

In Touch

REGISTERED NURSES' UNION NEWFOUNDLAND & LABRADOR

The Good Fight

Farewell From Debbie Forward
After 24 Years



Education Corner

COVID-19 & Point-Of-Care
Risk Assessment (PCRA)



Message from the President

DEBBIE FORWARD, RN

Writing this message is bittersweet. This is my last In Touch newsletter before I retire. Twenty-four years' worth of newsletters coming to an end. I went back to when I was elected in 1996 to see what words of wisdom I shared with you.

"Changes in the health care system are occurring at a rapid pace and change is a constant reality. You, we, have a significant role to play in this changing health care system. One of our roles as a nurse is to be an advocate for our patient. I contend that a large part of this advocacy role now and in the future is to look beyond an individual patient and to advocate for a health care system

that delivers quality health care and allows us to provide quality nursing care to the public."

"I believe we can meet any challenge that is put before us and overcome them together, as long as we stand together. We know that employers try to exert their power by dividing and conquering. It is time to take back that power. I am proud and committed to serve as President of the Newfoundland and Labrador Nurses' Union."

Lofty goals from a young, naïve, passionate new president. As I prepare to retire, I have to ask myself "did I reach my goals?" What were the high

points? It is difficult to look back over 24 years and narrow down the high points of my tenure as there are many.

The strike of 1999: the strength, support, commitment and solidarity of registered nurses as we fought for respect. The many rallies day and night on the steps of Confederation Building and in the lobby. Registered nurses by the hundreds, pounding their picket sign sticks on the marble floor chanting to the top of their lungs. Remember when we were told to "mind the marble" because of the sticks?

The year after the strike: our members' commitment to a Code of Conduct that



Hundreds of nurses join Debbie to rally inside Confederation Building in 1999.

saw a united effort across the province to stop non-nursing duties and focus on patient care.

This resulted in an extra \$4 million to hire more support staff. The icing on the cake came in January 2000 when government announced a classification review which would see the salaries of our members increase by 9% (this was on top of the 7% we received in back to work legislation). We may not have won our strike on the picket line but we made them pay in the months following.

March 2009 when we announced to our members that we had avoided a province-wide strike. We had taken on the formidable Premier Danny Williams and won! It was sweet for our members, the health care system, the public and for me.

Shining a spotlight on the value of registered nurses and nurse practitioners through the Clarity Project. Our members being clearly identified and standing out in the workplace.

When I made the decision to retire, I never imagined my last year of leadership would involve facing a pandemic. I have jokingly said "I could have done without this on my resume." In many ways, however, it's quite fitting that in my last year we were faced with a new challenge. I love a good challenge. I do love a good fight. And there is no doubt we had to fight on behalf of members to ensure safety was the priority. A fight that has been effective as not one RNU member became infected with COVID 19 at work. We know other RNs and NPs around the world have not been so fortunate. As we continue to face uncertainly in 2021, do not let your guard down. I am confident your union won't as well.

There are many positive initiatives on the horizon. The Core Staffing Review is targeted to begin in early 2021. As well, Government has also agreed to implement a staffing model based on the acuity of our patients rather than just the number of patients in beds. This is a huge victory for you and our patients. The first steps of this model involve implementing Government's workforce management system.

We are also shining a light on workplace violence. Your board has approved a strategy to present to stakeholders that would see us tackle this very real workplace issue.

On January 1, your new President Yvette Coffey and a number of new Board members will help take over the reins. I am confident Yvette will provide strong leadership and vision

for RNU. She will have a knowledgeable RNU staff team to support her and a board to provide advice and guidance. She'll also have strong RNU leaders in workplaces throughout our province, as well as each one of you. As I've always said, there is power in numbers. We are stronger together.

Twenty-four years is a long time. I have always done my best and I am proud of the organization RNU has grown into. I am proud of the role I played in getting us there. My work is just about done. But RNU's work will carry on.

Solidarity always,



Debbie Forward, RN
PRESIDENT



In 2005, Debbie was named Business Communicator of the Year by the International Association of Business Communications Newfoundland & Labrador. She's received many awards and accolades over the years for her leadership.



Message from the Executive Director

JOHN VIVIAN, QC



A Tribute to our Fearless Leader

I'd like to take this opportunity to acknowledge the upcoming retirement of our President Debbie Forward. I've had the true honour of working alongside Debbie for the last 24 years. She has been a tremendous leader, mentor and friend. Her dedication, passion and strategic-thinking has taken our organization to new heights. Even when the challenges seemed insurmountable, Debbie steered our ship to success. Her influence and impact will continue to guide RNU going forward. We've shared the common goal of serving RNU members to the very best of our abilities, so that you can focus on the patients, residents and clients that rely on your expert care.

I know Incoming President Yvette Coffey shares this goal. Yvette is no stranger to RNU. She has a long history of union activism and will be a strong leader for our union. I'm very much looking forward to working with Yvette and the incoming Board of Directors. We'll continue to turn to you, our members, for support because our success is only possible when we are united and work together.

I know you join with me in sincerely thanking Debbie for her commitment to RNU and wishing her a healthy, happy and much-deserved retirement.

The Road Ahead

As I write this message, I'm wondering if by the time you read it, a provincial election will be called. If it doesn't happen this fall, we'll most certainly be at the polls by spring.

Premier Furey will be looking to secure a four-year mandate. A stretch of time to safely make the changes he thinks we need.

And what might that be? The premier has been quite open that we need to do things differently. The economic status quo is no longer acceptable.

One of his first acts as premier was to hire Dame Moya Greene to chair the province's economic recovery team. Greene has a history of turning to privatization as a method to address dire financial situations.

Greene led the privatization of Canada Post, CN Rail, and the Royal Mail in the UK. While the premier insists she wasn't hired because of her past

in privatization, one has to wonder where Greene may steer our public service, including health care.

Premier Furey has issued mandate letters to his cabinet ministers. Health Minister John Haggie has been asked to find ways to reduce health system costs and to strike a task force to deliver a 10 year health accord. What will this accord look like? How will registered nurses and nurse practitioners be impacted? You can be certain we will be advocating hard to ensure our voice is included on this task force.

Add to this current environment that our contract expires in July 2022. We can be sure a fight lies ahead. Your board will be ready, as we have been in the past, to face these challenges.

But we'll need your help. We have no choice but to show determination and solidarity, courage and clear vision.

I know you are up for the challenge.



John & Debbie have worked side by side for the last 24 years.



Stay Connected with the *myRNU* App

myRNU has been updated to make it easier to find the information you need. Some highlights include:

A Search function to help find what you need

Push notifications to alert you to important information

Your Collective Agreement is easier to review and find contract language

New guidelines for the Forum to help ensure a respectful environment

Shop for RNU merchandise

NEW & IMPROVED

To get the latest version of the *myRNU* app, simply search *myRNU* in the App Store.





Education Corner

Point-Of-Care Risk Assessment (PCRA)

By Leah Healey, Research & Education Specialist

Since the beginning of COVID-19, RNU has been working hard to keep our members safe. This includes ensuring you have access to the appropriate personal protective equipment (PPE).

RNU took the lead in developing a joint statement on PPE which was signed by RNU, the Provincial Government, Regional Health Authorities (RHAs) and other health care unions.

It identifies PPE standards for health care workers and provides clarity on the appropriate use of PPE. Most importantly, it recognizes that health care workers are best positioned to determine the appropriate personal protective equipment by completing a point-of-care risk assessment (PCRA).

What is a point-of-care risk assessment (PCRA)?

A PCRA helps you decide what PPE you need to wear to protect yourself and prevent transmission of COVID-19.

You perform countless point-of-care risk assessments (PCRA) every day.

You do so by evaluating the likelihood of exposure to yourself or others based on the specific **task**, **environment** and **patient**. PPE should be selected based on the findings of your PCRA.

Some factors to consider in your PCRA with a suspected, presumed or confirmed COVID-19 patient:



The Battle for PPE: RNU members and supporters sent over 2,000 emails to Premier Ball, Minister Haggie, and Dr. Fitzgerald, which helped to secure a joint statement on PPE.

- Is there high potential for exposure to blood and/or bodily fluids (e.g. respiratory secretions)?
- What is the potential for contamination of skin or clothing?
- What is the potential for inhaling contaminated air?
- Is the patient willing and/or able to comply with infection control practices (e.g. wearing a mask)?
- Is the patient stable? What are their symptoms?
- Does the care require close and/or prolonged direct contact (e.g. within 2 meters)?
- What engineering and administration controls are in place (e.g. ventilation, plexiglass)?
- Is it likely that the patient could require an aerosol-generating medical procedure (AGMP)?

What is an example of a PCRA?

Here is an example of using the PCRA to determine the appropriate PPE for interacting with a suspected, presumed or confirmed COVID-19 patient:

Patient: You assess that the suspected COVID-19 patient is coughing and sneezing excessively with copious amounts of respiratory secretions. The patient's condition is unstable.

Task: While the task is not an AGMP, the care you need to provide will put you in prolonged close contact with the patient.

Environment: The patient is in a private room, you have access to an

uncluttered space away from the patient to properly doff your PPE. Your workplace is in a health care facility but is not considered an AGMP “hotspot”.

What would you do?

In this case, the patient has the potential to deteriorate quickly, is shedding visible secretions and requires close contact care. Despite being in a controlled environment, your PCRA would determine that donning a fitted respirator (in addition to the standard contact/droplet PPE) is appropriate.

To help you complete your PCRA and determine the PPE you require, RNU developed a Visual Guide (see

below). This guide is based on our interpretation of the joint statement.

But what if I'm denied access to PPE?

As per the joint statement:

Based on the PCRA, if a health care worker determines, based on their professional and clinical judgement of patient acuity, environment or otherwise, that PPE is required, they shall have access to the appropriate PPE. This will not be unreasonably denied by their employer, or the employee shall be deployed to another area.

The language is clear. The employee shall have access to the PPE determined by the PCRA. The

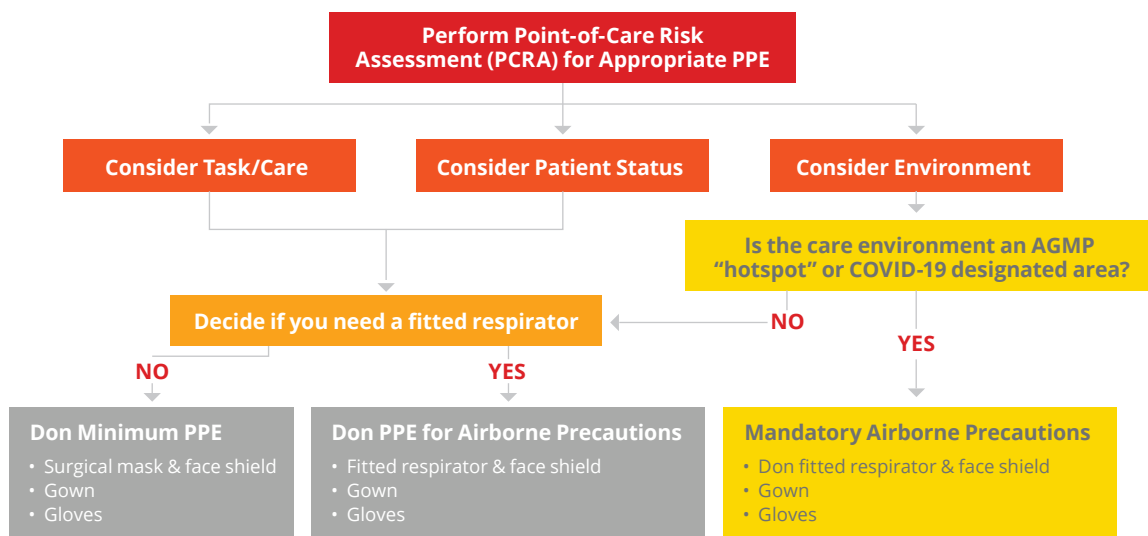
employee can be deployed to another area if the PPE is not supplied.

Unfortunately, employers have disregarded the joint statement on some occasions. This is incredibly frustrating, disrespectful and potentially unsafe. RNU continues to fight to ensure that the joint statement is enforced and adhered to by employers and government.

If you are denied the PPE you deem appropriate and your manager/supervisor refuses to deploy you elsewhere, you can and should consider exercising your right to refuse unsafe work.

CONTINUED ON NEXT PAGE

COVID-19: Determining Appropriate PPE for Interactions with Suspected or Confirmed COVID-19 Patients



Point-of-care risk assessment: a risk assessment undertaken prior to any interaction with the patient to determine the risk based on, for example, the client symptoms, the specific task, or the environment and the related potential for exposure, in order to determine the appropriate personal protective equipment (PPE). Staff providing non-direct care should don minimum PPE and consult with direct care worker to determine need for fitted respirator.

Aerosol generating medical procedures (AGMPs) "hot spots": Areas where AGMPs are being performed, are frequently performed, or in areas where there are intubated patients, including but not limited to emergency rooms, operating rooms, intensive care units and bronchoscopy suites.



Education Corner

Point-Of-Care Risk Assessment (PCRA) continued

Refusing Unsafe Work and COVID-19

There should be no unreasonable restrictions on PPE — we cannot accept an inadequate standard of safety.

If your employer is restricting access to PPE or seeking to impose rules around PPE that prevent you from protecting yourself adequately, you have the right to refuse unsafe work.

In refusing unsafe work, you must illustrate a link between COVID-19 and your belief that you are at an unnecessary risk for transmission. This link could be a potential for exposure that is not properly managed, such as an employer failing to provide you with the PPE deemed appropriate by your PCRA.

If you have a reason to believe your health and safety is in danger, you can, in good faith, refuse work.

What's the procedure for refusing unsafe work?

Exercising the right to refuse involves a series of steps to resolve the unsafe situation. While these steps may vary slightly by employer, the following is a typical work refusal process:

- Have a discussion with your immediate supervisor/manager outlining your concerns. You may wish to refer to the Joint Statement excerpt as stated above.
- If the manager denies your request for PPE and is not willing to deploy

you to another area and you remain unable to access or are denied using PPE that you have requested, we encourage you to consider exercising your right to refuse unsafe work.

- Tell your manager you are refusing unsafe work. Provide your rationale for the refusal.
- Contact your workplace Occupational Health and Safety (OHS) representative immediately. (Your manager can help identify your rep. You may also find information on the employer intranet or OHS bulletin board).
- Follow-up with your OHS representative in writing (email is fine).
- Management will then investigate.
- You may resume your work if the unsafe condition is resolved at any stage with mutual agreement.
- If the situation is not corrected (i.e. If your employer fails to provide a fitted respirator), the next step is to report it to the Occupational Health and Safety Division of the provincial government (the OHS Committee should be able to provide details on

making this contact). Contact RNU Provincial Office. During after hours, email info@rnunl.ca.

While the matter is being investigated by the Occupational Health and Safety Division, your employer may assign you other duties.

If the OHS division of the provincial government rules that there is no danger, then legally you must return to work and there could be discipline if you don't. However, no job is worth risking your health or safety. If you continue to feel unsafe, continue to refuse, and seek help from the RNU head office.

Who Can Help?

For questions on workplace health and safety concerns, reach out to the Occupational Health and Safety representative from your workplace. Your manager can help identify your rep. You may also find information on the employer intranet or OHS bulletin board.

If you have questions about the PCRA or refusing unsafe work, please email info@rnunl.ca.

Stay safe.

Thank you to members who completed our Pandemic Survey. At the time of production, our team was compiling the data and preparing a report for the Board of Directors. An update will be provided to members on *myRNU*.

New Study Reveals Shocking Levels of Mental Illness Among Canada's Nurses

Overworked, understaffed and unsupported: these are the conditions under which nurses have been labouring for years. Now, with a global pandemic placing increased psychological pressures on nurses, these untenable working conditions have nurses unions and academics worried about the potential impacts on nurses' mental health.

Earlier this summer, the Canadian Federation of Nurses Unions published a report shining a light on alarming levels of mental health disorder symptoms among nurses. The study, conducted by University of Regina researchers Andrea Stelnicki PhD and Nicholas Carleton PhD, revealed high levels of PTSD, anxiety, major depressive disorder, clinical burnout and panic disorder symptoms.

Most notably, one in three nurses (36.4%) screened positive for major depressive disorder. More than one in four screened positive for generalized anxiety disorder (26.1%) and clinical burnout (29.3%). Positive screens for PTSD and panic disorder were also notably high, at 23.0% and 20.3% respectively.

The data was collected in 2019, prior to the COVID-19 pandemic.

"I can only imagine what the results would be if we conducted the same study this week," said CFNU President Linda Silas. "The data shows that nurses were struggling pre-pandemic; now, nurses aren't just overworked and coping with a tremendous amount of stress, they also have to worry about their access to PPE, their risk of contracting the virus and the risk of passing it on to their families."

"We're talking about significant psychological pressures." Since the report's publication, the CFNU has redoubled its efforts to secure appropriate and adequate mental health supports tailored to nurses now and into the future.

"We went to Dr. Nick Carleton and his team because we needed a particular focus on nurses — we needed the data to back up what we had been saying for years: that nurses were struggling too," explained Silas.

"Well, now we have that data and we're knocking on MPs' doors."

Since the report's publication, Silas has been busy meeting with members of Parliament to not only share the data around nurses' occupational stress injuries, but to call for action. Politicians of all political stripes have been very receptive, according to Silas.

At an individual level, Stelnicki and Carleton recommend that nurses make time for a yearly mental health check-up.

"We need to talk about mental health the way we do about physical health," concluded Carleton.

"Make time to find a screening tool and, if you screen positive, make time to go get that help. Like any other injury you have, the earlier you tackle it, the better off you're going to be."

For self-care resources and options for free counselling services, please visit: nursesunions.ca/COVID19selfcare. Your Employee Assistance Program can also provide you with professional and confidential assistance. If you experience any acute psychological distress, please contact 911 or Crisis Services Canada at 1-833-456-4566. Help is available.



CANADIAN
FEDERATION
OF NURSES
UNIONS

WHERE KNOWLEDGE
MEETS KNOW-HOW





Understanding Your Contract

27.07 – Occupational Health and Safety Committee

Article 27.07 of the collective agreement provides for an Occupational Health & Safety (OHS) committee in each workplace. It is important that members be aware of the role of OHS committees and their rights and responsibilities under the OHS legislation.

What is an OHS committee?

In essence, an OHS committee is an advisory group made up of employer and worker representatives who's primary role is to monitor the health, safety and welfare of workers.

The committee should work closely with the employer and promote a safe workplace culture. Meetings of the committee take place during regular working hours at least once every three months. RNU members will not lose pay or other benefits while engaged in committee meetings. The names of the committee members are posted in a prominent place at the workplace so all employees are aware of their representatives.

Who is responsible for establishing an OHS committee?

Employers are legally required to establish a committee in workplaces where **10 or more workers** are employed. Each location where an employer carries out business is considered a workplace and each workplace must be considered separately when determining the requirement for committees. There must be a minimum of 2 and a maximum of 12 members on the OHS committee, with the employer and the workers agreeing upon the actual size.

Where **50 or more workers** are employed at the workplace, the employer shall provide and pay for training for the members of the OHS committee. Where **10-49 workers** are employed, the employer shall provide and pay for training for the co-chairpersons of the OHS committee. The employer shall compensate a worker for participating in the training as if the training were regular work.



If our workplace does not have a sufficient number of workers for an OHS committee, what do we do?

For workplaces where there are **less than 10 workers** employed, the employer shall ensure that a worker, not connected with management, is designated as worker health and safety representative. The employer will establish, in consultation with the worker representative, an occupational health and safety policy which is posted in a prominent place in the workplace. The employer will provide and pay for training for this designate and compensate the workers participating in training as if the training were regular work.

Notwithstanding the above, where there are less than 6 persons in the workplace, and the designation of a worker health and safety representative is impracticable, the employer may designate a workplace health and safety

designate to monitor the health, safety and welfare of workers employed at the workplace. This representative has the same duties as the OHS committee (outlined below). This designate, appointed by the employer, may be either a worker connected with the management of the workplace, or, if this is not possible, the employer. The employer will provide and pay for training for this designate and compensate the workers participating in training as if the training were regular work.

What are the main activities carried out by the OHS committee?

- Regular OHS meetings;
- Monitoring, establishing and promoting workplace safety and educational programs;
- Promoting activities that reflect a health and safety culture;
- Identifying hazards or unsafe conditions in the workplace;
- Receiving concerns/complaints;
- Communicating regularly to workers on the progress of their issues; and
- Participating in workplace inspections, make and/or follow up on recommendations as required.

How do I contact my OHS committee?

Contact can be made in several ways.

- Check your workplace for an OHS Board which should have OHS committee minutes and/or a list of committee members.
- For some employers you can also contact the OHS department, they can then direct you to the proper OHS committee representative(s).

When should I contact them?

- If an incident happens in the workplace
- If an unhealthy or unsafe working condition is observed
- If you are exercising your right to refuse unsafe work

What is the committee's responsibility in the right to refuse unsafe work (work refusal)?

The OHS committee has an investigative role in the case of a work refusal. Following the investigation, the committee will make written recommendations to the worker and management. For more details regarding the process of refusing unsafe work, please see Education Corner on page 6.

** This interpretation is provided for internal RNU education purposes only. It does not represent the official position of RNU and it is strictly 'without prejudice' to any formal position whatsoever that RNU may choose to take in proceedings, legal matters, negotiations, or otherwise.*

Touchless Tool

Use your "I am a Registered Nurse" or "I am a Nurse Practitioner" tool to open doors, pin keypads, smart phones, push elevator buttons, lock bathroom stalls & more.





10 Questions with RNU President-Elect Yvette Coffey

In January, long-time RNU activist Yvette Coffey will take over the reins as president of RNU.

Yvette currently works at the Dr. H. Bliss Murphy Cancer Centre and has more than 30 years of nursing experience. Yvette has a long and proud labour background, having served as RNU Vice President for the past 7 years, 16 years as Branch 3 President, and 26 years as a shop steward.

Yvette sat down with RNU to answer 10 questions and discuss her passion for human rights and unionism.

1. Where did you grow up and where do you live today?

I grew up in Angel's Cove on the Cape Shore and currently live in St. John's.

2. What would people be surprised to learn about you?

That I actually wanted to do Journalism as a teenager.
That I'm outspoken. That I have a motorcycle license and used to have my own bike.

3. Who inspires you?

Anyone who stands for equality for all.

4. What is the hardest thing you've ever done?

To watch as my mom's mental health deteriorate since being diagnosed with Alzheimer's. Mom has always been my mentor, my rock.

5. Can you describe one experience that has changed your life?

New love — my grandchildren: they give us hope for the future.

6. What do you think is one of the biggest challenges facing our union?

Without doubt, our biggest challenge right now is workload and staffing. Across the province, our members are struggling. Increasing overtime, burnout, stress, an inability to provide the care you know your patients need. We simply do not have enough full time positions and continue to see casualization of our workforce.



7. What do you think is one of the biggest challenges facing our province?

Our province is facing huge economic hurdles. We need to find a balanced approach between righting our financial course and continuing to provide services that the people of Newfoundland and Labrador depend on. This includes health care. Minister Haggie has been tasked with leading health care reform. For RNU, our job will be to ensure our voices are heard. As front line providers, RNs and NPs have unique perspectives of the system and the ways to make it more efficient. We need to ensure our health care system actually supports health care workers and the patients, residents, families and communities that rely on their expert care.

8. How would you describe your leadership approach?

I believe I have developed different leadership styles over the years. Today, I describe my leadership as democratic and proactive. I know we are stronger together. I always strive to listen, to be inclusive of all people and ideas, and to lead with an open mind. As your president, my approach will be to engage our members, to listen to your challenges, ideas and solutions. In terms of being proactive, I am ready to be your voice, to take action.

9. What is one of the first things you'd like to do as president?

While it might not be in person due to COVID-19, my plan is to meet with all RNU Branches. I want to hear your concerns firsthand. Listen to your ideas about how to deal with issues. This will provide valuable insight and help shape the priorities set by your board of directors.

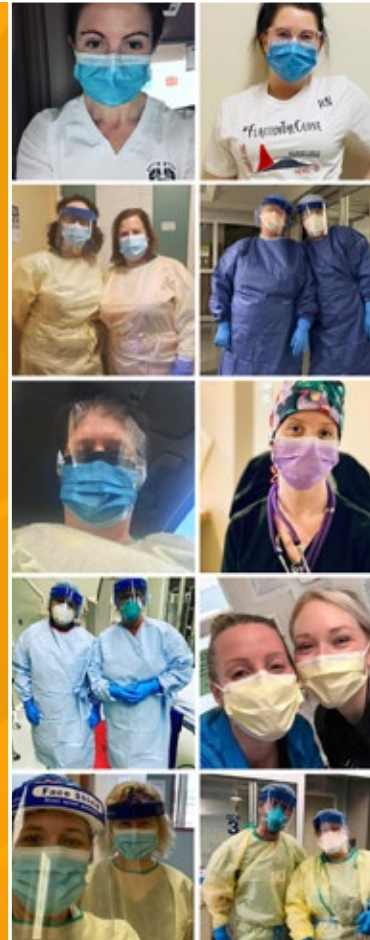
10. What's your favorite memory from your union involvement?

There are so many great memories. I would have to say the comradery, friendships formed over the years; knowing that you're a part of a union which fights for the rights of all.

On the Front Line

As the world practices physical distancing, the courage, resilience, knowledge, and expertise of Registered Nurses and Nurse Practitioners are on full display. They are caring for patients and saving lives while facing risks to their own health and that of their families to protect us all from COVID-19.

Keeping us safe and healthy, not just during COVID-19, but every day.



Virtual RNU Biennial Convention — November 24-25

Our convention is the supreme authority of the Registered Nurses' Union. It's a time to report on union work, conduct important business, and set our priorities for the next two years.

In light of the ongoing pandemic, our convention will be a virtual event. Convention will focus on business sessions, as well as some key education sessions and take place from November 24-25.

While we can't meet in person, it's important to have the leaders of our organization, gather together to learn, share and conduct important union business.

Convention will include a special virtual celebration for our President Debbie Forward, who will retire at the end of this year.

Most of the convention sessions will be webcast or available on Facebook Live for all RNU members.





Premier Furey on Nursing Matters

Gaps in staffing, burnout, stress, more permanent nursing positions, mentorship, support for NPs

Newfoundland and Labrador's new Premier Andrew Furey is no stranger to health care. As a surgeon and founder of Team Broken Earth, he has an understanding of the system and the challenges facing health care.

Faced with a startling deficit, Premier Furey will be tasked with navigating the province through some challenging times. Without doubt, health care will be a big focus for Furey and the economic recovery team he is creating.

For RNU, it's vital that addressing the challenges facing registered nurses and nurse practitioners is part of this work.

During the Liberal leadership race, we asked Furey for his position on staffing, solutions to improve the workplace, and nurse practitioners. Here's what he had to say.

Please share your position regarding current RN/NP staffing levels. Do we have enough registered nurses and nurse practitioners in Newfoundland and Labrador?

ANDREW FUREY: It's an interesting question, because even though on a per capita basis we have more nurses than the Canadian average, we still have gaps. There are certain areas of the province where we don't have enough nurses. So we have to look at the numbers in a local context — geographically, this province is large with a lower population, which drives up our per capita rates. There are areas of the



province where we definitely need more nurses. And then we need to make sure RNs and NPs are treated as the integral parts of primary healthcare teams that they are. We understand the provincial government is reviewing the staffing of nurses in acute and long-term care and look forward to its completion to inform future decision-making, which would of course involve the RNU as well.

RNs face significant challenges related to the workplace, including vacancies, burnout, overtime, inability to secure leave months in advance, high numbers of casual RNs and the list goes on. These issues also put patient care

at risk and cost the health care system money. If elected, what are two concrete actions that you will implement to improve the workplace?

ANDREW FUREY: I understand this issue. I have seen this firsthand in the hospital, and it's absolutely unacceptable for RNs in Newfoundland and Labrador to be suffering with the burnout, stress and uncertainty that they are. Nurses can't get leave to go to their child's graduation, or a wedding, and are often forced to call in sick at the last minute in order to be there for important life events, which

causes an undue strain on everyone. The scheduling systems need to be reviewed. Nurses deserve better.

There are certainly two concrete actions we'll take to help remedy these issues, in consultation with the RNU and stakeholders of course. One is to create more permanent nursing positions to reduce the number of casual RNs — to give them more security, as well as the opportunity to learn and grow in specific areas. The other is to create a mentorship program, or reintroducing a team lead on units so more experienced staff can help support and guide newer nurses in whatever ways best serve nurses and the health care system.

Evidence shows utilization of NPs leads to timely access to health services, decreased wait times, improved patient outcomes and decreased costs. Please share your position regarding the role of NPs in our health care system, including the expansion of NP positions within Regional Health Authorities and the creation of NP-led clinics under the public health care system. As well, do you support NPs charging a fee to patients in a private clinic?

ANDREW FUREY: I believe in evidence-based decision-making. NPs definitely have an important role to play within our health care system. We need to provide more support to RNs, whether it's clerical support, or support from PCAs or LPNs so nurses can work to

their full scope of practice and do the things only nurses can do. We support NPs within primary health care teams and am open to expanding their roles within the Regional Health Authorities, and exploring any other changes that could improve our health care system and the patients it serves. We support enhancing our salaried NP positions in the province to play an integral role in the primary health care system and be leaders in our primary health care teams within Regional Health Authorities. We have seen NPs utilized significantly more in more rural areas of the province where recruiting general practitioners can be difficult, with some great response from the communities they support.

Public Health Ratio Agreement

A Ratio Agreement has been signed with Eastern Health for public health. The agreement recognizes the need for experienced RNs within the public health program must be balanced with providing opportunities for other RNs wanting job mobility and wanting to obtain experience in this area of practice.

The agreement sets guidelines for the number of required experienced RNs in the various sites in the public health program. Once the ratio for experienced RNs is met, further positions will be filled on a seniority basis provided all other requirements (i.e. education, performance, attendance, etc.) are met.

This agreement is similar to the broader Ratio Agreement with Eastern Health which was signed in 2010, but did not apply to public health. The Public Health Ratio Agreement is available on our website. Visit www.RNUNL.ca – Member Services – Collective Agreements.





Registered Nurse Spotlight

Sherri-Lynn Mulrooney, RN — Branch 3 Shop Steward

How long have you been an RN?

I graduated from nursing in 2014 and I have been working in the MSICU at the Health Sciences Centre for about five years.

What was your work environment like in normal times (before COVID-19)?

We always had an open unit, with only a couple of private rooms. We have been able to work as a team and function in our own “organized chaos.” Typically, each patient would have visitors coming and going throughout the day, and we tended to get to know families. We have also supported neighboring units, lending a hand with CCU and CVICU when we can.

When we were at the height of COVID-19 in the spring what was work like for you? And did it affect your personal life?

There was so much change. From set-up and protocol to PPE, everyday seemed to be something new. In the beginning, our unit was in “construction mode” with temporary walls and hoses everywhere. Everything was cluttered and cramped, and we had to adapt to having no immediate access to patients, often looking through windows versus previously being right at the foot of the bed. Also, guidelines changed constantly.

Another big change was the directive that no visitors were allowed. This meant we were not only the patient’s registered nurse but also

their connection to the outside world. Often times we would be holding a phone or tablet so family could see their loved ones, while we held their hand and provided human connection.

A positive thing to note was the way our units learned to collaborate. Quite frankly, all critical care nurses became like one big family.

What is the biggest challenge you faced?

Uncertainty. The fear of the unknown can really affect the way you go about your daily life. The questions that I asked myself daily: What patient will I have today? Will I have a COVID-19 positive patient? What PPE should I be wearing and what will be available? Why are some healthcare professionals wearing different (and possibly better) PPE? Do I have what I need to keep myself and my patients safe?

It was frustrating when we didn’t have what we felt we needed for our own protection. *It’s like asking a firefighter to run into a burning building without **guaranteeing** them that their gear was fireproof.* We as critical care nurses will all run into the fire, as long as we know we are safe.

Another challenging moment for me was one day when I realized I hadn’t had a hug in months. It was somewhat overwhelming to think that I had not seen my family in such a long time. Thankfully, a fellow RN dressed in



full PPE was nearby and gave me the much-needed reassuring hug that brought tears to my eyes.

How do you think this will change the future of nursing, particularly life as a critical care registered nurse?

We can learn a lot from this time. Before COVID we were moving in a positive direction towards more family-centered care. We have learned new ways to help families and patients connect. We have also honed our ability to adapt quickly to an ever changing environment.

Learning to put our own safety first was hard. Because of PPE requirements and the high-risk environment, we had to take time to gear up in PPE before jumping into a room.

What helped you cope?

My amazing coworkers, the RNs, NPs, RTs, ward clerks, MSAs we got each other through some scary, and unprecedented times. Hearing the pots and pans in the evenings was

incredible. It reminded us that people were still standing behind us and appreciating our work.

Also, dance. About 10 minutes before the daily COVID update from

government, we RNs on my unit would have a small dance party. This 2-3 minute mental break and joyful movement helped us decompress, find moments of laughter and even made some patients smile.

RNs Participate in BLM

The Black Lives Matter (BLM) movement became a global protest in 2020. Sparked by the tragic death of George Floyd in the United States, BLM shines a light on racial inequalities and human rights issues.

RNU members from the Mount Pearl Square Dialysis Center, led by RNs Bruce Pittman and Ann Marie Tobin, fought to have BLM recognized at their workplace.

In late May, they heard there was desire among coworkers to wear "Black Lives Matter" shirts at work to show support for the movement and coworker Eva Nyambane.

While management expressed concerns that BLM could be too political for the workplace, Bruce and Ann Marie's advocacy around human rights and equality helped gain their approval and support.

"We wear shirts to support Pride and anti-bullying movements. This was equally important to us," said Ann Marie. "Once we got the approval, BLM became an open movement for our staff!"

There was no lack of support for Eva and BLM. When it came time, all staff wore a shirt. Eva's shirt was especially important as it read "My Life Matters."

The day gave Eva a renewed sense of optimism. "This whole thing was like seeing a light at the end of the tunnel," said Eva. "It gives us hope that things are getting better."

"Knowing that we made Eva feel special while doing our part to fight discrimination and racism, felt awesome," said Ann Marie.

Eva notes that racism affects her life differently than that of her white coworkers and hopes this becomes an annual initiative. Eva also highlights the importance of education around racism and hopes resources become more readily available.



Black Lives Matter. RNU members from Mount Pearl Square Dialysis.



Meet your Board of Directors for 2021-2023

We're excited to introduce the RNU Board of Directors for 2021-2023. The board is responsible for setting the strategic direction of the organization. The board meets regularly and manages RNU's affairs between biennial conventions. They are your voice at the provincial table.

The RNU Board of Directors is elected every three years in a province-wide vote. The board includes the provincial executive members and representatives from the nine RNU regions in the province. Find out who represents your region.

Executive



President (New to role)
Yvette Coffey, RN

Registered Nurses' Union
Newfoundland & Labrador

"Thank you for your continued support. RNU has a very strong team which includes our board of directors, our staff, our branch representatives and you, our members. I am eager to serve as the president of RNU, to work with our team and to echo the voice of RNs and NPs."



Vice President (New to role)
Mike Fagan, RN

Community Health,
Western Health

"We continue to have staffing and workload issues along with violence in the workplace that need a strong voice at the table. As RNU members, we are a team that deal with the issues and find innovative and creative ways to come to a solution. As your Vice President, I'll continue to fight and work on your behalf for the next three years."



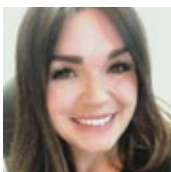
Secretary-Treasurer (Returning)
Tony Moores, RN

Health Sciences Centre

"As an acute frontline RN with significant union and work experience, I will provide a strong voice for all RNs and NPs in this province. I'll continue to work hard and strive to improve your work life. Our organization will undergo a change in leadership, and I'll be there to support our new president and help guide our union."

Regional Representatives

REGION 1 LABRADOR, CHURCHILL FALLS,
GOOSE BAY AND NORTHERN CLINICS

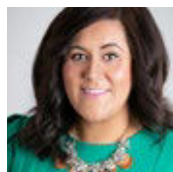


Ashley Jones, RN (Returning)

Captain William Jackman
Memorial Hospital

"As RNs and NPs we do more than provide knowledgeable, high quality care, we advocate on behalf of patients, and RNU advocates on behalf of our members. As we continue to face workplace challenges, our union leaders are committed to work beside you through the most trying circumstances. Together we are stronger."

REGION 2 NORTHERN PENINSULA,
SOUTH EAST LABRADOR AND CLINICS



Krista Lynn Howell, RN (New)

Charles S. Curtis Memorial Hospital

"I am an advocate for our profession. We play a unique role in caring for individuals, families and communities. I look forward to participating in the work of our union, and doing my part to support and shape the future of registered nurses and nurse practitioners in my region and across the province."

REGION 3 WEST COAST: CORNER BROOK, DEER LAKE, PORT SAUNDERS, BONNE BAY & VICINITY

Stephanie Legge, RN (New)
Western Memorial Regional Hospital

"As your regional representative and union activist, I stand prepared to face the challenges of safe working conditions with staffing workload and Workplace NL. I will be a strong voice for a better tomorrow to the registered nurses within our region and carry on the work of previous representatives."

REGION 4 SOUTH WEST COAST: STEPHENVILLE, PORT-AUX BASQUES, RAMEA & VICINITY

Christa Philpott, RN (Returning)
Sir Thomas Roddick Hospital

"I am so happy and excited to represent members at the board of directors table. I firmly believe in the power of groups and unions. I believe we all have a voice and there is power in our voices — when combined together success stories happen and mountains can be moved."

REGION 5 GRAND FALLS-WINDSOR, BAIE VERTE, LEWISPORTE, SPRINGDALE, CONNAIGRE & VICINITY

Brenda Dicks, RN (Returning)
Community Health, Central Health

"I believe in fighting for human rights, especially RNs' rights. I treat everyone as equals and I treat people the way I would like to be treated. I believe in always listening to the opinions and challenges of others, without judgement and with an open mind."

REGION 6 CENTRAL EAST: GANDER, NOTRE DAME BAY, FOGO, BROOKFIELD, BONNEWS & VICINITY

Nancy Healey-Dove, NP (New)
Lakeside Homes and Home First Gander

"I believe that we, together, are a very strong force to lead our communities, province and country through difficult times and always put the rights of our members, clients, patients and residents at the forefront. We must always listen, learn and then run to do what is right."

REGION 7 BURIN & BONAVISTA PENINSULAS, CLARENVILLE & VICINITY

Mark Aylward, NP (Returning)
Bonavista Hospital

"Throughout my tenure with RNU, I feel our organization has been integral in advancing the role and public image of RNs and NPs. But there is continued work to be done to uphold the RN/NP role(s), and to negotiate enhanced benefits and working conditions for all nurses. I look forward to being part of this endeavor."

REGION 8 RURAL AVALON, PLACENTIA, WHITBOURNE, CARBONEAR & VICINITY

Niki Parsons, RN (Returning)
Carbonear General Hospital

"We live in difficult and challenging times. I believe we need more supports in the system so we can care for our patients. Registered nurses need to be deployed more efficiently and effectively. We need to provide care based on acuity not beds filled. I look forward to representing you for the next three years. We are in this together. And together we will get through it."

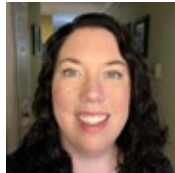


REGION 9 ST. JOHN'S & VICINITY



Kim Parsons, RN (Returning)
Janeway Children's and
Women's Health

"Workload, compensation, inadequate staffing, violence and supporting our NPs are some of the increasingly pressing topics for our union. We need to make sure the right changes happen for the betterment of RNU members and the people of our province. I will continue to be a strong voice for you at the table, bringing forward your concerns, asking tough questions, and putting forward solutions to support RNs and NPs."



Jessica Dwyer-Milley, RN (New)
Health Sciences Centre

"I have been a passionate registered nurse and union activist since 2008. I have seen the changes that have affected us all as RNs, our patients, and their loved ones within the health care system. My experiences have given me a solid knowledge base to bring to the regional representative position. I will be a strong passionate voice for you at the board table."



Jodi Nolan, RN (New)
St. Clare's Mercy Hospital

"As leaders, activists, and advocates, we need to listen and communicate the ever-evolving issues facing registered nurses and nurse practitioners daily. Our voices can create the changes needed to better the lives and workplaces of our dedicated members and the care of our patients. Our voices, strong and unified, is the catalyst for the changes we need."

Contract Extended Until 2022

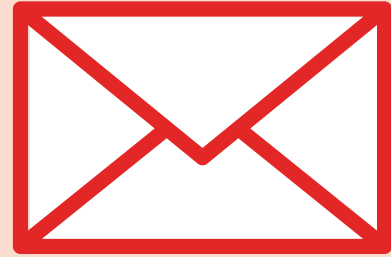
This spring members voted to extend our collective agreement until June 30, 2022. With uncertainty regarding the long-term impact of the COVID-19 pandemic and the financial challenges facing our province, extending our contract provides stability and security for RNU members. The extension, which passed with strong support (85.6% of members voted yes), included a 4% wage increase. The first 2% increase was effective in July. The extension calls for a further 1% increase on July 1, 2021 and the final 1% increase on January 1, 2022.

For the first time, voting on our contract took place online. This move led to a significant increase in voter turnout, with an additional 1,000 votes cast compared to 2019. In addition to being more cost effective, our annual report survey shows members were highly satisfied with this approach and support RNU continuing with online voting moving forward.

Your board of directors is already looking ahead to the next round of collective bargaining. Strategic discussions are ongoing and we will keep you updated regarding bargaining preparations on *myRNU*.

Have Something to Say?

We'd love to hear from you. Send your comments to *In Touch* at info@rnunl.ca



Rural Site Added to Core Staff Review

Adequate staffing and improving working conditions remain a top priority for RNU and our members.

In 2019, we secured commitment from the provincial government to conduct a core staffing review. This will be the first review of staff in over 18 years.

The work will involve an in-depth review of staffing at select sites across the province. The data and information collected will offer valuable information for comparable sites and is just one mechanism we are focused on to achieve safe staffing and reasonable workloads.

Initially, a rural site was not included in the project scope. After feedback from our members and RNU, government expanded the project to include a rural site.

The following sites will be reviewed: Labrador South Health Centre, Forteau, St. Luke's Home, St. John's; James Paton Memorial Hospital, Gander; Medicine and Surgery Program, Health Sciences Centre, St. John's; and Community Health Sites in Corner Brook.

The province originally agreed to complete the core staffing review by July 31, 2021. Unfortunately, COVID-19 has impacted the timeline of this work. A Request for Proposal (RFP) is now being issued to select an external consultant to the core staffing review and it is anticipated that work will begin in the new year.



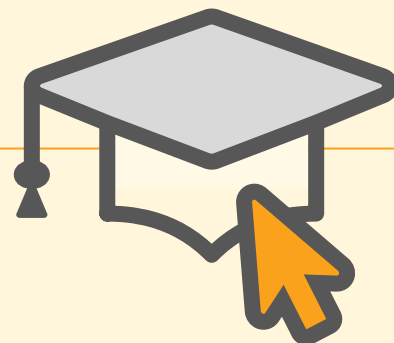


RNU Education Goes Online

In response to COVID-19, RNU is shifting to online learning. Events like Shop Steward Education will be held virtually for the time being.

While the pandemic has presented challenges in terms of connecting in person with volunteers and members, we also see many opportunities to

expand our engagement. Shifting to a virtual learning environment provides an opportunity to widen our geographical reach and an alternative for when members have difficulty securing leave for travel to union events. From potential webinars and online modules, to volunteer training and branch meetings, virtual technology provides



immense opportunities and we are excited to see how this could shape our future.

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Be Careful What You Post on Social Media

Many registered nurses and nurse practitioners use social media as a tool for communication. Your branch or unit might have a Facebook Group as a way of staying in touch.

Whether it's your public Facebook or Twitter feed or a private group, comments posted on social media can have far reaching consequences that can affect your employment.

Social media is instant. Anyone can take a screenshot of a message and share it beyond your private group. And deleting a post will not ensure it's gone.

Do not post any information — including photos — about your patients, clients, residents, their families, coworkers or your workplaces.

Use caution when posting information. You can post comments of an opposing viewpoint, but do so in a constructive and respectful manner. If you see inflammatory comments in an online discussion,

do not respond. This will only continue the rhetoric.

Perceived inappropriate use of social media will be investigated by your employer. If the allegations are found to be true, you may face disciplinary action by your employer and/or the College of Registered Nurses of Newfoundland and Labrador (CRNNL).

The CRNNL, for example, may investigate reports of inappropriate disclosures on social media sites on the grounds of (but not limited to):

- Unprofessional conduct
- Unethical conduct
- Mismanagement of patient records
- Revealing a privileged communication
- Breach of confidentiality

Please reach out to RNU to share your frustrations, your solutions, and your insights. Email info@rnunl.ca or visit the discussion forum on *myRNU*. Protect yourself!



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Registered Nurses' Union Newfoundland & Labrador Board of Directors 2018-2020

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President

Yvette Coffey, RN
Vice President

Tony Moores, RN
Secretary-Treasurer

Ashley Jones, RN
Region 1 (Branch 14, 15)

Vacant Position
Region 2 (Branch 13, 18, 26, 50, 51)

Mike Fagan, RN
Region 3 (Branch 11, 40, 41)

Christa Philpott, RN
Region 4 (Branch 12, 23, 24, 46)

Brenda Dicks, RN
Region 5 (Branch 9, 32, 33, 38, 43, 45)

Vacant Position
Region 6 (Branch 8, 17, 25, 42)

Mark Aylward, RN, NP
Region 7 (Branch 10, 20, 21, 30, 36)

Niki Parsons, RN
Region 8 (Branch 16, 28, 29)

Rosalie Gillis, RN
Region 9 (Branch 5, 34, 35, 37, 47)

Miranda O'Driscoll, RN
Region 9 (Branch 4, 7, 31, 44, 48, 49)

Kim Parsons, RN
Region 9 (Branch 2, 3)

John Vivian, QC
Executive Director (non-voting member)



**Moving? New
Email Address?**

Please contact RNUNL if you move or change your email address. We'd like to keep you informed on issues that matter to you. Email info@rnunl.ca or call 753-9961 to update your information.



Registered Nurses' Union
Newfoundland & Labrador