium pay under Article 14.03, pursuant to a local scheduling regulation with respect to consecutive weekends worked, the nurse will not receive weekend premium under this provision.

ARTICLE 15 – PAID HOLIDAYS

(Articles 15.01 to 15.07 apply to full-time nurses only)

15.01 A nurse who otherwise qualifies under Article 15.02 hereunder shall receive twelve (12) paid holidays as designated in the Appendix of Local Provisions.

In the event that the Provincial Government declares an additional holiday (such as Heritage Day) during the term of this Agreement, such holiday will be substituted for one of the above-mentioned holidays. The designation of the additional holiday for an existing holiday shall be subject to local determination and such designation shall not add to the present number of holidays.

15.02 In order to qualify for pay for a holiday, a nurse shall complete ~~her or his~~ **their** full scheduled shift on each of the working days immediately preceding and following the holiday concerned unless excused by the Hospital or the nurse was absent due to:

- (a) Legitimate illness or accident which commenced within a month of the date of the holiday.
- (b) Vacation granted by the Hospital.
- (c) The nurse's regular scheduled day off.
- (d) A paid leave of absence provided the nurse is not otherwise compensated for the holiday.

A nurse entitled to holiday pay hereunder shall not receive sick leave pay to which ~~she or he~~ **they** may otherwise have been entitled unless ~~she or he~~ **was they were** scheduled to work that day. A nurse receiving WSIB benefits for the day of the holiday shall, subject to the above provisions, be entitled to the difference between the amount of the Workers' Compensation Benefits and the holiday pay.

15.03 Holiday pay will be computed on the basis of the nurse's regular straight time hourly rate of pay times the number of hours for a normal daily tour as set out in Article 13.01 (a).

15.04 Subject to Article 15.02:

- (a) Where a holiday falls during a nurse's scheduled vacation period, the nurse's vacation shall be extended by one (1) day unless the nurse and the Hospital agree to schedule a different day off with pay.
- (b) Where a holiday falls on a nurse's scheduled day off an additional day off with pay will be scheduled.

15.05 A nurse required to work on any of the foregoing holidays shall be paid at the rate of time and one-half (1½) the nurse's regular straight time hourly rate of pay for all hours worked on such holiday subject to Article 14.04. In addition, the nurse will receive a lieu day off with pay in the amount of ~~her or his~~ **their** regular straight time hourly rate of pay times the number of hours in a normal daily tour as set out in Article 13.01 (a).

NOTE: Nurses on extended tours shall receive twelve (12) lieu days off to consist of seven and one-half (7.5) hours each.

15.06 Where a nurse is entitled to a lieu day under Article 15.04 or 15.05 above, such day off must be taken within a period as set out in the Appendix of Local Provisions or payment shall be made in accordance with Article 15.03.

15.07 Hospitals presently providing additional paid holidays shall continue to provide such additional holidays.

15.08 (Article 15.08 and the note following Article 15.08 apply to part-time nurses only)

If a regular or casual part-time nurse works on any of the holidays listed in Article 15.01 of this Agreement, ~~she or he~~ **they** shall be paid at the rate of time and one-half (1½) ~~her or his~~ **their** regular straight time hourly rate (as set out in the Wage Schedule) for all hours worked on such holiday, subject to the application of Article 14.04 regarding hours worked in addition to ~~her or his~~ **their** full tour.

NOTE: Where existing Collective Agreements contain provisions relating to payment to nurses for holidays, whether worked or not, that exceed any payment required under the *Employment Standards Act*, such provisions shall be continued. Payment of holiday pay under this Note applies only to nurses presently enjoying such payment. Nurses presently enjoying holiday pay pursuant to this Note or otherwise as of December 14, 1987 will continue to enjoy such payment until they cease to be employed at the Hospital or until they transfer to a status to which this superior condition does not apply, whichever first occurs.

This note applies to nurses only.

ARTICLE 16 – VACATIONS

(Articles 16.01 to 16.05 apply to full-time employees only)

16.01 All employees shall receive vacations with pay based on length of full-time continuous service as follows:

- (a) Employees who have completed less than one (1) year of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to a vacation on the basis of 1.25 days (9.375 hours for employees whose regular hours of work are other than the standard workday) for each completed month of service with pay in the amount of 6% of gross earnings.
- (b) Employees who have completed one (1) or more years of full-time continuous service (as of the date for determining vacation

entitlement in the individual Hospital) shall be entitled to an annual vacation of three (3) weeks with three (3) weeks' pay (112.5 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.

- (c) Employees who have completed three (3) or more years of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to an annual vacation of four (4) weeks with four (4) weeks' pay (150 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
- (d) Employees who have completed eleven (11) or more years of full-time continuous service (as of the date for determining vacation entitlement in the individual Hospital) shall be entitled to an annual vacation of five (5) weeks with five (5) weeks' pay (187.5 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
- (e) Employees who have completed twenty (20) years or more of full-time continuous service (as of the date for determining vacation entitlement in the individual hospital) shall be entitled to an annual vacation of six (6) weeks with six (6) weeks' pay (225 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
- (f) Employees who have completed twenty-five (25) years or more of full-time continuous service (as of the date for determining vacation entitlement in the individual hospital) shall be entitled to an annual vacation of seven (7) weeks with seven (7) weeks' pay (262.5 hours' pay for employees whose regular hours of work are other than the standard workday), provided the employee works or receives paid leave for a total of at least 1525 hours in the vacation year.
- (g) If an employee works or receives paid leave for less than 1525 hours in the vacation year, ~~she or he~~ **they** will receive vacation pay based on a percentage of ~~her or his~~ **their** gross salary for work performed on the following basis:

- 3-week entitlement – 6%
- 4-week entitlement – 8%
- 5-week entitlement – 10%
- 6-week entitlement – 12%
- 7-week entitlement – 14%

- NOTE: Employees who presently enjoy better vacation benefits shall continue to receive such better benefits while employed by the Hospital.
- 16.02 A nurse who leaves the employ of the Hospital for any reason shall be entitled to receive any unpaid vacation pay which has accrued to ~~her or him~~ **them** to the date of ~~her or his~~ **their** separation, it being understood and agreed that the nurse will provide at least two (2) weeks' notice of termination.
- 16.03 For the purpose of vacation entitlement, service for those nurses whose status is changed, on or after October 23, 1981, from part-time to full-time or vice versa, shall mean the combined service as a part-time and full-time nurse employed by the Hospital and accumulated on a continuous basis. For the purpose of this Article, 1500 hours of part-time service shall equal one (1) year of full-time service and vice versa.
- 16.04 Full-time nurse teachers shall be entitled to one additional week of vacation with pay which shall be taken at either the Spring Break or the Christmas Break.
- This clause applies to nurses only.
- 16.05
- (a) Where an employee's scheduled vacation is interrupted due to serious illness which commenced prior to and continues into the scheduled vacation period, the period of such illness shall be considered sick leave.
 - (b) Where an employee's scheduled vacation is interrupted due to serious illness requiring the employee to be an in-patient in a hospital, the period of such hospitalization shall be considered sick leave.
 - (c) The portion of the employee's vacation which is deemed to be sick leave under the above provisions will not be counted against the employee's vacation credits.
 - (d) Where a nurse's scheduled vacation is interrupted due to a bereavement or jury and witness duty, the nurse shall be entitled to bereavement leave or jury and witness duty in accordance with Article 11.05 and 11.06.
 - (e) The portion of the employee's vacation which is deemed to be bereavement leave or jury and witness duty under the above provisions will not be counted against the employee's vacation credits.

(Articles 16.06 to 16.08 and the Note following Article 16.08 apply to part-time nurses only).

16.06 All regular part-time employees shall be entitled to vacation pay based upon the applicable percentage provided in accordance with the vacation entitlement of full-time employees, of their gross earnings in the preceding year. If an employee works or receives paid leave for less than 1100 hours in the vacation year, ~~she or he~~ **they** will receive vacation pay based on a percentage of ~~her or his~~ **their** gross salary for work performed on the following basis:

3-week entitlement	–	6%
4-week entitlement	–	8%
5-week entitlement	–	10%
6-week entitlement	–	12%
7-week entitlement	–	14%

NOTE: For clarity purposes, vacation time relating to the above will be set out in the Appendix of Local Provisions.

Equivalent years of service, calculated pursuant to the formula set out in Article 16.03, shall be used to determine vacation entitlement.

Casual part-time employees will be paid vacation pay in accordance with the above entitlement on gross earnings or on gross salary for work performed, as applicable. Such vacation pay will be paid on monies earned on or after April 1, 1988. Equivalent years of service will be based on the casual part-time employee's seniority established under Article 10.02 and will be calculated on the basis that 1500 hours of part-time service shall equal one (1) year of full-time service and vice-versa.

16.07 A part-time nurse who leaves the employ of the Hospital for any reason shall be entitled to receive any unpaid vacation pay which has accrued to ~~her or him~~ **them** to the date of ~~her or his~~ **their** separation, it being understood and agreed that the nurse will provide at least two (2) weeks' notice of termination.

16.08 For the purpose of vacation entitlement, service for those nurses whose status is changed, on or after October 23, 1981, from part-time to full-time or vice versa, shall mean the combined service as a part-time and full-time nurse employed by the Hospital and accumulated on a continuous basis. For the purpose of this Article, 1500 hours of part-time service shall equal one (1) year of full-time service and vice versa.

NOTE: Part-time nurses (including casual nurses) who presently enjoy better vacation pay benefits under the provisions of a Collective Agreement immediately prior to this Agreement, shall continue to receive better benefits while employed by the Hospital.

16.09 Scheduling of vacations shall be in accordance with the schedule of local provisions.

- 16.10 A vacation request, which has been submitted by the nurse and then approved by the Hospital, may not be cancelled by the Hospital without the consent of the nurse.

ARTICLE 17 – HEALTH AND WELFARE BENEFITS

(Article 17 applies to full-time nurses only)

- 17.01 The Hospital agrees, during the term of the Collective Agreement, to contribute towards the premium coverage of participating eligible nurses in the active employ of the Hospital under the insurance plans set out below subject to their respective terms and conditions including any enrolment requirements:

- (a) The Hospital agrees to pay 100% of the billed premiums towards coverage of eligible nurses in the active employ of the Hospital under the Ontario Health Insurance Plan.
- (b) The Hospital agrees to pay 100% of the billed premiums towards coverage of eligible nurses in the active employ of the Hospital under the Liberty Health Semi-Private Plan (which is comparable to the Blue Cross Plan) or comparable coverage with another carrier.
- (c) The Hospital agrees to contribute 75% of the billed premiums towards coverage of eligible nurses in the active employ of the Hospital under the Liberty Health Extended Health Care Benefits Plan (which is comparable to the existing Blue Cross Extended Health Care Benefits Plan) or comparable coverage with another carrier providing for \$22.50 (single) and \$35.00 (family) deductible, providing the balance of monthly premiums are paid by the nurses through payroll deductions. In addition to the standard benefits, coverage will include hearing aids [maximum \$700/person every thirty-six (36) months]; vision care maximum \$450 every 24 months with ability to use coverage for laser surgery); and Drug Formulary 3.

In addition to the above vision care shall include one eye exam per insured person every 24 months.

Extended Health Care benefits includes chiropractic, massage therapy and physiotherapy coverage (maximum of \$400/insured person annually for chiropractic, massage therapy and physiotherapy for each service). Superior benefits are to be maintained in those hospitals where payment for one or more of these services is covered.

Coverage for mental health services by a Psychologist, Registered Psychotherapist or Social Workers (MSW) for a total of \$800 annually. Superior conditions maintained.

Reimbursement for prescribed drugs covered by the plan will be based on the cost of the lowest priced therapeutically equivalent generic version of the drug, unless there is a documented adverse reaction to the generic drug or unless the beneficiary's doctor stipulates that the generic drug is not an alternative, in which case the reimbursement will be for the prescribed drug.

- (d) The Hospital agrees to contribute 100% of the billed premium towards coverage of eligible nurses in the active employ of the Hospital under HOOGLIP or such other group life insurance plan currently in effect. Such insurance shall include benefits for accidental death and dismemberment in the principal amount equal to the amount of the Group Life Insurance to which the nurse is entitled.

(e) Hospitals of Ontario Voluntary Life Insurance Plan

The Hospital also agrees to make the Hospitals of Ontario Voluntary Life Insurance Plan (HOOVLIP) available to the nurses subject to the provisions of HOOVLIP at no cost to the Hospital.

- (f) The Hospital agrees to contribute 75% of the billed premiums towards coverage of eligible nurses in the active employ of the Hospital under the Liberty Health Dental #9 Dental Plan (which is comparable to the Blue Cross #9 Dental Plan) or comparable coverage with another carrier; based on the current ODA fee schedule and provide for recall oral examination to be covered once every nine (9) months (adults only); complete and partial dentures at 50/50 co-insurance to \$1000 maximum per person annually; add Blue Cross Rider #4 – (Crowns, bridgework, implants and repairs to same) at 50/50 co-insurance to \$2000 maximum per person annually and orthodontics 50/50 co-insurance with \$2000 maximum per insured lifetime providing the balance of the monthly premiums are paid by the employees through payroll deductions.

- (g) For purposes of health and welfare benefits under Article 17.01, dependent coverage is available to the nurse, to cover ~~her or his~~ **their** same sex partner and their dependents, in accordance with the terms and conditions of the plans.

For those employees transferring from part-time to full-time, there will be no waiting period for benefits, except as provided by the plan, if the part-time employee has over 450 hours worked. Where the nurse has not worked more than 450 hours, ~~she or he~~ **they** will be given credit for those hours worked from date of hire.

Benefits Age 65 and Older

Semi-private hospital insurance, extended health care benefits and dental benefits will be extended to active full-time nurses from the

age of sixty-five (65), and up to the nurse's seventieth (70th) birthday, on the same cost share basis as applies to those nurses under the age of sixty-five (65).

In the event that a nurse works past ~~her/his~~ **their** seventy-fifth (75th) birthday, ~~she or he~~ **they** shall be paid an amount equal to 13% of ~~her or his~~ **their** hourly rate of pay in lieu of these benefits.

- (h) i) The Hospital will provide to all employees who retire (including disability retirements) on or after January 1, 2002 and have not yet reached age 65 and who are in receipt of the Hospital's pension plan benefits, semi-private, extended health care and dental benefits on the same basis as is provided to active employees, as long as the retiree pays the Employer the full amount of the monthly premiums, in advance.

(Clarity Note: 17.01 (h) i) above does not apply to employees who retire on or after April 1, 2011).

- ii) The Hospital will provide to all employees who are 55-56 years of age who retire (including disability retirements) on or after April 1, 2011 and have not yet reached age 65 and who are in receipt of the Hospital's pension plan benefits, semi-private, extended health care and dental benefits on the same basis as is provided to active employees, as long as the retiree pays the Employer the full amount of the monthly premium, in advance.

- (i) The Hospital will provide to all full-time employees who reach age 57 and retire (including disability retirements) on or after April 1, 2011 and have not yet reached age 65 and who are in receipt of the Hospital's pension plan benefits, semi-private, extended health care and dental benefits on the same basis as is provided to active employees as long as the retiree pays the Employer their share of the monthly premiums, in advance. The Hospital will contribute fifty percent (50%) of the billed premiums of these benefit plans.

~~The Hospital will contact employees who retired between April 1, 2011 and the effective date of the award at their last known address on record with the hospital, with a copy to the union, within 30 days of the date of the award to advise them of their entitlement to (i) above.~~

~~Such employees will have a period of 60 days from the date of the notice to claim such entitlement and, if they fail to make a claim within the 60 day period, their claim will be deemed to be abandoned.~~

17.02

For newly hired nurses, coverage as set out in Article 17.01 shall be effective the first billing date in the month following the month in which the nurse was first employed subject to any enrolment or other requirements of

the Plan. In no instance shall the first billing date for a nurse occur later than the first day of the fourth full month following the month in which the newly hired nurse was first employed.

- 17.03 The Hospital may substitute another carrier for any of the foregoing plans (other than OHIP) provided that the level of benefits conferred thereby are not decreased. The Hospital will advise the Union of any change in carrier or underwriter at least sixty (60) days prior to implementing a change in carrier. The Hospital will provide the Union with a summary document outlining the differences, if any, between the levels of benefits provided by the existing and new carrier plans. When the Hospital is made aware, the Hospital will provide the Union with the full details of any changes made by an existing carrier to current plan provisions.
- 17.04 All present nurses enrolled in the Hospital's Pension Plan shall maintain their enrolment in the Plan (Healthcare of Ontario Pension Plan or another Pension Plan) subject to its terms and conditions. New nurses and nurses employed but not yet eligible for membership in the Plan shall, as a condition of employment, enrol in the Plan when eligible in accordance with its terms and conditions.
- 17.05 The Hospital shall continue to pay the premiums for benefit plans under Articles 17 and 12 for nurses who are on paid leave of absence or on WSIB or at any time when salary is received, or as provided in Article 10.04. Such payment shall also continue while a nurse is on sick leave (including the Employment Insurance Period) or on Long Term Disability to a maximum of 30 months from the time the absence commenced, or for retirees who are in receipt of Pension Permanent Disability Benefits to a maximum of 30 months from the time the absence commenced.
- Nurses who are on layoff may continue to participate in benefit plans, at their request, provided they make arrangements for payment and provided also that the layoff does not exceed one year.
- NOTE: For clarification, "retirees" includes nurses who were on sick leave, LTD or WSIB prior to receipt of Pension Permanent Disability Benefits.
- 17.06 Nurses who reside in Quebec shall have equivalent monetary contributions paid in that province with respect to the Quebec equivalent of OHIP.
- 17.07 (a) The Hospital shall provide each nurse with information booklets outlining all of the current provisions in the benefits plans defined in Article 17.01 to Article 17.06 inclusive and the Sick Leave/LTD Plan defined in Article 12. Upon request, the Hospital will make the Plans available to the Union for inspection.
- (b) The Hospital shall notify the Union of the name(s) of the carrier(s) which provide the benefits plans defined in Article 17.01 to Article 17.06 inclusive and the LTD Plan defined in Article 12. The Hospital

shall also provide the Union with a copy of all current information booklets provided to the nurses.

17.08 Employment Insurance Rebate

The short-term sick leave plan shall be registered with the Employment Insurance Commission (EIC). The nurses' share of the employer's Employment Insurance premium reduction will be retained by the Hospital towards offsetting the cost of the benefit improvements contained in this agreement. The Hospital shall indicate, annually, to the local Union how it has allocated the rebate.

17.09 The parties agree to establish a Benefits Review Subcommittee which will include four representatives from the Union and four representatives from the Participating Hospitals to discuss the terms of the benefit plans (other than pensions) provided under the collective agreement and the administration of benefit plans with a view to increasing the efficiency and effectiveness of the plans. As part of that review, the Committee will be provided with copies of the plan texts and any other relevant information requested by the Committee that pertain to these benefit plans.

17.10 The Hospital agrees that part-time nurses may pay, through payroll deductions, for full premium costs of the ONA sponsored benefit program, provided that an individual Hospital's systems can accommodate this. The ONA sponsored benefit plan will provide the Hospital with an administrative rebate, if any.

The Hospital will make no payroll deductions for such benefits in months in which the employee has insufficient earnings. In this circumstance, the employee is responsible for making the full payment to the ONA sponsored benefit plan.

The Union agrees to indemnify and save harmless the Hospital against any claims or liabilities arising or resulting from the operation of this Article.

The parties agree to give the Hospital appropriate time to establish the payroll deduction process. Once established the payroll deduction process for part-time benefits through the ONA sponsored program will be communicated to the Union and the part-time nurses. The Hospital will facilitate access to part-time nurses by providing available benefit literature and other communications as appropriate.

ARTICLE 18 – MISCELLANEOUS

18.01 Copies of this Collective Agreement will be **made available** ~~provided~~ to ~~each~~ **nurses** covered by the Collective Agreement by the Union and sufficient copies will be provided to the Hospital and the local Union, as requested. The cost of printing the Collective Agreement, including the printing of the French Translation, will be shared equally by the Hospital and

the local Union. The cost of the French translation will be shared equally by the Union and the Participating Hospitals.

Notwithstanding the above, the local parties shall endeavour to reduce the amount of collective agreements printed following each round of bargaining.

- 18.02 Whenever the feminine pronoun is used in this Agreement, it includes the masculine and non-binary pronoun and vice-versa where the context so requires. Where the singular is used, it may also be deemed to mean plural and vice-versa.
- 18.03 It shall be the responsibility of each nurse to notify the Hospital promptly of any change in address or any change in temporary residency. If a nurse fails to do this, the Hospital will not be responsible for failure of a notice sent by registered mail to reach such a nurse. A nurse shall notify the Hospital of any change to ~~her or his~~ **their** telephone number.
- 18.04 Medical examinations, re-examinations and any tests required under the *Public Hospitals Act* will be provided by the Hospital in compliance with the Regulations. The nurse may choose ~~her or his~~ **their** personal physician for all such examinations, except the pre-employment medical, unless the Hospital has a specific objection to the physician selected.
- 18.05 Current provisions in Collective Agreements relating to the provision of x-rays, laboratory work, immunization injections, gamma globulin and other programs shall be continued.
- 18.06 Prior to effecting any changes in rules or policies which affect nurses covered by this Agreement, the Hospital will discuss the changes with the Union and provide copies to the Union.
- 18.07 Influenza Vaccine
- The parties agree that influenza vaccinations may be beneficial for patients and nurses. Upon a recommendation pertaining to a facility or a specifically designated area(s) thereof from the Medical Officer of Health or in compliance with applicable provincial legislation, the following rules will apply:
- (a) Nurses shall, subject to the following, be required to be vaccinated for influenza.
 - (b) If the full cost of such medication is not covered by some other source, the Hospital will pay the full or incremental cost for the vaccine and will endeavour to offer vaccinations during a nurse's working hours. In addition, nurses will be provided with information, including risks and side effects, regarding the vaccine.

- (c) Hospitals recognize that nurses have the right to refuse any required vaccination.
- (d) If a nurse refuses to take the vaccine required under this provision, ~~she or he~~ **they** may be placed on an unpaid leave of absence during any influenza outbreak in the hospital until such time as the nurse is cleared to return to work. If a nurse is placed on unpaid leave, ~~she or he~~ **they** can use banked lieu time or vacation credits in order to keep ~~her or his~~ **their** pay whole.
- (e) If a nurse refuses to take the vaccine because it is medically contraindicated, and where a medical certificate is provided to this effect, ~~she or he~~ **they** will be reassigned during the outbreak period, unless reassignment is not possible, in which case the nurse will be paid. It is further understood and agreed that Article 18.04 applies in these circumstances. It is further agreed that any such reassignment will not adversely impact the scheduled hours of other nurses.
- (f) If a nurse gets sick as a result of the vaccination, and applies for WSIB, the Hospital will not oppose the claim.
- (g) Notwithstanding the above, the Hospital may offer the vaccine on a voluntary basis to nurses free of charge.
- (h) This clause shall be interpreted in a manner consistent with the *Ontario Human Rights Code*.

ARTICLE 19 – COMPENSATION

Articles 19.01(a) and (d) apply to nurses only.

- 19.01 (a) The salary rates in effect during the term of the Agreement shall be those set forth in Appendix 3 attached to and forming part of this Agreement. The regular straight time hourly rates for full-time, regular part-time and casual part-time Registered Nurses at hospitals shall be as follows:

Classification - Registered Nurse		
Step	April 1, 2021	April 1, 2022
Start	\$33.90	\$34.24
1 Year	\$34.06	\$34.40
2 Years	\$34.62	\$34.97
3 Years	\$36.34	\$36.70
4 Years	\$38.05	\$38.43
5 Years	\$40.19	\$40.59
6 Years	\$42.36	\$42.78
7 Years	\$44.52	\$44.97
8 Years	\$47.69	\$48.17
25 Years	\$48.53	\$49.02

(Articles 19.01 (b) and 19.01 (c) apply to part-time nurses only)

- (b) The hourly salary rates, inclusive of the percentage in lieu of fringe benefits in effect during the term of this Agreement for all regular and casual part-time nurses shall be those calculated in accordance with the following formula:

Applicable straight time hourly rate + 13%.

- (c) The hourly salary rates payable to a regular or casual part-time nurse include compensation in lieu of all fringe benefits which are paid to full-time nurses except those specifically provided to part-time nurses in this Agreement. It is understood and agreed that holiday pay is included within the percentage in lieu of fringe benefits. It is further understood and agreed that pension is included within the percentage in lieu of fringe benefits. Notwithstanding the foregoing, all part-time nurses may, on a voluntary basis, enrol in the Hospital's Pension Plan when eligible in accordance with its terms and conditions. For part-time nurses who are members of the Pension Plan, the percentage in lieu of fringe benefits is nine percent (9%).

It is understood and agreed that the part-time nurse's hourly rate (or straight time hourly rate) in this Agreement does not include the additional 9% or 13%, as applicable, which is paid in lieu of fringe benefits and accordingly the 9% or 13%, as applicable, add on payment in lieu of fringe benefits will not be included for the purpose of computing any premium or overtime payments.

- (d) The parties agree to maintain the percentage differentials in the wage rates which presently exist between the classification of Registered Nurse and the other classifications which are covered by the Collective Agreement.

19.02 A nurse in the employ of the Hospital who holds a Temporary Class Certificate of Registration as a registered nurse and who obtains ~~her or his~~ **their** General Class Certificate of Registration shall be given the salary of the Registered Nurse as provided in this Article ~~effective the date the nurse informs the Chief Nursing Executive or her or his designate of obtaining her or his General Class Certificate of Registration. The Hospital will validate the nurse's status with the College of Nurses.~~ **When the nurse obtains their General Class Certificate of Registration, they will notify the Chief Nursing Executive or their designate.**

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

19.03 A nurse is required to have a renewed Certificate of Registration on or before February 15th of each year. The Hospital will obtain evidence that

~~her or his~~ **their** Certificate of Registration is in good standing and currently in effect. Such time will be extended for reasons where the College of Nurses of Ontario permits the nurse's Certificate of Registration to remain in effect. If the nurse's Certificate of Registration is suspended by the College of Nurses of Ontario for non-payment of the annual fee, the nurse will be placed on non-disciplinary suspension without pay. If the nurse presents evidence that ~~her or his~~ **their** Certificate of Registration has been reinstated, ~~she or he~~ **they** shall be reinstated to ~~her or his~~ **their** position effective upon presenting such evidence. Failure to provide evidence within 90 calendar days of the nurse being placed on non-disciplinary suspension by the hospital will result in the nurse being deemed to be no longer qualified and the nurse shall be terminated from the employ of the Hospital. Such termination shall not be the subject of a grievance or arbitration.

NOTE 1: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

NOTE 2: If there is an allegation that this clause has not been interpreted in a manner consistent with the *Ontario Human Rights Code*, it may be subject of a grievance or arbitration.

19.04

- (a) A nurse who is promoted to a higher rated classification within the bargaining unit will be placed on the level of the salary schedule of the higher rated classification so that the nurse shall receive no less an increase in salary than the equivalent of one step in the salary range of the previous classification (provided that it does not exceed the salary range of the classification to which the nurse has been promoted) and the nurse shall retain ~~her or his~~ **their** service review date for purposes of wage progression. For the purpose of this Article, promotion shall be defined as a move from one classification to another classification with a higher salary grid and shall not include a change of status to Registered Nurse when a nurse who holds a Temporary Certificate of Registration obtains ~~her or his~~ **their** General Certificate of Registration. A nurse who is moved to a lower rated classification will be placed at the level on the grid, if any, which most closely recognizes ~~her or his~~ **their** experience level on the other grid. (The last two sentences apply to nurses only).

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

- (b) Where the Hospital temporarily assigns a Registered Staff Nurse to carry out the assigned responsibilities of a higher classification (whether or not such classification is included in the bargaining unit) for a period of one (1) full tour or more, at times when the incumbent in any such classification would otherwise be working, the nurse shall

be paid a premium of one dollar and fifty cents (\$1.50) per hour for such duty in addition to ~~her or his~~ **their** regular salary. The Hospital agrees that it will not make work assignments which will violate the purpose and intent of this provision.

- (c) A nurse who holds a Temporary Certificate of Registration as a Registered Nurse who obtains a General Certificate of Registration shall be placed on the level in the Registered Nurse's salary grid which represents an increase in salary.

NOTE: Where an employee is in a position other than in a registered nursing position with duties and responsibilities which are subject to the *Regulated Health Professions Act*, ~~she or he~~ **they** shall be treated in a manner consistent with this Article.

- (d) Group, Unit or Team Leader

Whenever an employee is assigned additional responsibility to direct, supervise or oversee work of employees within ~~her or his~~ **their** classification, and/or be assigned overall responsibility for patient care on the unit, ward, or area, for a tour of duty, the employee shall be paid a premium of two dollars (\$2.00) per hour in addition to ~~her or his~~ **their** regular salary and applicable premium allowance.

NOTE: The local parties may negotiate, in the local issues negotiations, adjustments to the applicable wage grids in circumstances when nurses who assume duties under (b) or (d) above are paid more than nurses in classifications that perform such duties on a permanent basis. Such adjustments will be limited to the equivalent amounts paid under (b) or (d) above. Notwithstanding 19.01(d) such a dispute will fall under the jurisdiction of the Local Issues Arbitration Board.

19.05 Claim for related clinical experience, if any, shall be made in writing by the nurse at the time of hiring on the application for employment form or otherwise. Once established consistent with this provision, credit for related experience will be retroactive to the nurse's date of hire. The nurse shall cooperate with the Hospital by providing verification of previous experience so that ~~her or his~~ **their** related clinical experience may be determined and evaluated during ~~her or his~~ **their** probationary period. Having established the related clinical experience, the Hospital will credit a new nurse with one (1) annual service increment for each year of experience (for part-time nurses, experience will be calculated pursuant to the formula set out in Article 16.03) up to the maximum of the salary grid.

If a period of more than two (2) years has elapsed since the nurse has occupied a full-time or a part-time nursing position, then the number of increments to be paid, if any, shall be at the discretion of the Hospital. **The Hospital will give due consideration to an internationally educated nurse's experience where the process for registration with the College**

of Nurses of Ontario has prevented them from occupying a nursing position for a period of more than two (2) years. For full-time nurses, the Hospital shall give effect to part-time nursing experience, and for part-time nurses the hospital shall give effect to full-time nursing experience.

NOTE: For greater clarity, related nursing experience includes related nursing experience out of province and out of country.

- 19.06 (a) Each full-time nurse will be advanced from ~~her or his~~ **their** present level to the next level set out in the Salary Schedule, twelve (12) months after ~~she or he was~~ **they were** last advanced on ~~her or his~~ **their** service review date. If a full-time nurse's absence without pay from the Hospital exceeds thirty (30) continuous calendar days during each twelve (12) month period, the nurse's service review date will be extended by the length of such absence in excess of thirty (30) continuous calendar days.
- (b) Each regular part-time nurse will be advanced from ~~her or his~~ **their** present level on the salary schedule to the next level on the salary schedule after obtaining one year's service credit, calculated in accordance with the provisions of Article 10.03.
- (c) Casual part-time nurses will ~~then~~ advance on the grid in the same manner as regular part-time nurses. (This clause applies to nurses only.)
- 19.07 (a) A part-time employee whose status is altered to full-time in the same position, will assume ~~her or his~~ **their** same level on the full-time grid. A full-time employee whose status is altered to part-time in the same position will assume ~~her or his~~ **their** same level on the part-time grid. In addition, an employee who is so transferred will be given credit for service accumulated since the date of last advancement.
- (b) A casual part-time employee whose status is altered to regular part-time or vice versa in the same position will assume ~~her or his~~ **their** same level on the grid. In addition, a casual part-time employee who is so transferred will be given credit for service accumulated since the date of last advancement.
- 19.08 (a) When a new classification in the bargaining unit is established by the Hospital or the Hospital makes a substantial change in the job content of an existing classification which in reality causes such classification to become a new classification, the Hospital shall advise the Union of such new or changed classification and the rate of pay established. The Hospital will also provide the Union with any available information on the job posting, job profile, and salary scale of the classification. If requested, the Hospital agrees to meet with the Union to permit it to make representations with respect to the appropriate rate of pay providing any such meeting shall not delay the implementation of the new classification. Where the Union

challenges the rate established by the Hospital and the matter is not resolved following any meeting with the Union, a grievance may be filed at Step No. 2 of the Grievance Procedure within seven (7) calendar days following any meeting. If the matter is not resolved in the Grievance Procedure, it may be referred to Arbitration in accordance with Article 7, it being understood that any Arbitration Board shall be limited to establishing an appropriate rate based on the relationship existing amongst other nursing classifications within the Hospital and duties and responsibilities involved.

Any change in the rate established by the Hospital either through meetings with the Union or by a Board of Arbitration shall be made retroactive to the time at which the new or changed classification was first filled.

- (b) If a nurse becomes disabled with the result that ~~she or he is~~ **they are** unable to carry out the regular functions of ~~her or his~~ **their** position, the Hospital may establish a special classification and salary with the hope of providing an opportunity for continued employment.

19.09 Education Allowance

Provisions in existing Collective Agreements providing for educational allowances shall be continued in effect.

Notwithstanding the foregoing, educational allowances for possessing a baccalaureate degree in nursing (BScN) will not be payable to nurses hired on or after April 1, 2017.

- 19.10 All amended provisions are effective the date of the award, unless otherwise provided. Retroactivity, if any, will be paid within four full pay periods of the date of the award on the basis of hours paid. Retroactive pay will be paid on a separate cheque where the existing payroll system allows. Where the existing payroll system does not allow for such separate cheque, the Hospital may pay retroactivity as part of the regular pay. In such circumstances, the Hospital undertakes that the rate of income tax on the retroactivity will not change unless the retroactive pay changes the employee's annual tax bracket.

The Hospital will contact former employees at their last known address on record with the hospital, with a copy to the union, within 30 days of the date of the award to advise them of their entitlement to retroactivity.

Such employees will have a period of 60 days from the date of the notice to claim such retroactivity and, if they fail to make a claim within the 60-day period, their claim will be deemed to be abandoned.

ARTICLE 20 – JOB-SHARING

20.01 Job sharing is defined as an arrangement whereby two or more nurses share the hours of work of what would otherwise be one full-time position.

If the Hospital and the Union agree to a job-sharing arrangement, the introduction or discontinuance of such job-sharing arrangements will be determined locally.

Once the Hospital has determined that a vacancy exists and the Hospital and the Union have agreed to a job-sharing arrangement, the vacancy or vacancies to be posted will be determined locally and will be filled in accordance with Article 10.07.

The nurses involved in a job-sharing arrangement will be classified as regular part-time and will be covered by the provisions of this agreement applicable to part-time nurses.

ARTICLE 21 – SUPERIOR CONDITIONS

21.01 All existing benefits, rights, privileges, practices, terms or conditions of employment which may be considered to be superior to those contained herein and which are set out in Appendix 4 are specifically retained by this Agreement unless otherwise agreed by the local parties.

The parties agree to remove from Appendix 4 those superior conditions which no longer have application.

Where the parties cannot agree on whether a superior condition continues to have application, the issue will be reduced to a grievance and referred to arbitration.

21.02 The Union and the Participating Hospitals agree to establish a committee consisting of two (2) representatives of the Union and two (2) representatives of the Participating Hospitals to review the superior conditions appendices in each of the participating hospitals. This committee will report to their respective negotiating committees prior to the next round of central negotiations.

ARTICLE 22 – DURATION

22.01 This Agreement shall continue in effect until **March 31, 2023** and shall remain in effect from year to year thereafter unless either party gives the other party written notice of termination or desire to amend the Agreement.

22.02 Notice that amendments are required or that either party desires to terminate this Agreement may only be given within a period of ninety (90)

days prior to the expiration date of this Agreement or to any anniversary of such expiration date.

22.03 If notice of amendment or termination is given by either party, the other party agrees to meet for the purpose of negotiation within thirty (30) days after the giving of notice, if requested to do so.

22.04 Notwithstanding the foregoing provisions, in the event the parties to this Agreement agree to negotiate for its renewal through the process of central bargaining, the Participating Hospitals and the Ontario Nurses' Association will meet to determine the procedures to be followed.

ARTICLE 23 – APPENDICES

23.01 Attached hereto and forming part of this Agreement are the following appendices and Letters of Understanding:

Appendix 1 ONA Grievance Form

Appendix 2 List of Professional Responsibility Assessment Committee – Chairpersons

Appendix 3 Salary Schedule

Appendix 4 Superior Conditions – If Any

Appendix 5 Appendix of Local Provisions

Appendix 6 ONA/Hospital Professional Responsibility Workload Report Form

Appendix 7 Letters of Understanding:

Letter of Understanding Re Mentorship Guidelines

Letter of Understanding Re Paid Professional Leave Days

Letter of Understanding Re Part-time Voluntary Benefits

Letter of Understanding Re Supernumerary Positions

Letter of Understanding Re Retention/Recruitment/Ratios

Letter of Understanding Re Public Hospitals Act

Letter of Understanding Re Grievance Commissioner System

Letter of Understanding Re Supernumerary Positions-Nursing Career Orientation (NCO) Initiative for Internationally Educated Nurses (IENs)

Letter of Understanding Re Registered Nurse Workforce – Health Human Resource Planning

Letter of Understanding Re OHA Early Retiree Dental Benefits

Letter of Understanding Re Supplemental Vacation earned as of September 8, 2005

Letter of Understanding Re Commitment to Equity, Diversity and Inclusivity

Letter of Understanding Re Optimal Complement of Registered Nurses (RNs)

Appendix 8 Procedural Guidelines for an Independent Assessment Committee (IAC) Hearing

Appendix 9 Workload/Professional Responsibility Review Tool

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APPENDIX 1 – ONA GRIEVANCE FORM

ONTARIO NURSES' ASSOCIATION ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO GRIEVANCE REPORT / RAPPORT DE GRIEF										
ONA LOCAL SECTION LOCALE DE L'AIO GRIEVOR PLAIGNANTE DEPARTMENT SERVICE	EMPLOYER EMPLOYEUR GRIEVANCE NO. N° DU GRIEF	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">STEP ÉTAPE</th> <th>DATE SUBMITTED TO EMPLOYER DATE DE SOUMISSION À L'EMPLOYEUR</th> </tr> <tr> <td style="text-align: center;">1.</td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> </tr> </table>	STEP ÉTAPE	DATE SUBMITTED TO EMPLOYER DATE DE SOUMISSION À L'EMPLOYEUR	1.		2.		3.	
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1.										
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NATURE OF GRIEVANCE AND DATE OF OCCURRENCE / NATURE DU GRIEF ET DATE DE L'ÉVÉNEMENT										
SETTLEMENT REQUESTED / RÈGLEMENT DEMANDÉ										
SIGNATURE OF GRIEVOR: SIGNATURE DE LA PLAIGNANTE:		SIGNATURE OF ASSOCIATION REP: SIGNATURE DE LA REP. DE L'AIO:								
STEP ONE	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE: SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR								
PREMIÈRE ÉTAPE		▶								
STEP TWO	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE: SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR								
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STEP THREE	EMPLOYER'S ANSWER / RÉPONSE DE L'EMPLOYEUR	DATE RECEIVED FROM THE UNION: DATE DE RÉCEPTION DU SYNDICAT: DATE SUBMITTED TO THE UNION: DATE DE SOUMISSION AU SYNDICAT: SIGNATURE & POSITION OF EMPLOYER'S REPRESENTATIVE: SIGNATURE ET TITRE DU REPRÉSENTANT DE L'EMPLOYEUR								
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**APPENDIX 2 – LIST OF PROFESSIONAL RESPONSIBILITY
ASSESSMENT COMMITTEE CHAIRPERSONS**

1. Claire Mallette
Director, School of Nursing
York University
Rm 313, HNES
4700 Keele Street
Toronto, ON M3J 1P3

2. Donna Rothwell
Senior Consultant
Healthtech Consultants
56 Carriage Road
St. Catharines, ON L2P 1T1

3. Ella (Helen) Ferris
66 Lyall Avenue
Toronto, ON M4E 1W3

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APPENDIX 6
ONTARIO NURSES' ASSOCIATION (ONA)/HOSPITAL
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM

Article 8 – Professional Responsibility provides a problem-solving process for nurses to address concerns relative to patient care. This form is intended to appropriately identify employee concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

SECTION 1: GENERAL INFORMATION

Name(s) of Employee(s) Reporting (Please Print)

Employer: _____ Unit/Area/Program: _____

Date of Occurrence: _____ Time: _____ 7.5 hr. shift 11.25 hr. shift Other _____

Date/ _____

Name of Supervisor/Charge Nurse: _____

Time notified: _____

Manager/Designate notified: _____ Date: _____ Time: _____

SECTION 2: WORKING CONDITIONS

In order to effectively resolve workload issues, please provide details about the working conditions at the time of occurrence by providing the following information:

Regular Staffing #: **MD/NP** _____ RN _____ RPN _____ Unit Clerk _____ Service Support _____

Actual Staffing #: **MD/NP** _____ RN _____ RPN _____ Unit Clerk _____ Service Support _____

Agency/Registry RN: Yes No How many? _____

Novice RN Staff on duty*: Yes No How many? _____

RN Staff Overtime: Yes No If yes, how many staff? _____

**as defined by your unit/area/program.*

If there was a shortage of staff at the time of the occurrence (including support staff), please check one or all of the following that apply:

Absence/Emergency Leave Sick Calls Vacancies Off Unit

Management Support available on site? Yes No

SECTION 3: PATIENT CARE FACTORS CONTRIBUTING TO THE OCCURRENCE

Please check off the factor(s) you believe contributed to the workload issue and provide details:

Rounds

Consultation with MD/Delay _____

Change in patient acuity _____ **Telemedicine** _____

Normal number of beds on unit _____ Beds closed _____ Beds opened during tour _____

Patient census at time of occurrence _____

of Admissions _____ # of Discharges _____ # of Transfers _____

of assigned patients _____

Lack of/or equipment/malfunctioning equipment. Please specify: _____

- Visitors/Family Members. Please specify: _____
- Number of patients on infectious precautions _____
- Over Capacity Protocol. Please specify: _____
- Resources/Supplies _____
- Interdepartmental Challenges _____
- System Issues _____
- Exceptional Patient Factors (i.e., significant time and attention required to meet patient expectations). Please specify: _____
- Other (e.g., Non-nursing duties, student supervision, mentorship, etc.). Please specify: _____

SECTION 4: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence and how it impacted patient care: _____

Identify the Nursing Standard(s)/Practice Guidelines or hospital/unit policies that are believed to be at risk and why:

- Medication
- Documentation
- Professional Standards – Specify _____
- Therapeutic nurse/client relationship
- RN and RPN Practice, The Client, The Nurse and the Environment
- Working with Unregulated Care Providers (Check all that apply)
 - Personal Support Workers/Aides
 - Volunteers
 - Students
 - Physician Assistants
- Working in different roles
- Telepractice
- Consent
- Clinical pathways/medical directives
- Supporting Learners
- Disagreeing with the Plan of Care
- Guiding Decisions about End-of-Life Care
- Nurse Practitioner**
- Employer policy – Specify _____ (include policy if able)
- Other _____

Why: _____

Is this an Isolated incident? Ongoing problem? (Check one)

SECTION 5: REMEDY

(A) At the time the workload issue occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide details of how it was or was not resolved.

(B) Failing resolution at the time of the occurrence, seek assistance from an individual(s) who has responsibility for timely resolution of workload issues. Discussion details including name of individual(s):

Was it resolved? Yes No

SECTION 6: RECOMMENDATIONS

Please check off one or all of the areas below you believe should be addressed in order to prevent similar occurrences:

- In-service Orientation Review nurse/patient ratio
 Change unit layout Float/casual pool Review policies & procedures
 Change Start/Stop times of shift(s). Please specify: _____
 Review Workload Measurement Statistics
 Perform Workload Measurement Audit
 Adjust RN staffing Adjust support staffing
 Replace sick calls, vacation, paid holidays, other absences
 Equipment. Please specify: _____
 Other: _____

SECTION 7: EMPLOYEE SIGNATURES

Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____
Signature: _____	Date: _____	Phone #: _____	Personal Email: _____

Date Submitted: _____ Submitted to (Manager Name): _____

SECTION 8: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the nurse(s) within 10 days of receipt of the form with a copy to the Bargaining Unit President as per Article 8.01 (a) iv). Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable. _____

Management Signature: _____ Date: _____

Date response to the employer: _____ Date response to the union: _____

SECTION 9: RECOMMENDATIONS OF HOSPITAL-ASSOCIATION COMMITTEE

The Hospital-Association Committee recommends the following in order to prevent similar occurrences:

Dated: _____

- Copies: (1) Manager
 (2) Chief Nursing Officer (or designate)
 (3) ONA Rep
 (4) ONA Member
 (5) ONA LRO

**ONTARIO NURSES' ASSOCIATION (ONA)/HOSPITAL
PROFESSIONAL RESPONSIBILITY WORKLOAD REPORT FORM
GUIDELINES AND TIPS ON ITS USE**

The parties have agreed that patient care is enhanced if **concerns issues** relating to professional practice, patient acuity, fluctuating workloads and fluctuating staffing are resolved in a timely and effective manner. The collective agreement provides a problem-solving process for nurses to address concerns relative to their workload issues in the context of their professional responsibility. These issues include but are not limited to gaps in continuity of care, balance of staff mix, access to contingency staff and appropriate number of nursing staff. This report form provides a tool for documentation to facilitate discussion and to promote a problem-solving approach.

PROBLEM SOLVING PROCESS

- 1) At the time the workload issue occurs, discuss the matter within the Unit/Area/Program to develop strategies to meet patient care needs using current resources. Using established lines of communication as identified by the hospital, seek immediate assistance from an individual(s) (e.g., team leader/charge nurse/manager /supervisor) who has responsibility for timely resolution of workload issues.
- 2) Failing resolution of the workload issue at the time of the occurrence or if the issue is ongoing, discuss the issue with the Manager (or designate) on the next day that both the employee and Manager (or designate) are working or within ten (10) calendar days, whichever is sooner, and complete the form. The Manager will provide a written response within ten (10) calendar days of the receipt of the form.
- 3) When meeting with the manager, you may request the assistance of a Union representative to support/assist you in the meeting. Every effort will be made to resolve the workload issues at the unit level. A Union representative shall be involved in any resolution discussions at the unit level. All discussions and action will be documented.
- 4) Failing resolution, submit the Professional Responsibility Workload Report Form to the Hospital-Association Committee within twenty (20) calendar days from the date of the Manager's response or when she or he ought to have responded under Article 8.01 (a) iv). (SEE BLANK REPORT FORM ATTACHED TO THESE GUIDELINES.)
- 5) As per Article 8, the Hospital-Association Committee shall hear and attempt to resolve the **complaint issue** to the satisfaction of both parties and report the outcome to the nurse(s) using the Workload/Professional Responsibility Review Tool to develop joint recommendations. Any settlement/resolution under 8.01 (a) (iii) (iv) or (v) of the collective agreement will be signed by the parties.
- 6) Failing resolution of the issues through the development of joint recommendations it shall be forwarded to an Independent Assessment Committee as outlined in Article 8 of the Collective Agreement within the requisite number of days of the meeting in 4) above.
- 7) The Union and the Employer may mutually agree to extend the time limits for referral of the **complaint issue** at any stage of **the complaint this** procedure.

TIPS FOR COMPLETING THE FORM

- 1) Review the form before completing it so you have an idea of what kind of information is required.
- 2) Print legibly and firmly as you are making multiple copies.
- 3) Use complete words as much as possible. Avoid abbreviations.
- 4) As much as possible, you should report only facts about which you have first-hand knowledge. If you use second-hand or hearsay information, identify the source if permission is granted.
- 5) Identify the CNO standards/practice/guidelines/hospital policies and procedures you believe to be at risk. College of Nurses Standards can be found at www.cno.org.
- 6) Do not, under any circumstances, identify patients.

APPENDIX 7 – LETTERS OF UNDERSTANDING

LETTER OF UNDERSTANDING RE: MENTORSHIP GUIDELINES

“Mentorship” is addressed in Article 9.08 (c). These guidelines are intended to assist the parties in implementing mentorship arrangements in accordance with the requirements of the collective agreement.

Definition

- Mentorship is a formal supportive relationship between two nurses, which enhances the professional growth and development of a nurse to maximize **her or his their** clinical practice.
- Mentorship involves a three-way arrangement between the hospital, the nurse being mentored and the nurse doing the mentoring. The mentoring relationship is:
 - time limited,
 - focused on goal achievement, and
 - unique to each mentorship experience.
- The hospital, the nurse being mentored and the nurse doing the mentoring are expected to clearly understand the goals/expectations of the mentorship relationship. Goals are individually determined based on the learning needs of the nurse being mentored, and, as such, may not be consistent for all nurses. The length of each mentorship arrangement will be individually defined dependent upon the goals for each nurse being mentored. Mentoring assignments will normally consist of full tours; however, it is also possible that mentorship assignments can be for less than a full tour and/or scheduled on an intermittent or one-time basis. It is also possible that more than one mentor may be assigned to a mentee during the course of a mentorship arrangement.

Mentorship does not include:

- Supervising the activities of students. Supervision of the activities of students is covered in Article 9.08 (a).
- Providing guidance and advice to members of the multi-disciplinary health care team. This is addressed in Article 9.08 (b). Interaction with other nurses and other multi-disciplinary colleagues is an expected role responsibility for nurses.
- Orientation to the organization or general functioning of the unit. This may include activities such as:
 - WHIMIS training, the fire lecture, equipment location, generic hospital policies, introduction to staff and the general layout of the unit etc.
- The employer’s historical use of titles or terms does not define a mentor for the purposes of Article 9.08 (c). We acknowledge, however, that while mentorship is new

to the collective agreement, mentorship arrangements are not new to nursing or hospital workplaces. Accordingly, existing titles or terms may, or may not, meet the conditions of Article 9.08 (c).

Key Elements

- A mentorship relationship includes the nurse doing the mentoring to:
 - plan the mentorship experience based on the learning needs of the nurse being mentored, including the identification and co-ordination of learning opportunities with other health care providers.
 - assess the ongoing competence/development of competencies of the nurse being mentored, including assessments of competence gaps, risk management in relation to patient care, and co-ordination of learning experiences.
 - assist the nurse being mentored to effectively meet patient care needs.
 - be responsible for the management of learning for the nurse being mentored.
 - participate in direct skill transfer where there is responsibility for the management of learning for the nurse being mentored.
 - evaluate the learning experience of the nurse being mentored throughout the duration of the mentorship relationship, including the provision of written and/or verbal reports to management regarding progress towards goal achievement.
- It is recognized that the mentor and the nurse being mentored may not be together at all times during the mentorship period.
- The Hospital will pay the nurse for doing this assigned responsibility [mentoring] a premium of sixty (60) cents per hour, in addition to ~~her or his~~ **their** regular salary and applicable premium allowance.
- The Hospital will review the workload of the mentor and the nurse being mentored to facilitate successful completion of the mentorship assignment.

Implementation

- A Hospital may implement a mentorship relationship at any time during a nurse's employment when:
 - the nurse is experiencing difficulty in meeting standards of practice.
 - the nurse has a competency gap.
 - one-on-one management of the learning experience from an expert/experienced nurse will be of assistance.
- Mentoring may be implemented in various circumstances such as new hires to a unit; a nurse returns from a layoff or leave of absence (including sick leave or long-term disability) or for purposes of cross-training. This list is not all-inclusive and, as such, other circumstances may arise where the Hospital determines that a nurse requires mentoring.

- The decision to implement a mentorship experience as a mechanism to assist a nurse to meet standards of practice is the responsibility of the employer.
- The Hospital will provide, on a regular basis, all nurses with an opportunity to indicate their interest in assuming a mentorship role, through a mechanism determined by the local parties. The Hospital selects and assigns the mentor for a given mentoring relationship.
- At the request of any nurse, the Hospital will discuss with any unsuccessful applicant ways in which ~~she or he~~ **they** may be successful for future opportunities.
- The mentorship plan/arrangement for each mentoring relationship should be documented.

Evaluation

In addition to the evaluation of the effectiveness of specific mentorship arrangements in relation to pre-established goals and expectations:

- The Committee responsible for addressing professional development issues for nurses pursuant to Article 9.02 will be responsible for reviewing and making recommendations regarding the application of, and effectiveness of, mentorship relationships within the hospital.
- The employer also has a responsibility for evaluating the effectiveness of mentorship arrangements and, therefore, review and evaluation of arrangements should be conducted on a regular basis.

NOTE: it is mutually understood that these guidelines are “without prejudice” to either parties’ position with respect to the role of a nurse whose job duties normally include responsibility for teaching and/or educating other nurses.

LETTER OF UNDERSTANDING RE: PAID PROFESSIONAL LEAVE DAYS

The “paid professional leave days” to which nurses may be entitled is a local issue in the current round of bargaining.

NOTE: This issue cannot be referred to local issue interest arbitration.

LETTER OF UNDERSTANDING RE: PART-TIME VOLUNTARY BENEFITS

If the local parties agree, the Hospital will provide part-time employees with the option of voluntary participation in any and all of the group health and welfare benefit programs set out in Article 17. It is understood and agreed that the part-time employees would pay the Employer the full amount of the monthly premiums, in advance.

NOTE: Part-time voluntary benefits are not arbitrable in local negotiations.

LETTER OF UNDERSTANDING
RE: SUPERNUMERARY POSITIONS

The Hospital may introduce supernumerary positions to be offered to newly graduated nurses. Where such positions are introduced, the following will apply:

1. Only so many positions will be created as are covered by government funding for supernumerary positions.
2. Newly graduated nurses are defined as those nurses who have graduated from a nursing program or refresher program within the last year.
3. Positions will be created first on medical or surgical units except as the parties otherwise agree. Such agreement will not be unreasonably withheld.
4. No appointment will be made to a supernumerary position without prior discussion with the local Association as to where the supernumerary nurses will be assigned, what will be expected of them, and what mentoring arrangement will apply (see 7 below).
5. Such positions will not be subject to internal postings or request for transfer processes outlined in Article 10.07.
6. Such nurses will be full-time and covered by the full-time collective agreement.
7. Such nurses will be in formal mentorship arrangements in accordance with Article 9.08 (c) and the Letter of Understanding on Mentoring.
8. The duration of such supernumerary appointments will be for the period of funding or such other period as the local parties may agree, provided such period is not less than twelve (12) weeks.
9. Such nurses can apply for posted positions after the probationary period is completed.
10. If the nurse has not successfully posted into a permanent position by the end of the supernumerary appointment, **she/he they** will be reclassified as casual part-time and this will not be considered a layoff and the nurse will not be reassigned.
11. The Hospital bears the onus of demonstrating that such positions are supernumerary.
12. The Association will be provided with such written information as it may reasonably require regarding each supernumerary position.

13. In the event of a layoff in the area of assignment of the supernumerary nurse, either the Hospital or the Local Association may require that the supernumerary nurse shall be first laid off.

**LETTER OF UNDERSTANDING
RE: RETENTION/RECRUITMENT/RATIOS**

The parties agree to work cooperatively with the Ministry of Health and Long-Term Care to identify best practices and areas of innovation to address matters pertaining to nursing retention, recruitment and appropriate ratios of full-time and part-time staff.

**LETTER OF UNDERSTANDING
RE: PUBLIC HOSPITALS ACT**

OHA will send the following letter/bulletin to Hospital CEOs and Board Chairs regarding the Public Hospitals Act, copied to ONA:

The Ontario Nurses' Association (ONA) has raised with the OHA the requirements of the *Public Hospitals' Act* (PHA) related to nurses on committees and we have agreed to remind you of this by drawing it to your attention. Section 4 (1) (f) of Regulation 965 of the PHA requires every Board to pass by-laws for "*the participation of ... staff nurses ... in decision-making related to administrative, financial, operational and planning matters in the Hospital*" and "*the participation at the committee level of ... staff nurses ... including the election by staff nurses of representatives to committees...*"

**LETTER OF UNDERSTANDING
RE: GRIEVANCE COMMISSIONER SYSTEM**

This is to confirm the discussion of the parties during collective bargaining that they are committed to encouraging early discussion and resolution of labour relations issues at the local level and seek to resolve grievances in a timely and cost-efficient manner.

To that end, this is to confirm that pursuant to Article 7, the parties agree that the Employer and Union at individual hospitals may agree to utilize the following process in order to resolve a particular grievance through the utilization of a joint mediation-arbitration procedure:

1. The Employer and Union may mutually agree in writing to invoke the Grievance Commissioner process outlined in this letter rather than proceed to arbitration as set out in Article 7.07 (a) of this collective agreement for an individual, group or policy/union grievance.
2. The Grievance Commissioner shall have the same powers and be subject to the same limitations as a Board of Arbitration hereunder, save and except as expressly provided herein.

3. The roster of potential Grievance Commissioners for an individual hospital shall be mutually agreed upon by the Employer and Union.
4. A Grievance Commissioner (where more than one, acting in rotation) will set aside such time as may be requested by the Employer and Union.
5. The location of any such hearing shall be agreed upon by the local parties.
6. The parties shall provide the Grievance Commissioner with a Statement of Facts Agreed and Not Agreed. In addition, they shall provide the Grievance Commissioner and each other with brief written representations on which they intend to rely provided that such are emailed not less than ten (10) days before the commencement of the hearings of the Grievance Commissioner. This information will include the grievance and the Employer's response.
7. The purpose of the hearing is to clarify issues and/or facts in dispute. At the hearing, the parties may make such further representations or adduce such evidence as the Grievance Commissioner may permit or require but the Grievance Commissioner shall not be obligated to conform to the rules of evidence.
8. The parties acknowledge that this is an expedited form of a med-arb process whereby the Grievance Commissioner, based on the evidence and representations provided by the parties during the med-arb session, will decide the grievance. The parties agree that no witnesses will be called throughout this process, except as required by the Grievance Commissioner. The Grievance Commissioner must render his/her their written decision, without reasons, to both parties within ten (10) working days of the conclusion of the hearing.
9. If it becomes clear at any point during the process that due to exceptional circumstances the grievance is too complex for the Grievance Commissioner process, the parties may jointly agree to revert to traditional arbitration pursuant to Article 7 of the collective agreement.
10. The decision of the Grievance Commissioner shall only be applicable to the case in question and shall not constitute a precedent nor be used by either party as a precedent in future cases.
11. Notwithstanding anything contained herein, the decision of the Grievance Commissioner shall be in accordance with Article 7.13.
12. The Union and Employer shall each be responsible for one-half (1/2) of the expenses (including any off-site location of the hearing) and fees payable to the Grievance Commissioner.
13. If any member of the Grievance Commissioner roster agreed to by the parties under paragraph number 3 who, having been requested in turn to act as the Grievance Commissioner, is unable or unwilling to act, he/she they shall not again be requested to act as a Grievance Commissioner until his/her their name comes up again on the regular rotation of the roster.

14. The parties agree that the Grievance Commissioner can serve as a mediator/arbitrator for more than one grievance on a single day.

The parties agree that nothing in this letter prevents the parties at a Hospital from mutually agreeing to mediation for any other grievances pursuant to Article 7.07 (b).

LETTER OF UNDERSTANDING
RE: SUPERNUMERARY POSITIONS-NURSING CAREER ORIENTATION (NCO)
INITIATIVE FOR INTERNATIONALLY EDUCATED NURSES (IENS)

The Hospital may introduce supernumerary positions that may be offered to Internationally Educated Nurses (IENs). Where such positions are introduced, the following will apply:

1. Only so many positions will be created as are covered by government funding for supernumerary positions.

Nursing Career Orientation (NCO) Initiative nurses are defined as those nurses who have initially (never before) registered with the College of Nurses (CNO) whose location of initial nursing education is outside of Canada. NCO nurses will be recognized as such from the date of inception to a period of time that the MOHLTC continues to implement the NCO. NCO nurses must be hired as supernumerary within six (6) months of initial registration with the CNO.

2. Positions will be created first on medical or surgical units except as the parties otherwise agree. Such agreement will not be unreasonably withheld.
3. No appointment will be made to a supernumerary position without prior discussion with the local Association as to where the supernumerary nurses will be assigned, what will be expected of them, and what mentoring arrangement will apply (see 6 below).
4. Such positions will not be subject to internal postings or request for transfer processes outlined in Article 10.07.
5. Such nurses will be full-time and covered by the full-time provisions of the collective agreement.
6. Such nurses will be in formal mentorship arrangements in accordance with Article 9.08 (c) and the Letter of Understanding on Mentoring.
7. The duration of such supernumerary appointments will be for the period of funding or such other period as the local parties may agree, provided such period is not less than twelve (12) weeks.
8. Such nurses can apply for posted positions after the probationary period is completed.

9. If the nurse has not successfully posted into a permanent position by the end of the supernumerary appointment, she/he they will be reclassified as casual part-time and this will not be considered a layoff and the nurse will not be reassigned.
10. The Hospital bears the onus of demonstrating that such positions are supernumerary.
11. The Association will be provided with such written information as it may reasonably require regarding each supernumerary position.
12. In the event of a layoff in the area of assignment of the supernumerary nurse, either the Hospital or the Local Association may require that the supernumerary nurse shall be first laid off.

LETTER OF UNDERSTANDING
RE: REGISTERED NURSE WORKFORCE – HEALTH HUMAN RESOURCE
PLANNING

Local

The parties agree that health human resource planning may optimize the registered nurse workforce and may improve quality patient care and outcomes and quality work environments. To this end, the parties will work together at the hospital level to effectively and efficiently utilize the registered nurse workforce through the Hospital Association Committee, reviewing:

- overtime hours,
- hours worked by casual part-time nurses,
- hours worked by regular part-time nurses above their commitment as per the local scheduling provisions, and
- hours worked by agency nurses.

Where appropriate, if the hours identified are consistent and recurring, they may be used to add or create full-time or regular part-time positions.

Provincial

The Union and the Participating Hospitals will strike a joint provincial working group to collect data, review and/or establish research related to registered nurse staffing and will work to secure the participation from the Provincial Chief Nursing Officer or equivalent and the Ministry of Health and Long-Term Care (MOHLTC) to share solutions with these bodies.

LETTER OF UNDERSTANDING
RE: OHA EARLY RETIREE DENTAL BENEFITS

The OHA will communicate to hospitals their obligation to inform active employees upon reaching age 58 of the OHA – Sponsored Early Retiree Dental Benefits Program and

provide an updated communiqué to the Hospitals identifying the Early Retiree Dental Benefit and related costs.

LETTER OF UNDERSTANDING
RE: COMMITMENT TO EQUITY, DIVERSITY AND INCLUSIVITY

The parties agree that patient care is enhanced when the workplace environment is reflective of the communities they serve, and that the goal of all is to provide quality care and equitable outcomes for patients. To that end, the parties are committed to promoting a workplace of diversity, inclusion and where everyone feels valued. The parties are committed to a workplace that is inclusive of their diverse communities, including but not limited to Black, Indigenous, People of Colour (BIPOC) and Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and/or Agender, Two-Spirited and the countless affirmative ways in which people choose to self-identify (LGBTQIA2+).

The parties value the contributions of all staff in the hospital and recognize that discriminatory and oppressive acts can negatively impact staff. The parties are committed to making an equitable working environment that is inclusive for all patients and staff.

To support this commitment, where a committee or other hospital forum does not already exist, the local parties will endeavour in the first year of the collective agreement to establish a committee or other hospital forum. The committee or hospital forum will discuss and implement strategies, initiatives and training programs that enhances the workplace to promote in an effective and meaningful way an environment that encourages, supports, and celebrates equity, diversity and inclusivity for patients and staff. This committee or hospital forum will include at least one (1) representative selected or appointed by the Union from amongst bargaining unit employees and will meet on a frequency as determined by the committee or hospital forum.

LETTER OF UNDERSTANDING
RE: OPTIMAL COMPLEMENT OF REGISTERED NURSES (RNS)

The local parties agree to meet annually to review the complement of registered nurses (RNs). The Hospital and the Union will work together to identify units where patient care needs would be enhanced by a review of the complement of RNs, and to discuss how best to address those needs.

The parties will discuss the optimal full-time and part-time complement of RNs for the unit which meets its patient care needs. To assist the discussion, the parties will review the following:

- Acuity
- Agency hours
- Continuity of care
- Hours paid at premium

- Individual special circumstances
- Leaves of absences
- Patient census
- Professional development
- Scheduling practices
- Vacation scheduling
- Full-time/part-time complement
- Workload
- Professional Responsibility Workload Forms
- Staff turnover/Recruitment and Retention

LETTER OF UNDERSTANDING

RE: SUPPLEMENTAL VACATION EARNED AS OF SEPTEMBER 8, 2005

Whereas the parties agree that the language as follows is no longer applicable and wish to delete it from the collective agreement;

Article 16.01

NOTE: Effective September 8, 2005, employees who have supplemental vacation (additional 5 vacation days after 30 years of continuous service and additional 5 vacation days after 35 years of continuous service) which was previously earned prior to the effective date of the 7 weeks of vacation entitlement awarded on September 8, 2005, shall be entitled to utilize their remaining supplemental vacation, if any.

Article 16.06

NOTE 1: Effective September 8, 2005, employees who have supplemental vacation (additional 2% vacation pay upon completion of 45,000 hours of continuous service and additional 2% vacation pay upon completion of 52,500 hours of continuous service) which was previously earned prior to the effective date of the 7 weeks of vacation entitlement awarded on September 8, 2005, shall be entitled to utilize their remaining supplemental vacation, if any.

And, whereas the parties are unable to determine during bargaining if any nurses continue to have earned but unused supplemental vacation days.

The parties agree as follows:

1. The 16.01 NOTE and 16.06 NOTE 1 will be deleted from the collective agreement.

2. The Participating Hospitals agree:

(a) To provide each Bargaining Unit President with disclosure within sixty (60) days of ratification or award, the names of any nurse(s) who potentially has entitlement to unused supplemental vacation days.

~~(b) The Bargaining Unit President will confirm with the nurse their entitlement.~~

~~(c) The Participating Hospitals agree, that should any nurse still have supplemental vacation as contemplated by the notes prior to this deletion, such nurse shall be entitled to use this supplemental vacation during the term of this collective agreement.~~

3. ~~The parties agree that this Letter of Understanding will be removed from the collective agreement during the next round of bargaining.~~

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**APPENDIX 8 – PROCEDURAL GUIDELINES FOR AN
INDEPENDENT ASSESSMENT COMMITTEE (IAC) HEARING**

1. The IAC Chair through the respective nominees will consult with the Union and the Hospital prior to the hearing to determine the number of days required for the hearing and the dates scheduled for the hearing. The parties agree that the hearings will be conducted in an expeditious manner.
2. The Hospital and the Union will submit all relevant documentation (including their submissions to be put forward at the hearing) to the committee members and to the other party a minimum of two weeks before the hearing. In the event that one of the parties wishes to submit additional documentation to the Committee and the other party after the two-week deadline, approval from the Chair is required.
3. IAC Members shall conduct a tour of the relevant unit(s). All IAC members shall have an opportunity to investigate/ask questions.
4. The IAC has the right to ask questions of anyone participating in the hearing. Other than for the purpose of scheduling/logistics, the Chair shall not engage in independent discussions with either party.
5. At the Hearing, the Union and the Hospital will each be given an equal opportunity to make a presentation, to ask questions of clarification, to respond to the other party's submission, and to make a closing statement.
6. The Employer and ONA will each appoint one person to present its case and to respond to the other party's submission. The names of these individuals shall be provided to the Chair at least two weeks prior to the hearing.
7. All present at the hearing will protect patient confidentiality.
8. IAC member notes will be kept for a minimum of one year from the hearing or longer if deemed necessary.
9. All participants may offer information and/or seek clarification with permission from the Chair.
10. The IAC Chair may use the following process to conduct the Hearing without any requirements to utilize all the steps or their order:
 - a. Welcome and Introductions, including purpose and role, Amendments and Approval of Agenda
 - b. Tour of the relevant Unit(s)
 - c. Presentation by ONA
 - d. Presentation by the Hospital
 - e. Response to ONA's presentation by the Hospital

- f. Questions to the Hospital from ONA and the IAC
 - g. Response to the Hospitals presentation by ONA
 - h. Questions to ONA from the Hospital and the IAC
 - i. Questions to the Participants, ONA and the Hospital by the IAC
 - j. Closing remarks by the Hospital
 - k. Closing remarks by ONA
 - l. Closing remarks by the IAC
 - m. Adjournment
11. In the event the IAC determines it requires additional information following the completion of the hearing, it will convene a joint teleconference/meeting with the parties.

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APPENDIX 9 – WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

Employer: _____

Unit/Area/Program: _____

General Description
of Service: _____Timeframe Being
Reviewed: _____Number of Professional Responsibility
Workload Report Forms Submitted: _____

Key Workload Issue(s):

 Gaps in Continuity of Care Balance of Staff Mix Access to Contingency Staff Appropriate Number of Nursing Staff Other: _____HAC/Unit
Participants: _____Date First Discussed
at HAC: _____Date(s) Workload/Professional
Responsibility Review Tool Completed: _____Date Qualitative/Quantitative Analysis
and Gap Analysis Completed: _____Date Joint Implementation/
Action Plan Developed: _____Date Action Plan
Implemented: _____

GUIDELINES FOR COMPLETION OF WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

1. The tool is used to collect data that is specific to the workload issue(s) being addressed and is intended to enable examination and support analysis of the underlying concerns.
2. Completion of the tool is a collaborative effort on the part of the Union and the Hospital.
3. In some circumstances not all components of the tool may be required to be analyzed in order to address the workload concerns.
4. Data collected in the tool is both quantitative and qualitative. Quantitative data will be drawn from existing hospital reports from current decision support systems. Qualitative data will be derived through focus group discussions using the lines of inquiry referenced in the Workload/Professional Responsibility Review Tool.
5. Data collected using this tool and submissions on the Professional Responsibility Workload Report Form and any other relevant information will form the basis for examination and analysis of the issue(s) being addressed.
6. Analysis of the data includes the identification of gaps, trends, patterns, and themes.
7. Joint recommendations will be formulated collaboratively based on the findings from the data analysis.
8. The joint recommendations will be used to develop an action plan that reflects mutually agreed upon tactics, timelines and most responsible person.

WORKLOAD/PROFESSIONAL RESPONSIBILITY REVIEW TOOL

A. Practice Environment	
Staffing Complement	# FT – _____ # Regular PT – _____ # Casual PT – _____
FTEs	Budgeted/Actual – _____ Total – _____ # FT – _____ #PT – _____ 1950 hours = 1 FTE
Vacancies	# FT – _____ # Regular PT – _____ # Casual PT – _____
Overtime	# Hours – _____ % of total hours – _____
Sick time	# Hours – _____ % of total hours – _____
Turnover	# Positions FT/RPT/Casual PT – _____ % Total Unit Positions – _____
Incident Reports	<i>specific to and related to workload concern(s)</i>
Experience	Total years of experience in this service – _____ Total years of experience – _____ Novice – _____ Intermediate – _____ Expert – _____ # Staff on Orientation – _____ # Students – _____ # New Grad Initiative – _____ # Mentorship Roles – _____
Scheduling Practice	Type(s) of schedule

A. Practice Environment	
Replacement Staff*	PT on unit/Resource Team/Agency
Accommodations &/or Modified Workers	# Temporary – _____ # Permanent – _____
Patient Census	# Admissions – _____ # Discharges – _____ # Transfers – _____

B. Competency		
Nurse Competency (Key Skills/Knowledge)	Number	% Total RN Staff

C. Resources/Support/Current Status Report	
	DESCRIPTION
Clinical	
Non-Clinical	
Leadership	

C. Resources/Support/Current Status Report	
	DESCRIPTION
Practice Supports	
Orientation	
Professional Development	

D. Lines of Inquiry	
	DETAILS
1. Do the staffing levels meet the patient population, accommodate replacement, orientation, and professional development?	
2. Does the assignment of nursing care maximize continuity of patient care?	
3. Are staffs work life considerations and work preferences accommodated?	
4. Are staffing levels and lines balanced to accommodate patient needs, nursing effort, experience, educational preparation and organizational demands?	
5. Is there adequate access to educational resources, i.e., conferences,	

D. Lines of Inquiry	
	DETAILS
workshops, clinical instructors, library, other?	
6. Do current practices promote autonomy? i.e., evidence-informed decision-making; full scope of practice; input into decisions that affect nursing practice and unit policies; opportunity to question processes when they do not support quality patient care.	
7. Do nurses have opportunities to be involved at various levels, i.e., care rounds, unit councils, to influence practice?	
8. Are effective working relationships established with key stakeholders/colleagues? (cross-organizational and within area of practice)	
9. Are there mechanisms to support the integration of evidence-based practices, innovation, and quality improvement?	
10. Are near misses and/or critical incidents used to improve practices?	
11. Is there a forum in which nurses participate regularly to discuss professional/ethical issues at the unit level?	
12. Are principles of client-centered care integrated into orientation?	
13. Are the core processes of client-centered care enacted in care delivery (see client-centered care, pg. 20)	

D. Lines of Inquiry	
	DETAILS
14. Is there an established process to resolve conflict and enable problem-solving within the nursing team?	
15. Are there established processes for recognizing and rewarding success?	
16. Are there established processes for decision-making for a variety of circumstances such as emergencies, day-to-day functioning, long-term planning?	
17. Are there established processes for ensuring open channels of communication?	

E. Glossary of Terms
<p>A. Practice Environment</p> <p><u>Incident Reports</u>: Hospitals across the province use a variety of incident reporting systems to document, collect, monitor, and analyze adverse events. Adverse events are unintended injuries or complications resulting from care management, rather than by the patients underlying disease, and that lead to death, disability at the time of discharge or prolonged hospital stays (Canadian Adverse Event Study, 2004). Examples of adverse events include medication errors and falls. Please note the definition of adverse events is inclusive of critical incidents and near misses.</p> <p><u>Replacement Staff</u>: The availability of nursing staff needed in addition to baseline staff in order to maintain the appropriate workload for staff while meeting patient needs (RNAO, 2007). Examples include casual and part-time nursing pool, Nursing Resource Team/Unit, agency nurses and reassignment from one patient care unit to another.</p>
<p>B. Competency</p> <p><u>Nurse Competency (key skills/knowledge)</u>: Distribution of staff with minimum required RN and RPN entry to practice credential i.e.: BScN or diploma preparation (Important note: as of 2005, entry to practice for the RN is BScN and entry to practice for the RPN is diploma); and distribution of staff with nationally recognized nursing or health care specialty credential for example, Critical Care,</p>

E. Glossary of Terms

Advanced Cardiac Life Support (ACLS), and Canadian Nurses Association (CNA) Specialty Certification.

C. Resources/Support

Clinical: Nursing, physician, and other regulated health human resources examples include: Nursing Clinical Educators, Dietitians, Registered Respiratory Therapists, Physiotherapists and Pharmacists. The accessibility and availability of consultative resources should be considered.

Non-clinical: Unregulated human resources examples include clerical, porters and housekeeping.

Practice Supports: Tools that facilitate care provision examples include medical directives, care plans and pathways, policies, procedures, protocols, assessment tools and role descriptions. This can also include equipment and supplies.

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http://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf

http://rnao.ca/sites/rnao-ca/files/Developing_and_Sustaining_Effective_Staffing_and_Workload_Practices.pdf

http://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf

http://rnao.ca/sites/rnao-ca/files/Client_Centred_Care.pdf

<http://rnao.ca//bpg/guidelines/person-and-family-centred-care.pdf>

Burkoski, V. (2013) London Health Sciences Centre – Professional Practice Assessment Tool

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ONTARIO NURSES' ASSOCIATION

SUBMISSION

on

2021 PRE-BUDGET CONSULTATIONS

to

Minister of Finance

January 26, 2021



ONTARIO NURSES' ASSOCIATION

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Summary of ONA Recommendations for 2021 Ontario Budget

ONA's submission to the 2021 Ontario pre-budget consultation builds on the recommendations laid out in our 2020 submission, all of which hold true today:

1. On the SARS Commission recommendations:
 - Fully implement – and appropriately fund where necessary – the precautionary principle in all health-care facilities.
 - Stockpile 3 months of supply of Personal Protective Equipment (PPE) for all health-care facilities in the province.
 - Empower the Ministry of Labour (MOL) inspectors to properly investigate allegations of violations to the *Occupational Health and Safety Act*.
2. On the shortage of Registered Nurses:
 - Launch a robust recruitment strategy to bridge the Registered Nurse (RN) care gap. For Ontario to reach the average RN staffing ratio in Canada, the province needs to hire at least 20,000 net new RNs to enable the appropriate staffing of hospitals and in other sectors.
 - Repeal Bill 124, legislation that freezes public sector wages and violates constitutional rights of unionized nurses, as part of a broader strategy to improve retention and recruitment of RNs.
 - Launch a provincially funded COVID fund for all sectors to provide compensation for lost wages due to illness and/or self-isolation of RNs and health-care professionals. The fund should also be used to supplement the lost income of all front-line health-care workers in long-term care and elsewhere who were forced to select only one workplace and lost income as a result.
3. In hospitals:
 - Permanently raise the annual funding escalator for Ontario hospitals and acute care facilities by a minimum of 5.2 percent to meet estimated annual increases in cost pressures, pre-pandemic, with binding targets to eliminate hallway health care.
4. In public health:
 - Permanently reverse the announced 2019 cuts and provincially fund public health programs and services at 100 percent to ensure consistent service provision and resilience to outbreaks throughout the province. Develop a clear plan to ensure the recruitment and retention of front-line public health nurses.
5. In long-term care:
 - Launch systemic change in Ontario's long-term care sector by immediately increasing the funding to ensure a minimum of four (4) hours of direct care per resident per day, with RN care comprising 20 per cent. In addition, there should be at least (1) Nurse Practitioner for every 120 residents. As well, it is time to rapidly accelerate the phase out of "for profit" long-term care homes and immediately restore the annual Resident Quality Inspections (RQIs) in all the LTC homes.
6. In home care:
 - Protect and expand the jobs of care coordinators in the transition from Local Health Integration Networks (LHINs) to Ontario Health Teams (OHTs) to improve the continuity of care for patients in home care.
 - Restore the Patient Bill of Rights to legislation and repeal the sections of Bill 175 that open the door to increased service delivery by for-profit home care agencies.
 - End the practice of competitive bidding among for-profit home care providers, which rewards employers who pay home care nurses and other workers less and weaken working conditions.

7. Repeal Bill 195 that allows employers to strip RNs of hard-won and constitutional contract rights outside of a state of emergency, risking to further demoralize the workforce of front-line heroes.
8. Tackle head on the growing epidemic of violence in health-care settings by improving staffing levels and fully implementing the recommendations in the *Workplace Violence Prevention in Health-care Progress Report*.

I. **Introduction**

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, including home care, clinics and industry.

In one short year, the COVID-19 pandemic has indelibly altered the landscape of health care in Ontario. Despite this, the issues at the heart of the crisis in our health-care system remain largely the same now as they were one year ago. Pre-existing cracks and weaknesses in the system were overwhelmed by the new pathogen that spread mercilessly through society, exacerbating the tragedy. Meanwhile, these cracks and weakness have not been fixed.

ONA welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations from the perspective of front-line nurses and health-care professionals with respect to our priorities for the 2021 Ontario budget.

In honour of the 200th anniversary of the birth of Florence Nightingale, the World Health Assembly declared – prior to the year's commencement – that 2020 would be recognized as the *International Year of the Nurse and Midwife*.¹ Without a doubt, 2020 quickly became the year of the nurse and other health-care professionals as these heroes provided the last line of defence against a pandemic ravaging societies and health-care systems. It was their courage, compassion and dedication, in the face of unfathomable adversity, that brought light to an otherwise grim year.

It is our hope that the government will learn important lessons from the pandemic; chief among them that Ontario cannot afford to return to the status quo of chronic underfunding and understaffing, which blighted the health-care system before the pandemic struck. Budget 2021 must lay the groundwork for a relaunch of the entire Ontario health-care system based on the principles of sustainable and adequate public funding, a robust workforce of RNs and other health-care professionals and a phase-out of the corrosive profit-driven delivery of care, which monumentally failed Ontarians during the COVID-19 pandemic.

Unfortunately, much of what was true in January 2020 remains true to this day. The core issues affecting health care one year ago have not been systemically fixed. Successive governments have failed to act: Ontario still has the lowest RN-to-population ratio in Canada. Nothing has been done to lock-in sustainable funding for hospitals over the medium and long term. New wage restraint rules and statutory overrides of union contracts now make it more difficult to attract and retain nurses to the province. Health-care restructuring has created unprecedented uncertainty for nurses and health-care professionals across many sectors.

Hospitals across Ontario have been running major deficits during the pandemic, despite provincial funding bursts, leaving many concerned about possible cashflow issues in 2021.²

Put quite simply, Ontario can – and must – do better.

Amidst the severe crisis of the COVID-19 pandemic, opportunity emerges to change course and rebuild the Ontario health-care system from the ground up with a strong foundation of sustainable public funding, a robust workforce of registered nurses and health-care professionals and a phase out of profit-driven care.

The province also has additional tax revenue sources that could be mustered for this cause. Ontario's personal income tax is equivalent to 9.9 percent of labour income, compared to the 11.7 percent share in the rest of the country. And its corporate income tax revenue is 11.8 percent in Ontario, compared to the 12.2 percent share in the rest of the country.³ By asking those who can afford it to pay a little more, Ontario can maintain its public health-care system, and improve and expand it.

Without the courage, compassion and stamina of Ontario's RNs and health-care professionals, who have bravely held together an underfunded system during an unprecedented pandemic, the tragedy in Ontario would have been far worse. We owe them all a great debt. The government owes them a better future.

II. Full funding and implementation of the SARS Commission recommendations

As the Ontario government picks through the avalanche of lessons from the COVID-19 pandemic, we must not lose sight of the lessons learned from the previous near-miss pandemic: SARS. Ontario was the North American front line against SARS in 2003 and much was gleaned from this dress rehearsal.

Indeed, Justice Archie Campbell's Inquiry into Ontario's handling of the virus provided a blueprint for the province's pandemic preparations.

Unfortunately, many of the crucial recommendations authored by Justice Campbell and his commission in 2006 were not effectively implemented in the intervening years, leaving Ontario unnecessarily vulnerable to the next outbreak in 2020.⁴

In our submission to Ontario's Long-term Care COVID-19 Commission, ONA presented our recommendations for immediate action to help mitigate the ongoing tragedy in the LTC sector on the basis of the SARS Commission recommendations.⁵ These recommendations can and should be applied broadly to the entire health-care system, as well:

1. The precautionary principle, established by the SARS Commission as a fundamental aspect of worker health and safety, must guide the development, implementation and monitoring of measures, procedures, guidelines, processes and systems to ensure worker health and safety.
2. Empower the Ministry of Labour, Training and Skills Development (MLTSD) inspectors to properly investigate allegations of *Occupational Health and Safety Act* (OHSA) violations and unsafe workplaces, as recommended by the SARS Commission:
 - o This should include a proactive inspection blitz in LTC homes and other health-care settings, including unannounced inspections (Note: The SARS commission recommended that "in any future infectious disease outbreak, the MOL take a proactive approach throughout the outbreak to ensure that health-care workers are protected in a manner that is consistent with worker safety laws, regulations, guidelines and best practices.")
3. Stockpile a three (3) month supply of PPE, for every health care facility in the province, including gloves, gowns, goggles, face shields, surgical masks and NIOSH-approved fit-tested N95 respirators (or equivalent or better). This is a standard policy in Hong Kong, which also dealt with SARS and has had enormous success in curbing the spread of the COVID-19.
 - o Ensure that PPE is readily accessible to all relevant health-care professionals and staff in the health-care facilities who would need them.
 - o Ensure fit-testing for all staff for NIOSH-approved N95s and other respirators.
4. Facilities should provide weekly updates on supply of PPE during a pandemic to the Joint Health and Safety Committee and the workplace trade unions.

The COVID-19 pandemic has taught us that we can never be caught unprepared again. Moreover, the government of Ontario must commit to elevating the importance of the precautionary principle in all pandemic preparations for the future and to investing in the resources needed to effectively apply it, should the time come.

III. Registered Nurse Shortage

A focus on the nursing workforce is crucial now more than ever as Ontario plans for the period of pandemic recovery. The year 2019 marked the fourth year in a row that Ontario had the lowest RN ratio per 100,000 population in the country.⁶ ONA has consistently urged the government to develop a funded plan to close the RN care gap, as part of its strategy to address hallway health care. For Ontario to reach the average RN staffing ratio in Canada, the province needs to hire at least an additional 20,000 RNs.⁷

The latest comparable provincial data available from the Canadian Institute for Health Information (CIHI) on RNs in Canada shows that Ontario had just 725 RNs per 100,000 Ontarians, well below the Canadian average. Newfoundland and Labrador, by contrast, has the best ratio with 1,098 RNs per 100,000 residents.⁹ As the pandemic drags on, there is reason to be concerned that a higher number of RNs and health-care professionals could exit their workplaces from accumulated burnout and declining morale.

Data from the College of Nurses of Ontario shows that the RN share of all nursing employment is declining – from 76.3 percent in 2003 to 65.7 percent in 2019. ONA has consistently raised that the replacement of RNs with Registered Practical Nurses (RPNs), combined with population growth and more demand from more complex, unstable patients, is creating a shortage of RNs.⁸

Further, a health human resources strategy for Ontario will also be needed to plan to replace RNs currently approaching retirement age. In 2019, there were 27,271 RNs aged 55-plus, or 25.6 per cent of Ontario's employed RN workforce, eligible to retire in the coming years. That is one-fourth of employed RNs who could retire in the coming years, potentially further aggravating the already severe shortage.⁹

The Ontario Auditor General's 2016 Annual Report¹⁰ provided strong evidence for the need to improve RN staffing in our hospitals. The Auditor General found that RN patient assignment is heavier in Ontario than what international best practices recommend. As the Auditor's report notes, comprehensive research shows "that every extra patient, beyond four, that is added to a nurse's workload results in a seven per cent increased risk of death."¹¹

For instance, research indicates that RN staffing is positively correlated with a range of improved patient outcomes: reduced hospital-based mortality, fewer cases of hospital-acquired pneumonia,

unplanned extubation, failure to rescue, nosocomial bloodstream infections; and shorter lengths of stay.¹²

RN staffing also provides savings to the health-care system as a whole. Multiple peer-reviewed studies, using costing models, have found that improved RN staffing levels reduces the number of interventions and treatments related to avoidable adverse events.

As an example, one study has demonstrated that higher RN staffing decreases the odds of readmission of medical/surgical patients by nearly 50 per cent and reduces post-discharge emergency department visits.¹³ A further study¹⁴ concluded that raising the proportion of RN hours resulted in improved patient outcomes and reduced the costs associated with longer hospital stays and adverse outcomes compared to other options for hospital patient care staffing.

Yet another study¹⁵ demonstrated that patient care improved from additional RN staffing that prevents nosocomial complications, mitigates complications through early intervention, and leads to more rapid patient recovery, creates medical savings and shows the economic value of professional RN staffing.¹⁶ Further, a study¹⁷ to determine the costs and savings associated with the prevention of adverse events by critical care RNs found annual savings from prevented adverse events (such as near misses) ranged from \$2.2 million to \$13.2 million, while RN staffing costs for the same time period amounted to \$1.36 million. This study concluded that although RN critical care staffing costs are significant, the potential savings associated with preventing adverse events is far greater.

The evidence is clear that the addition of RN staffing would result not only in safer patient care but also in measurable cost savings for Ontario hospitals and the provincial treasury.

The 2021 budget is an opportunity for this government to change the course of history in Ontario and begin laying the foundations for a sustainable and resilient RN workforce in the coming years and decades. If ever their vital contribution to society had been overlooked, the COVID-19 pandemic deservedly brought these heroes back into the spotlight. Without them, our system would have failed.

Nurses provide the best care they can under the working conditions they face. They care deeply, they are committed to their patients, but the status quo is not adequate for safe patient care.

IV. Hospital Sector

The challenges facing the hospital sector in Ontario were widely known across this province before the pandemic struck. Few Ontarians are unaware of hallway health care, overcrowding and understaffing in hospitals. And once COVID-19 arrived, few Ontarians were left unaware of the vital role that hospitals play in keeping us all safe.

Ontario nurses have been sounding the alarm bells for years now regarding an emerging critical state in our hospitals, which seems to deteriorate year after year. The root causes are no mystery. Years and years of underfunding by provincial governments has left hospital administration budgets squeezed and unsustainable. Provincial funding has failed to keep up with population growth, aging, new infrastructure needs and inflationary costs.¹⁸ Ontario's per capita program spending is already the lowest in Canada – in 2017 Ontario spent \$3,903 per person on health-care which is \$487 per person lower than the average of the rest of Canada.¹⁹ Ontarians need a provincial budget in 2021 that commits to long-term, sustainable escalators in hospital funding to ensure hospitals have the funds needed for a robust recovery from the pandemic.

Despite significant one-time emergency investments by the province to shore-up the beleaguered Ontario hospitals during the first and second waves of the virus, hospitals have been running out of cash. In October 2020, the Ontario Hospital Association announced some hospitals were opening new lines of credit or redeploying capital funds to pay for the “king’s ransom” in pandemic-related costs. Worse still, some facilities may eventually run out of cash for payroll.²⁰ Meanwhile, surgeries continue to be deferred and patients transferred in desperate bids by hospitals to preserve enough beds for COVID patients. Budget 2021 must provide the emergency funding to guarantee no hospital will run out of cash during the pandemic, even in the most extreme scenarios.

Despite these challenges, our valiant ONA members go beyond the call of duty every day and night to deliver quality care to Ontarians during some of the most trying times imaginable. But Ontarians can only expect so much from health-care workers being asked to do more with less.

Somehow, amidst the unfathomable crisis facing the health-care system this year, some hospitals proceeded with major layoffs of RNs. Over the course of 2020, ONA tallied the elimination of 63 net full-time and part-time RNs through hospitals that make up the University Hospital Network. And, with the second wave of the pandemic imminent, Southlake Regional Health Centre in Newmarket, Ontario, opted to eliminate 77 full-time and part-time RN positions in September 2020.

This hospital already faced nine charges by the Ministry of Labour for violations of the *Occupational Health and Safety Act* and has faced severe RN shortages in recent years. Layoffs like these defy logic and common sense in a year like 2020. While the hospital management has jurisdiction over human resources decisions, the provincial government can set standards and provide adequate funding. Ultimately, the provincial government ought to commit in Budget 2021 to restoring lost RN positions in hospitals across the province as a first and immediate step towards reducing the overall and growing shortage.

In our 2020 pre-budget submission, ONA brought to the attention of the provincial government the increasingly dire circumstances in hospitals across the province, running overcapacity, underfunded and understaffed. All of these bear repeating in this year's submission. Here are some of the highlights:

- A 2019 Ontario Hospital Association (OHA) report read:
“Attempts to squeeze out any more perceived hospital inefficiencies – with existing system structure and capacity – will likely worsen hallway health-care. The very real risk is that access to hospital care will become even more difficult and wait times will continue to rise.”
- Ontario has the lowest hospital expenditure per capita of any province in Canada. Internationally, Ontario is tied with Mexico for the fewest number acute care beds per capita.
- From 2012 to 2019, total funding for Ontario hospitals rose by 5.4 percent (less than 1 percent per year), while the average total rise in other provinces was 12.9 percent. The same report finds that hospital bed capacity has been relatively flat since 1999, despite a province-wide population increase of 27 percent.²¹
- In one Brampton hospital, overcapacity in some cases runs at over 500 percent.²² Other hospitals across Ontario frequently run at well over 100 percent capacity, including in Markham, Hamilton, Sudbury and Ottawa.²³

These conditions in hospitals cannot be the “normal” to which Ontario returns. They are dangerous and a betrayal of the RNs and other hospital heroes who fought COVID on the front lines. The government owes it to hospital workers to begin laying the foundations in Budget 2021 for sustainable funding tied to cost inflation and other cost pressures over the medium and long-term. We cannot go back to how things were for many years.

The independent Financial Accountability Office of Ontario estimated in 2017 that in order to keep up with normal cost pressures (population growth, aging, inflation, and wage growth), Ontario hospitals would require at least 5.3 percent annual increases in funding over the subsequent five

years.²⁴ The Ontario government failed to meet even this standard, as evidenced by the total funding increases between 2012 and 2019.

However, at the December 2019 Council of the Federation, Premier Doug Ford joined with other provinces in demanding federal health transfers to the provinces be raised by 5.2 percent each year to meet cost pressures, consistent with an independent assessment by the Conference Board of Canada.

ONA believes that if the Ontario government asks the federal government for a 5.2 percent annual increase in funding, it is appropriate for the provincial government to deliver at least the same annual escalator to hospitals.

V. Public Health and Public Health Nurses

The COVID-19 pandemic has proven the critical value of public health and public health nurses. From contact tracing, to public education, to infection control and now the vaccination roll-out, the vital work of public health nurses has never been more apparent in the everyday life of Ontarians from all walks of life. We owe them a great debt.

Beyond COVID-19, public health nurses also do countless other jobs preventing disease and supporting the health and wellbeing of Ontarians. Every day, public health nurses work to prevent outbreaks of infectious diseases; ensure that students are vaccinated; improve people's health through teaching healthy eating habits and smoking cessation programs; give the best possible start to newborn babies and their moms and supports mothers learning to breastfeed; make our communities safer with sexual health counseling and testing; and provide the only place that some of the most vulnerable people living in Ontario can get access to primary care.

In addition, the ongoing opioid crisis is of major importance to public health. This crisis already has cost the people of Ontario enormously and has been exacerbated during the pandemic. What we know is that local responses are important and look very different for communities' right across the province. Without a strong and independent local lens in public health, the fear is that certain populations will have limited or no access to public health services.

Most people do not see the infections and poor health outcomes that public health nurses work so diligently to prevent. Their work is upstream health-care – preventing, today, illnesses that are

completely avoidable tomorrow. As one of ONA's public health leaders aptly stated, "when we do our job well, it's invisible."

In 2019, on the eve of the pandemic, the Ontario government announced sweeping cuts to public health programs across Ontario. While new, temporary, injections of funding have been made in the context of the pandemic, the government has not committed to a complete reversal of the previously planned yearly cuts.

ONA vociferously opposed the provincial funding cuts for public health services in 2019, arguing, among other things, that it would weaken the province's ability to respond quickly to new communicable diseases. This prediction proved to be correct. The funding cuts to the municipal boards of health simply downloaded the cost pressures to jurisdictions with more limited revenue tools.

Furthermore, Ontarians overwhelmingly oppose these cuts. A poll conducted by Environics Research in May 2019 found that 70 percent of Ontarians surveyed said they "strongly oppose" the province's cuts to public health.²⁵

We urge the province to increase its funding for public health programs to 100 percent to ensure consistent service provision everywhere throughout the province. Access to public health services in our communities saves lives and reduces hallway health care.

Budget cuts were also handed down to Public Health Ontario in 2019, contributing, in some reports, to an exodus of senior staff from the agency in the months leading up to the outbreak of COVID-19. Ironically, Public Health Ontario was established as an independent agency following the SARS outbreak in 2003.²⁶ The weakening of Public Health Ontario expertise on the eve of the pandemic was a mistake and a reminder that public health should never be shortchanged again.

In Budget 2019, the government announced its intention to restructure Ontario's public health units – an announcement that came as a complete surprise to all public health units and their boards of health as they were not consulted. The restructuring process has been put on hold during the pandemic, and it is unclear if the government will relaunch them once the pandemic stabilizes permanently.

Without clarity regarding future plans, we believe it is important to reiterate the concerns we expressed last year in our pre-budget submission. We are concerned about the consequences that will flow from the government's massive restructuring of public health, especially as it relates to funding, retention of public health nurses and locally-based service delivery for marginalized and vulnerable populations across Ontario. Prior to the pandemic, restructuring was creating unprecedented uncertainty for our members. Questions such as the status of their jobs, their bargaining agents, working conditions, wages, benefits and contracts all were unanswered. If the government chooses to move forward once again with restructuring post-pandemic, the fragility of the public health sector must be prioritized and unnecessary instability avoided.

Shockingly, the raging pandemic does not seem to have stopped some public health units from issuing pink slips to public health nurses. And this comes after some other public health units laid off public health nurses in the months leading up to the pandemic. Health units such as Windsor Essex and Haldimand Norfolk are two in particular that proceeded with layoffs in 2020, despite a bare-bone nursing workforce. The \$50 million investment by the provincial government at the start of the 2020-21 school year to hire 500 (then 625) school nurses employed by health units was an important step. However, by December 2020, many of the health units had not provided evidence that all nurses hired to fill these positions amounted to net new staff. This raises the question about whether some of the health units are simply pocketing the school nurse funding without adding to their overall public health nurse workforce. The government should take measures in Budget 2021 to ensure that these funds are effectively deployed to hire 625 net new public health nurses in public health units across Ontario.

VI. Care Coordinators and Home Care

ONA represents thousands of workers, including care coordinators and direct care teams who play a vital role in the continuum of home care for patients. The year 2019 saw the announced creation by the provincial government of 24 new Ontario Health Teams (OHTs) to replace the pre-existing Local Health Integration Networks (LHINs). As ONA has communicated to the government on many occasions, it is essential that the positions of care coordinators be enhanced, not cut during this health-care restructuring process. If the government is serious about addressing the crisis of hallway health care and meaningfully improving the quality and continuum of care at home, nothing less than the protection and enhancement of these jobs in the new OHTs is required.

Care coordinators provide the essential care required for patients to successfully leave hospital and to maintain a healthy and stable life at home. Their work to assess needs and deliver the resources required, as their primary responsibilities, gives patients the dignity and support they need to choose to live at home and stay out of hospital or successfully recuperate after a hospital stay. In the years prior to the pandemic, a growing number of hospital beds were being occupied by alternate level of care (ALC) patients. Care coordinators play a key role in unlocking those beds by ensuring a successful transfer of patients back to their homes. In addition to the monetary savings for the system as a whole, home care also underpins a dignified living for our elderly and acute patients of all ages. Quality home care is an ethical imperative to which every Ontarian should be entitled when they need it. To this end, it is vital that the government commit to protecting and expanding in Budget 2021 the jobs of care coordinators through the restructuring process.

In 2020, the government adopted Bill 175, legislation that paved the way to the complete restructuring of home care to the Ontario Health Teams. ONA raised many objections to Bill 175 along the way, on the basis of numerous concerns. Chief among them is our concern about the stability of care coordinator jobs within the new system – something the legislation failed to guarantee. We also raised concerns about the weakening of accountability mechanisms within the legislation, in particular the removal of the Patient Bill of Rights from statute with only the promise to download this important document to the regulations. While we understand the need for government to update legislation governing certain sectors from time to time, this measure effectively weakens accountability without justification. Moving important legal provisions and safeguards such as a Bill of Rights from statute to regulation downgrades their importance and allows amendments to be made without public input, consultation and in camera.

Bill 175 also opens the door to privatization and a growth in the footprint of profit-making in the home care sector. In particular, the legislation facilitates the expansion of for-profit Health Service Providers (HSPs) to manage care coordination. This means an expansion of the market for home care corporations, rewarding companies with a history of lower pay, working conditions and quality of care. Shifting care coordination to private corporations also risks two outcomes. First, care coordinators may opt to exit the care coordination field if working conditions, contracts and pensions are jeopardized. Second, shifting the assessment work of care coordinators to the for-profit home care agencies creates the conditions for the emergency of a costly conflict of interest. Empowering a profit-making service provider to order the services they themselves provide, and then charge the government or the client, removes a check on the system and exposes it to abuse.

Budget 2021 should repeal these provisions in Bill 175.

In our pre-budget submission last year, ONA recommended an end to the practice of competitive bidding among for-profit home care providers. We reasoned that this system rewards home care employers who pay home care nurses and other health-care professionals, in particular PSWs, less, offer fewer full-time positions and weaken working conditions. If this reality was true one year ago, it is now beyond contention. The COVID-19 pandemic has exposed the fragility and danger of the for-profit system, as underpaid, part-time care workers are forced to piece together shifts, while employers also use temporary staffing agencies, at LTC homes and for staffing by home care providers. This porous system accelerated the deadly spread of the virus through the various components of the health-care system, infecting lower income care workers and clients and residents alike. The race-to-the-bottom system of care provision in home care, like in long-term care, is not only ethically wrong, it is also a danger to public health. Budget 2021 must be the dawn of a new day for home care workers where working conditions, pay and job security, including permanent full-time positions, is strengthened.

VII. Systemic Change in Long-Term Care

The scale of the devastation in Ontario's long-term care setting will not soon be forgotten. Wave one and wave two of the pandemic have been equally merciless and whatever lessons the government learned – or should have learned – from wave one, failed to mitigate the effects of the second wave. As of January 12, 2021, 3,063 residents have died from the virus in LTCs across Ontario as well as 10 health-care workers. Cumulatively, 12,700 residents had been infected and nearly 5,000 health-care workers.²⁷ Not only tragic, these numbers are also shameful given the alarm bells already ringing about the vulnerability of the sector prior to the arrival of COVID-19. Indeed, the story of the collapse of the long-term care sector during the COVID-19 pandemic is nothing short of a chronicle of a tale foretold.

For years, health-care professionals and their trade unions, health experts, family associations, commissions of inquiry, coroner's inquests/reports, legislative committees and ministerial reports had been saying the same things: the LTC sector is understaffed, underfunded, excessively profit-driven and in dire need of an overhaul to raise standards for residents and workers alike.²⁸

In the year preceding the COVID-19 tragedy, two important and high-profile government reports issued stark warnings about the deprived state of the sector. The first, was the final report of Commissioner Eileen Gillese's *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* (dated July 31, 2019).²⁹

This report further recognized that the chronic problems of recruitment and retention of RNs in long-term care has caused serious RN staffing shortages and safety issues. As part of her recommendations, Commissioner Gillese directed the Ministry to conduct a study on the appropriate staffing levels in long-term care homes and table the report in the legislation by July 31, 2020. The findings of this study have since been released and they point to the same root causes of the crisis, among them, staffing shortages, poor working conditions, underfunding and a culture of unmotivated management.³⁰

The Financial Accountability Office (FAO) issued a second report, titled *Long-Term Care Homes Program: A Review of the Plan to Create 15,000 New Long-Term Care Beds in Ontario* (dated October 30, 2019). In it, the FAO stated that the pressures and challenges facing this sector were on track to get worse, not better.³¹ Rapid growth rate in the number of Ontarians aged 75 and older will outpace the growth rate of long-term care beds. The province needed an additional 70,000 – new beds by 2033 to *maintain* the wait list at a staggering and unacceptable 36,900 individuals.³²

While the government has promised 15,000 new LTC beds and, since the pandemic started, has ramped up efforts to break ground on them, nurses know that building capacity in long-term care is about more than beds. It is also about a shortage of qualified staff, mainly nurses and PSWs.

That is why ONA is urging the government to immediately increase the funding per home to ensure a minimum of four (4) hours of direct care per resident per day, with RN care comprising 20 per cent. In addition, there should be at least (1) Nurse Practitioner for every 120 residents given the acuity of residents. As well, it is time to rapidly accelerate the phase out of "for profit" long-term care homes and immediately restore the annual Resident Quality Inspections (RQIs) in all the LTC homes. Sadly, it has taken over 3,000 deaths for the government to make the issue of care hours a priority. And, while we acknowledge it is a necessary first step, the five-year timeline³³ for the government's implementation of this vital measure is too slow. Extraordinary measures need to be taken as soon as possible to raise the hours of direct care for LTC patients to avert further avoidable tragedy.

ONA represents RNs in more than 314 long-term care facilities across Ontario. We have been outspoken advocates for improvements in this sector for decades – particularly on understaffing and underfunding. We have long called for more RNs, more RPNs and improved funding. We also advocate for the phasing-out of privatization in this sector.

Indeed, these were some of the recommendations we included in our pre-budget submission in 2020, before COVID-19 struck, turning the cracks in the system into vast chasms.

There's little doubt that the current provincial government inherited an unsustainable situation from the previous government, with little over 600 additional LTC beds built between 2011 and 2018.³⁴ However, the government also contributed to a deterioration in the quality of care in the 18 months leading up to the pandemic. According to the interim report of the LTC commission, Resident Quality Inspections (RQIs) of LTC homes were slashed from over 600 in 2017, to 329 in 2018 (the year the current government was elected), and down to 27 in 2019, the year before the pandemic. Incomprehensibly, during the months in which the pandemic raged – killing thousands – the provincial government only conducted 11 RQIs. Ironically, the RQIs were launched by the Ministry of Health and Long-Term Care in 2013 to help identify systemic issues in homes with a commitment to conducting one per home per year. ONA firmly recommends the provincial government commit in Budget 2021 to re-establishing annual RQIs in all LTC homes with firm compliance mechanisms for all findings.

The pandemic has caused untold suffering to the RNs, PSWs and health-care professionals who have bravely worked in LTC, and across all health-care sectors, on the front line for months saving, and striving to save, countless lives. However, so many of our health-care heroes have seen their earnings impacted by the pandemic, because of absences due to illness or self-isolation or a one worker one workplace policy, in the interest of curbing the spread of the deadly disease. Unlike in the 2003 SARS crisis, the government has not yet set up a fund dedicated to compensating these health-care heroes for lost wages incurred while doing everything right. ONA demands that this be addressed in Budget 2021, with the launch of a COVID Fund, modelled off of the 2003 predecessor fund during SARS.

The role of profit in the LTC sector bears enormous guilt in the story of the tragedy of the COVID-19 pandemic. Overall, the data points to overall higher mortality and morbidity rates within for-profit LTC homes, the vast majority of which are owned by large chains such as Sienna, Rykka, Southbridge, Chartwell, Revera and Extendicare.³⁵ According to one report, as of December 2020, per 100 beds, Southbridge lost 9 residents, Rykka lost 8.6 residents, Sienna homes lost 6.5, and Chartwell 4.6. The overall industry average is 3.7 resident deaths per 100 beds. Non-profit homes averaged 2.8 resident deaths per 100 beds and municipal homes averaged 1.4.³⁶

If the systemic failure of the for-profit homes to save lives and protect the health of their residents and employees is not enough of a scandal, then surely their diversion of precious dollars away from the front lines and towards shareholder profits is unconscionable. While hundreds of residents died and hundreds of millions in government funding was received, two chains in particular – Extendicare and Sienna – paid out a total of \$74 million to shareholders in 2020.³⁷

ONA is appalled that these corporations would choose to divert \$74 million during an unprecedented and deadly crisis away from their residents' and staff needs to line the pockets of investors. This fact alone speaks to the depravity within the for-profit LTC system and requires urgent action. For years, and based on disturbing mortality and morbidity data in the years preceding the pandemic, ONA has called for a phase-out in for-profit LTC care. Never has this been more needed and more urgent.

The Ford government has spoken repeatedly during the pandemic about putting an iron-ring around the long-term care sector. But, as the second wave of the pandemic proves, the much-touted iron-ring has been in name only. Pre-existing weaknesses combined with the ineffective application of the iron-ring have failed to meaningfully protect LTC residents and workers throughout the entire chronology of the pandemic. The compounding failures and tragedies in the LTC sector point to the need for a systemic overhaul, one that raises staffing levels, hires more full-time RNs, increases funding, improves direct care hours, adequately compensates staff and phases out dangerous profit-making. The provincial government owes it to the memory of the 3,000 plus residents and 10 plus health-care workers who have died thus far in the LTC sector to do nothing less.

VIII. Ending Violence in Health Care

In our pre-budget submission last year, ONA raised concerns about the alarming levels of violence rising in hospitals and other health-care settings. In the intervening year, these concerns have not dissipated and have gone unaddressed by the government. Violence is a symptom of a health-care system under-resourced and under stress. This is unacceptable. Prior to the pandemic, violent incidents causing lost-time injuries for nurses in Ontario have risen 27 percent in a recent four-year span.³⁸

For health-care workers overall, the rate of increase in violence-related lost-time claims is three times the rate of increase for police and correctional service officers, combined.³⁹

ONA's position is crystal clear: violence is not part of the job. Moreover, the government will not successfully improve safe patient care without guaranteeing safe working conditions for staff. In January 2020, after considerable advocacy from ONA's bargaining unit, the Ministry of Labour charged Southlake Regional Health Centre in Newmarket Ontario with nine safety violations of the Occupational Health and Safety Act.⁴⁰ But, it should have never gotten this far.

And neither are these incidents isolated to one of a handful of hospitals. ONA's members report internally that violent incidents occur on a daily basis across the province. ONA members far too often say that they go to work wondering how long it will be until the next violent attack takes place. These conditions of work contribute to burnout and mental illness among our members and are unsustainable for the health-care system overall. Although no data exists yet, it is safe to say that the pandemic has only exacerbated these conditions.

And so, ONA reiterates our recommendations from last year's pre-budget. It is crucial that the Ontario government confront the chronic understaffing in health-care settings across the province by fully implementing the recommendations from the 2017 Workplace Violence Prevention in Health-care Progress Report. Regrettably, according to the 2019 Auditor General report, as few as 10 percent of the recommendations had been fully implemented in the last three years. No update was included in the 2020 Auditor General report.

Ontario owes so much to our front-line RNs and health-care professionals as they continue to risk their health to save lives every day. As the province builds towards a new normal in health care, guaranteeing the health and safety, including mitigation of workplace violence, of the health-care heroes ought to be a top priority.

IX. Wage Fairness and Charter Rights

The COVID-19 pandemic has pushed RNs and health-care professionals to the brink. Their heroic work, risking everything, has saved countless lives and our health-care system. Notwithstanding this, the provincial government bafflingly imposed two pieces of legislation in 2019-2020 that overrode the Constitutional Charter rights of unionized nurses, Bill 124, *Protecting a Sustainable Public Sector for Future Generations Act, 2019* and Bill 195, *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*. The former bill also imposes the wage cap for RNs, which amounts to a wage cut in inflationary terms.

As working conditions for Ontario's nurses continue to deteriorate due to the COVID-19 pandemic, underfunding, understaffing, and RN shortages, it is vital that compensation in our province remain competitive. Without competitive wages and benefits, Ontario runs the risk of under-recruiting RNs and losing practicing RNs who choose to leave the workforce altogether.

Without competitive wages and a respect for worker's rights, the RN shortage threatens to worsen, adding further pressure to working conditions and affecting patient care.

The Ontario government has repeatedly called RNs and health-care professionals "heroes" during this pandemic. Yet, in practice rights are being trampled and wages being effectively cut. If the Ontario government is serious about honouring the bravery and sacrifice of health care heroes, then surely these bills express the opposite. In Budget 2021, we demand that the provincial government reverse the unconstitutional provisions of these bills and remove the wage cap to allow free and unfettered collective bargaining to take place. Similarly, emergency orders that override collective agreement rights, outside of an actual declared emergency, must be rescinded.

X. Conclusion

The Ontario Nurses' Association and our 68,000 members are frustrated and angry that the government has not taken the actions necessary to update directives to include precautions for airborne transmission of COVID-19. If nurses and health-care professionals cannot rely on the government to protect their health and well-being, Ontario's patients will suffer as a result from the growing shortage of health human resources.

Action must be taken now to rebuild the capacity necessary in our public health-care system to ensure quality care and to replenish the supply of nurses and health-care professionals to deliver that care. The pandemic has been an extreme wake up call.

We now implore the government to take action in response to ensure the future of our precious public health-care system, including ensuring a sustainable supply of nurses and health-care professionals.

Endnotes:

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