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Arbitration Update

IN THIS ISSUE:

Arbitration:
The Hearings
The Reports
What's Next?

Violence in the Workplace:
More Work Must Be Done

PTSD and Nursing:
A report by the Manitoba
Nurses Union



President's Notebook

By Janet Hazelton, BScN, RN, MPA

Arbitration for Bill 1, *The Health Authorities Act* Still more questions than answers

As you are aware, on April 1 the government is reducing the number of bargaining units in health care from fifty to four. There will now be consolidated province-wide units for nursing, clerical, support and health care. The IWK will have the same four units. The government hired arbitrator Jim Dorsey to assign unions for each of the bargaining units.

January Arbitration Award

Arbitrator Dorsey released his first report on January 19th. Mr. Dorsey decided that the Act does not violate the Charter of Rights and Freedoms since it does not substantially interfere with employees' ability to achieve collective goals such as future collective agreements.

In the decision, Arbitrator Dorsey made it a condition that no union will represent a bargaining unit unless it has a majority of members whereas on its face the legislation instructed the arbitrator to assign one bargaining unit per union – CUPE, Unifor, NSNU and NSGEU.

February 20th Decision

After failed mediation in November and unsuccessful arbitration in December 2014, Arbitrator James Dorsey once again called the parties together for an additional arbitration hearing in early February which ended once again with more indecision than orders.

On one score, Mr. Dorsey was decisive. He awarded the Health Care bargaining unit to the Nova Scotia Government and General Employees Union. Based on the majoritarian principle the arbitrator imposed on the process the he awarded the Health Care unit to NSGEU as they represent a majority of workers in that unit at both the IWK and the future provincial health.

In his January 19 report, Mr. Dorsey said that the NSGEU had demonstrated that they also hold double majority representation in Clerical, yet in his February 20th ruling he back tracked saying that the NSGEU "could" represent that classification pending the result of a transfer of bargaining rights to one of

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On the Cover: Jayne Fryday, Christine Van Zoost, Janet Hazelton and Maria Langille, all members of the NSNU Board of Directors, at the January 19th news conference regarding Arbitrator Dorsey's report.

their locals. Mr. Dorsey did not order a decision on the Clerical unit in his final ruling.

None of the unions (NSGEU, CUPE, Unifor) representing workers in Support units has a majority and so the arbitrator has reserved his decision on that matter.

On the question of Nursing and Support, Mr. Dorsey did not order a judgement citing that in neither category is there a double majority which the arbitrator was seeking. In his report, Mr. Dorsey argued that neither nursing nor support satisfied his criteria.

Majority Representation

The NSNU represents a very large majority of nurses at the IWK and a clear majority of the remaining acute care nurses (RNs and LPNs) in Nova Scotia. NSNU represents 49% of the nurses working throughout the province employed by all 9 District Health Authorities. The other 51% of nursing representation is shared between CUPE, Unifor and NSGEU. The arbitrator was seeking a clear majority (50 plus) before assigning a bargaining unit to a specific union. At the IWK, NSNU represents the vast majority. A clear and decisive majority but again, the arbitrator sought a majority in what would be the new Provincial Health Authority and in at the IWK – a double majority.

It is apparent that had the NSNU not fought to keep LPNs in the nursing bargaining Union that the Arbitrator, by his own math, would have had to order all Registered Nurses to the NSNU. LPNs are currently in the health care bargaining units of the NSGEU, CUPE and Unifor where these unions asserted LPNs should remain, however the Arbitrator agreed with the Legislation, keeping the LPNs in the Nursing unit.

Mr. Dorsey confirmed that LPNs do have a community of interest with RNs, as recognized in Nova Scotia case law, and that, as per the *Health Authorities Act*, they will be included in Nursing bargaining units alongside RNs.



December 2014 Arbitration

Regulation and Common Employer Precedent

In the absence of a double majority, which the arbitrator sought as a means of directing members to various unions, Mr. Dorsey presented the government with several options, including whether it intended to have the NSNU nurses in the provincial health authority and the IWK as part of a common employer bargaining unit. The government answered Mr. Dorsey's question by passing a regulation to this effect. CUPE, Unifor and NSGEU argued the regulation is invalid or unconstitutional and should be dismissed by the arbitrator.

The regulation was contested by the health care unions. Based on the long history of bargaining with the IWK and all other DHAs at a single table with full representation of employers and membership the NSNU supported the regulation as a statement of fact. Since 1997, even though they are a standalone provincial entity, the IWK has bargained with the nine DHAs for one contract and, in our view, for the purposes of bargaining, is a common employer. The arbitrator did not support the common employer theory or the government's regulation.

The Health Authorities Act maintains the IWK as a separate employer due to some internal governance issues, but from the NSNU's perspective, this is not relevant

for collective bargaining purposes where the two employers will be required by legislation to bargain together.

Mr. Dorsey declined to rule on whether the regulation was constitutionally sound or not.

What's Next?

When Mr. Dorsey accepted this contract he understood that a final resolution was expected from him by January 1, 2015. With an April 1 deadline for the amalgamation of the DHAs looming, needless to say there is general panic amongst the health care stakeholders.

Although Mr. Dorsey maintains he has jurisdiction to further adjudicate this process and had planned to return to Nova Scotia to settle the Nursing and Support representation, our organization does not know what avenue the arbitrator would resort to in future deliberations. It would appear that he has, to the best of his ability, fully exhausted all of the tools in his tool kit. The Government has indicated that after three failed attempts at resolving the representation issues, ordering only one of the four classifications to a union after accepting the job in September 2014, Mr. Dorsey's services are no longer required and that his final extension expired.

Mr. Dorsey asked if the parties wished to return to mediation but that was sidelined when only the unions and not the employer would agree. In his

February report, Dorsey suggested that government could still order a vote to determine the placement of the remaining units – nursing and support. He suggested that the RNs could be ordered to NSNU if all parties were agreeable to a vote for the LPNs. The Arbitrator did not order a vote but said it was an option for consideration. Not at any time was that option supported by government, CUPE, Unifor or the NSNU. We stood in solidarity with Unifor and CUPE as a vote would have marked the end of representation in the health care sector for CUPE and Unifor given their minority holdings in all four classifications. As we understand the employer will not allow a vote for the LPNs at this time.

Amalgamated Unions

In his January decision, the Arbitrator also put forth the notion of forming amalgamated unions. Under such a model each union would relinquish its bargaining rights and transfer its jurisdiction for bargaining purposes to the new union. A new union, or several new unions, would act in place of the existing unions for negotiations and enforcement of collective agreements, greatly diminishing the role of the NSNU. Dorsey suggested that would be most appropriate for health care and support units where he believed no union has more than 50 per cent representation. This concept was the focus of much of the February arbitration hearings.

Mr. Dorsey did not endorse an amalgamated union for nursing or any union in either of his awards. In fact, in his January 19 report he called into question the fragile nature of the relationships between NSGEU and the NSNU, making a collaborative union an unlikely avenue. In the most recent report neither Health Care nor Clerical units were directed by the unions or the arbitrator to follow the uncharted path of an amalgamated union, how realistic an option that would be for Support and Nursing? One only has to look at Youtube videos and media clips to recognize the intense animosity the NSGEU feels towards the Nurses' Union.



Janet Hazelton speaks with CBC's Paul Withers during February Arbitration.

Mr. Dorsey wrote in his February 20th report that, "Union leadership continued to rage against the Health Authorities Act they consider cynically ill-conceived to create a disharmonious labour relations situation hastily implemented with inadequate information, reflection and consultation. But they were unable to overcome regional separation, past differences and other barriers to achieve amalgamated successor unions to represent one or more of the units."

Regardless of Mr. Dorsey's views on the unlikely success of an amalgamated union for the nursing unit, this proposal could not be entered into lightly. On February 1, one day before the final week of arbitration commenced, the four unions reviewed draft proposals on what an amalgamated union model might entail. That model, and another proposed two days later, would have required the consent of our organization before such broad-sweeping changes could occur. It was not within my power to sign off on a decision as experimental and risky in nature as this proposal. I do not have the authority to completely alter the purpose, the constitution, staffing, the dues structure and potentially the future course and very being of the Nurses' Union, solely on your behalf.

In the estimation of NSNU legal counsel the proposed models would impose

profound changes that would require input from our members and the board of directors before sign-on. It was not possible to accept the draft agreement given the timeframe imposed by the arbitrator. The other unions were likewise unable to agree upon a workable model at the time. Arbitration ended on February 6 without consensus on any amalgamated union model by any party.

Final Orders to Arbitrator

During the final arbitration, February 2-6, the unions, employer and government each presented its final orders to the Arbitrator.

In its final order to the arbitrator the NSNU maintained that, in the absence of a true Bargaining Association in which status quo could be achieved for all unions, it should continue to represent nurses as it has done for almost forty years. The arbitrator was unable to mediate a bargaining association as both the employer and the government rejected this option.

CUPE asked that the arbitrator impose an amalgamated union for no fewer than three unions, and if not, that the employer return to mediation. If those options were not possible CUPE asked Mr. Dorsey to follow the letter of the law and appoint a bargaining unit to their organization.

Unifor advocated in favour of an amalgamated union for all four units.

The NSGEU, which Dorsey previously ruled has a clear majority in Clerical, argued that it also represented the majority of workers in the Health Care sector. NSGEU said that if an amalgamated union was not applied to all four units, it will claim a majority in Health Care and Clerical and consider an amalgamated union for Support with CUPE and Unifor where no union holds a clear majority.

The Attorney General, on behalf of the government, argued that the notion of a majoritarian principle was not a consideration of the bill and that the

arbitrator must follow the legislation in assigning each union one of the four bargaining units.

A discussion on “Generic Positions” closed out the arbitration session on the last day of the hearings. NSGEU argued that some thirty positions that currently require a nursing license could actually be filled by other health care workers and so should be moved to the health care unit. The employers argued that bargaining unit assignment should be based on job description. The NSNU maintains its defense of generic positions it feels require a nursing license.

So-called ‘generic’ positions that do not require a nursing license but are often filled by nurses will not remain within the Nursing bargaining unit given that the Act defines the nursing unit as those positions that “must be occupied by an RN or LPN”.

What did the Arbitrator order?

Aside for ordering health care workers to NSGEU, Mr. Dorsey made three other determinations on outstanding issues:

Seniority: based upon an agreement by the unions, there will be a province-wide seniority list for each of the four bargaining units (nursing, healthcare, support and clerical) beginning April 1st, 2015. Workers’ current seniority will be ported to the new list.

Collective Agreements: based upon agreement by the unions, all collective agreements will remain in force according to the pre-amalgamation regional and jurisdictional boundaries. This remains the case until a new agreement is bargained for each of the four bargaining units.

Generic positions: there are a few positions currently filled by nurses that do not strictly require a nursing license according to the job description. Despite protest from the NSNU, the arbitrator is bound by the legislation which defines



Janet Hazelton addresses media on February 20.

the nursing unit as those positions that must be occupied by an RN (including NP) or LPN. If you are a nurse in such a position, we encourage you to obtain your job description and job posting and call the NSNU.

Summary

In many ways, based on the unusual nature of these proceedings, we are all left to draw some conclusions. There have been varying interpretations of the numerous reports and commentary provided by the arbitrator over the past six months. In any event, it is tantamount that our members understand that the NSNU never sought to gain new members. However, given that only one union could represent nurses, we were never prepared to sit idly by and lose our status as the Nurses’ Union.

The February 20th decision does not complete the task of determining bargaining unit representation. As previously noted, NSNU has the overall majority but just below 50% of the nurses in the proposed provincial health authority, with the remaining nursing population divided between the three other unions. Given this, Arbitrator Dorsey reserved ruling on this.

During a news conference on February 20th, the Minister of Health and Wellness indicated that the issues remaining to be determined from the Arbitrator’s decision will be dealt with through legislation. We will have to wait and see what course of

action they eventually take.

As I have said countless times, a true bargaining association where there is no interference in bargaining jurisdiction or rights, whereby the NSNU continues to function, for all intents and purposes, as it does now was our preference. The NSNU has no history of raiding other unions nor did the NSNU welcome Bill 1 – in fact, we tried to sound an alarm about the dissension and disruption it would cause. As for the online and very direct, and personal, harassment I have encountered, I have this to say. We tell our nurses, “It’s not part of the job,” but apparently that’s not applicable to nurses. That said I will not succumb to threats or insults. If I am unelected by the membership of this organization for trying to preserve the representation that we currently have then that is the will of our electorate.

Until that time I, along with your dedicated and unwavering Board of Directors will continue to defend the Nurses’ Union and our long history of advocating for nurses, public health care, free and fair collective bargaining practices, nurse’s rights, safe staffing and safe work places with pride and determination.

If you have questions, concerns or comments about the *Health Authorities Act* please contact the NSNU at nursesinfo@nsnu.ca.



Care Right Now: Evaluating the Collaborative Emergency Centre Experience

On December 10, 2014, a news conference was held in Halifax to present “Care Right Now: Evaluating the Collaborative Emergency Centre Experience in Nova Scotia.” Mary Jane Hampton, a health care and social policy consultant, evaluated Collaborative Emergency Centres (CEC) in the province to determine their success in addressing chronic, unplanned emergency department closures.

The CEC model often pairs an RN and a paramedic to provide off-hours medical care in rural areas. The team would either provide immediate care, or transfer a patient to a regional emergency room if their situation was too serious to be treated at the CEC.

Hampton’s evaluation determined the service was largely successful in its mandate to improve wait times and reduce closures. According to Hampton, the CECs operated as the first line of health care in a process that prioritized same day/next day access to one’s personal care provider or family doctor. Hampton says the addition of more daytime, evening and weekend hours offered

more flexibility and accommodation for the public, and reduced time constraints on family physicians who were able to be more available for their patients.

However, Hampton found that the program was not without its drawbacks, the most serious of which was the lack of support for RNs who work alongside paramedics in running the CEC. Because paramedics are not trained to run a facility like a clinic or care for in-patients, the RN’s were left with an overwhelming amount of work, while the paramedics were often underused and unable to do anything more than sit and wait for a patient – often only one per night.

Another area of concern was that of short staffing. Because so few people work in the CEC program, a sick employee or a vacation day could force services to shut down. This places a tremendous amount of pressure on the individuals who work at the CEC, and does not provide them with adequate support should they be unable to make it into a shift. According to Hampton there was approximately one CEC closure per month during the

evaluation process, which shifted the primary care responsibility to regional emergency rooms.

The NSNU supports a system which enables better access to emergency medical services for individuals around the province. However, it is necessary that such a system respects the rights of workers. We believe paramedics make invaluable contributions to the healthcare system, however we feel an RN/RN model or RN/LPN model which allows for patient care throughout the CEC at times of low census in overnight hours should be the industry standard. Another option to maintain the diversity of skill sets in the room could be to look at an RN/LPN/Paramedic model in the future.

As the CEC model evolves, we will continue working with the Department of Health and Wellness to improve working conditions for nurses who work in the Centres around the province. We continue to encourage feedback from members working in the CECs.

Workplace Violence: More Work Must Be Done

The NSNU advocates for the safety of our nursing sisters and brothers across the province. Recently there have been many troubling stories relating to dangerous incidents taking place in and around our Canadian health care facilities. These issues must be addressed.

Nurses at Regina General Hospital are fighting for access to safe parking at their workplace after a NICU nurse was attacked and robbed walking several blocks to her car alone at night. Just a few days earlier a nurse in Kamloops was assaulted while working at the Hillside Centre at Royal Inland Hospital. In January, a nurse at Toronto's Centre for Addiction and Mental Health was left with a serious head injury after a patient brutally assaulted her – just one in a series of incidents to take place at this particular facility. Incidents like these are not one-off's, they are chronic, and it is the responsibility of employers to ensure their staff are safe.

The NSNU has worked tirelessly to promote awareness and safe work environments, in efforts to prevent violent incidents like these. In 2007 the government passed Violence in the Workplace Regulations, a subsection of the *Occupational Health and Safety Act* developed in coordination with the NSNU and other health care unions in the province. This legislation requires employers do everything in their power to ensure their staff are safe from violence, including recognizing violence as an occupational health and safety hazard, and conducting a violence risk assessment for each of their workplaces. Years after that legislation passed, incidents like these still take place in our own facilities in Nova Scotia, and so we

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CAWV, the Coalition Against Workplace Violence

NSGEU Nova Scotia Teachers Union CUPE Nurses Union

Produced by CERN, the Coalition Against Workplace Violence with financial assistance from the Nova Scotia Federation of Labour

This awareness advertisement was produced by the Coalition Against Workplace Violence, which includes the NSNU and other partner organizations

have to ask if simply applying regulations is enough. We must always be vigilant in reviewing and reconsidering what is in place, and refuse to be complacent when violence occurs in the workplace. We know that our nurse union counterparts in other provinces are doing the same.

Canadian nurses and health care workers must be able to do their jobs without the fear of violence. The NSNU stands in

solidarity with our sisters and brothers in Regina, Kamloops, Toronto and across the country as they fight for their right to safer workplaces, and as we continue to work toward the same goal here at home.



Study shows Impact of Domestic Violence on the Work Life of Victims

By Julia Chapman, MSVU Co-op Student

Domestic Violence Survivor Melissa from CLC Video "Domestic Violence at Work"

In 2014 the University of Western Ontario partnered with the Canadian Labour Congress to conduct the first survey in Canada on Domestic Violence and the Workplace. The purpose of the survey was to find out whether violence in the home had an impact on victims' quality of work, attendance and relationships with co-workers.

The survey concluded that 33% of the 8,429 participants had experienced domestic violence in their lifetime. Out of those 33%, 10% said it had happened in the past 12 months. The great majority of victims were between the ages of 25 and 64, and women were commonly the target.

People who suffer from domestic violence have stated that it has a large impact on their quality of work and their motivation to go to work. More than half of those reporting domestic violence indicated that at least one type of abusive act occurred at or near their workplace.

These abusive acts commonly consisted of phone calls or text messages, stalking and harassment. In 10% of abuse cases, the victims lost their jobs because of it.

The issue of domestic violence does not only affect the victim and the abuser; more than one third of victims reported that their co-workers were affected too, citing stress and concern about the abusive situation as a distraction.

Seventy-five percent of all respondents thought workplace supports, such as paid leave and safety policies for victims, could reduce the impact of domestic violence on the work lives of victims and their colleagues.

The NSNU represents workers in a female-dominated industry, and we are a vocal advocate for women and men who are victims of domestic violence. Nurses perform so many essential tasks that require their full attention. If a nurse is suffering from domestic violence, it could

impact their ability to do so successfully and safely.

In light of this new information on the way domestic violence can affect the work life of victims, we can use the research to make workplaces safer and more conducive to helping victims, rather than compounding the problem.

There have been efforts towards change. The Yukon Teachers Association has recently introduced a leave of absence program that is focused on workers needing time off due to domestic violence, which is an incredible example of a positive change. Taking their lead, more changes are urgently needed to improve domestic violence policies in Canadian workplaces, and improve the work and home life for victims.

For more information, or to read the full study, visit the Canadian Labour Congress website.



Maddison Wilson and Marguerite Centre Executive Director Lisa Mullin

Giving to the Marguerite Centre

By Maddison Wilson, MSVU Co-op Student



During the holiday season the NSNU Board of Directors selects a non-profit to receive a donation on behalf of our membership. This year, they selected The Marguerite Centre, a residential program for women recovering from addictions and abuse.

In December our Communications Team had the pleasure of receiving a personal tour of The Marguerite Centre from Executive Director, Lisa Mullin. They provide a home-like environment in which women are able to recover in a safe, comfortable place, surrounded by people who care deeply about their wellbeing.

The Centre takes a holistic approach to helping women recover from addictions and abuse. They don't just provide shelter, they offer a place where the women can learn valuable life skills to help get them

back on their feet. They have staff on-site all day, every day to provide support, advice, or just an ear to listen. The Centre also provides private meeting spaces for residents to engage with their counselors and others who are involved in the healing process. They even have a few therapy dogs that visit once in a while to help keep spirits high.

The NSNU is pleased to support an organization that shares our members' dedication to the health and wellbeing of others.

For more information on the Marguerite Centre, visit www.themargueritecentre.com.

Government Home Care RFP

In December 2014 the government announced they had procured a consultant to look into the value of putting out an RFP for private home care operators in Nova Scotia. The consultant is tasked with determining whether opening up the market is the right course of action for the province. The results of the study are expected early this year.

Victorian Order of Nurses (VON) is the current non-profit provider of home care in the province, and they provide an extremely high level of care in the home. In some cases, people are being treated at home for conditions that years ago would have been treated in the ICU. VON RNs and LPNs are highly qualified professionals and are accustomed to the often grueling schedule of a home care provider.

Government says the proposed RFP is in response to ongoing capacity issues facing VON. Over the past year the wait list for home care has grown substantially, and VON nurses have been feeling the strain of insufficient resources, often working unsustainable levels of overtime with little-to-no relief.

“NSNU represents the hard working registered nurses and licensed practical nurses who work for VON. These nurses are working province-wide and as close to the line as they can now. I am certain that government will see that there is no substitute for the quality of care they provide,” says Janet Hazelton, President of the NSNU. She hopes the consultant will find that there is more value in providing additional resources to VON than there is in opening the market up to competition.

On January 5th Janet met with Jane Mealey, Vice President and Chief of Practice for VON Eastern Region. The pair discussed the potential issues relating



to the privatization of home care, and steps that the NSNU and VON could take together to prevent that outcome.

On January 26th, NSNU hosted a meeting with VON Senior Leadership: Jo-Anne Poirier, CEO; Susan Rath-Wilson, VP People and Organization; Beth Green, VP Communications and Business Development; Lorna Blair, Labour Relations Officer, Eastern Region; and Jane Mealey. In attendance from NSNU were Janet Hazelton, Chris Albrecht, Labour Relations Representative and Paul Curry, Educator/Researcher.

They collaboratively discussed the current status of the consultative process and laid

the groundwork for the next steps.

VON indicated that the consultant has been conducting stakeholder interviews; neither the Employer nor the Union have been consulted to date.

Together VON and the Nurses' Union will be talking about the value of VON and the quality care provided by their agency. Further work will be done to establish a campaign to increase the profile of VON in the community. To kick start the campaign Janet Hazelton will be attending some home visits with RNs and LPNs to experience firsthand the challenges and rewards that our members experience.

FEBRUARY

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February Holiday

Nova Scotia just celebrated a new February Holiday which was legislated in April 2014. The province's newest holiday, to be celebrated annually on the third Monday in February, will be known as Nova Scotia Heritage Day. This year we honoured human rights activist and hometown heroine, Viola Desmond.

All NSNU Collective Agreements contain language which indicates that should the Government of Canada or the province of Nova Scotia officially proclaim an additional holiday, such shall be added as a recognized holiday. Therefore if you worked on Nova Scotia Heritage Day (February 16th,

2015) you shall be compensated with Holiday Premium Pay in accordance with the language in your collective agreement.

The Department of Health has confirmed that the Holiday is a funded holiday for all sectors.

The formulas for accumulating Holiday Leave credit will vary according to your Collective Agreement.

Please contact your Labour Relations Representative with any issues regarding the implementation of this new holiday in your facility.

Canadian Labour Congress Prepares Activists for Federal Election

By Christine Van Zoost, NSNU Vice President

With a federal election looming, Canada's labour movement is eager to amplify its voice so we'll be heard.

In preparation, more than 100 union members gathered free-of-charge in Dartmouth on January 30th to attend a Canadian Labour Congress (CLC) sponsored event – one of several election-readiness sessions to be held across the country. These workshops bring together seasoned campaigners and new activists from a wide range of communities and workplaces to share their experience, while learning the latest and best practices for effective campaigning.

Hassan Yussuff, President of the Canadian Labour Congress, spoke of the importance of getting involved and helping to find a better direction for Canada.

I attended the workshops along with my NSNU Board colleague, Ann Marie Murdoch, VP Northern Region – all part of the 'Together Fairness Works' Campaign. And, although the CLC is a strong supporter of the NDP, the four national issues endorsed by the CLC are relevant to all Canadians: Good Jobs; Retirement Security; Health Care; and Child Care.

Good Jobs

For too many people in Canada today, young people especially, the idea of landing a good job is out of reach. This year the country's labour force participation rate fell to 66%, the lowest since 2001.

Today's new jobs are less likely to include an employer-sponsored pension plan or a collective agreement with the protection that comes with a union. Grim employment prospects, combined with the rising cost of post secondary



Ann Marie Murdoch, Hassan Yussuff and Christine Van Zoost at the CLC conference in Dartmouth, January 30, 2015

education, is pushing higher education beyond the reach many young workers who are already carrying huge student debt.

The expansion of the Temporary Foreign Worker Program, allowing a much larger group of employers to recruit temporary migrant workers across all sectors of the economy puts the labour force on shakier ground. Migrant workers don't have the same workplace rights and protection making them extremely vulnerable to wage exploitation, fraud, health and safety risks, poor housing, racism, discrimination and violence.

The Labour movement wants government to help build the best educated, skilled, inclusive and adaptable workforce in the world. Government has an important role to play in developing policies to facilitate this.

Retirement Security

Today seniors make up about 16% of the population but within a generation that number will grow to nearly 25%. Between now and 2022, over 3 million workers are expected to retire – but many of them know they can't afford to.

For most workers with a pension, they have a union to thank. But not everyone has the benefit of a collective agreement or a union at their workplace.

Without clear and decisive action from government, many of today's workers (and tomorrow's seniors) face living their final years in poverty. To improve this the CLC proposes that the federal government must commit to doubling CPP retirement, reverse plans to raise the eligibility for OAS and GIS from 65 to 67, increase GIS benefits and improve access to pensions for working Canadians.

CLC Continued

Health Care

The present federal government will not enforce the Canada Health Act. They eliminated the Health Council of Canada and they won't work with the provinces to improve health care, or sign a new Health Accord.

Slashing \$36 Billion from Canada's health care system is a deliberate step away from Canadian values of free universal health care for all. This opens the door to for-profit health care that will leave many Canadians without adequate care.

The CLC is looking for government to reverse the decision of cutting the \$36 Billion in funding. The CLC urges government to find meaningful ways to reduce wait times by recruiting, training and retaining more doctors, nurses and health care professionals.

By enforcing the Canada Health Act and working with provinces and territories on a new 10 year Health Accord we can improve upon the system we have.

Child Care

Access to affordable and adequate child care remains a serious problem across Canada. For many families child care is the second highest expense after housing. As well, only 20% of Canadian children have access to licensed, regulated child care.

Quebec has implemented a system-wide approach to make child care affordable and accessible to everyone.

It is time for the federal government to work with the provinces and territories to establish a national child care system. This will require an immediate infusion of funds to ease the systemic problems that exist.



The Supreme Court of Canada's New Labour Trilogy

The Supreme Court of Canada has released three decisions which greatly enhance the rights of workers and trade unions in Canada.

In one case dealing with essential services workers in Saskatchewan, the Supreme Court held that the right to strike is constitutionally protected by s. 2(d) of the Charter. The government can only deprive workers of their right to strike if their withdrawal of essential services would endanger life, personal safety or health. If this is the case, the essential services workers must be given fair, impartial and effective arbitration to resolve their bargaining differences.

In the second case dealing with the RCMP, the Supreme Court ruled that workers were constitutionally entitled to freely choose an independent association or union of their choice.

The final case upheld the constitutionality of federal wage controls imposed upon federal public servants.

This "New Trilogy" significantly clarifies and protects the rights of workers and those of the association or union as well.

For more information on these labour cases, visit tinyurl.com/k9dygk7.



2015 CFNU Biennial Convention Update

Registration Reminder

Momentum is building and registration is well underway for the 2015 Canadian Federation of Nurses Union's Biennial Convention, taking place at the World Trade and Convention Centre in Halifax from June 1 - 5. If you plan to join us for the event, be sure to register soon to get into your preferred sessions.

A reminder to members who are sponsored by the provincial union to please register on MyNSNU as soon as possible. The official deadline has passed.

Out of province delegates and NSNU members who are not being sponsored by the Provincial Union are invited to register at <https://nursesunions.ca/node/1449> by May 3, 2015.

NSNU Members & Guests (both Provincially and Locally sponsored) can contact Clear.House@nsnu.ca for all hotel reservations.

Volunteer Sign-Up

Those who wish to volunteer at the Biennium are encouraged to register on MyNSNU. Retired members who would like to volunteer can still access MyNSNU using their old login information. If you do not have your login information and would like to register, please email Christie.Blotnicky@nsnu.ca.

Thank you to those individuals who have already signed up on MyNSNU as volunteers. You can expect further communication about your volunteer role after registration ends in March.



2015 Biennium: Featured Speakers

As we near the CFNU Biennial Convention, we're able to share more information about what – and who – we can expect to see. Here are a few of the featured speakers who will be joining us in Halifax.



Maude Barlow

National Chairperson of the Council of Canadians

Maude is the recipient of eleven honorary doctorates as well as many awards, including the 2005 Right Livelihood Award (known as the "Alternative Nobel"), the 2005 Lannan Foundation Cultural Freedom Fellowship Award, the Citation of Lifetime Achievement at the 2008 Canadian Environment Awards, the 2009 Earth Day Canada Outstanding Environmental Achievement Award, the 2009 Planet in Focus Eco Hero Award, and the 2011 EarthCare Award, the highest international honour of the Sierra Club (US).

In 2008/2009, she served as Senior Advisor on Water to the 63rd President of the United Nations General Assembly and was a leader in the campaign to have water recognized as a human right by the UN. She is also the author of dozens of reports, as well as 17 books, including her latest, *Blue Future: Protecting Water For People And The Planet Forever*.

Maude is a staunch labour advocate and a good friend of the NSNU.



Hugh MacLeod

Chief Executive Officer, Canadian Patient Safety Institute

Hugh has a work record that demonstrates commitment to systems productivity improvement and a passion for leadership development. His interests lie in the areas of system/integrative thinking, sustainability, and organizational cultures that create high performance.

Prior to joining CPSI in 2010, Hugh held senior positions with the Government of Ontario as associate deputy minister of the climate change secretariat and assistant deputy minister of system accountability and performance for the Ontario Ministry of Health and Long-Term Care. During his four years with the ministry, he was also the executive lead of the Premier's Health Results Team, responsible for a provincial surgical wait-time strategy, a provincial primary care strategy, and the creation of local health integration networks.



Craig Kielburger

Co-Founder, Free The Children & Co-Founder, Me to We

Craig Kielburger is a social entrepreneur, New York Times best-selling author and captivating speaker, inspiring millions to improve their communities and the world through daily actions.

Through Me to We, Craig and his brother and business partner Marc Kielburger are advancing a new vision of philanthropy that connects business to a social purpose. Every year, Me to We reaches hundreds of thousands of socially-conscious consumers. It provides full-time employment to over 1,000 women artisans in Kenya, and has created a global market for their work, including jewelry, clothing, books and more, through partnerships with leading retailers, including Nordstrom, Virgin and PacSun. Half of Me to We's annual net profit is donated to Free the Children, while the other half is reinvested to grow the enterprise and its social mission.



Greater Demand for End of Life Care

A Canadian report released on December 15, 2014 says that although Canada ranks relatively high on an international index measuring “quality of death,” hundreds of thousands have no access to co-ordinated end-of-life care.

Improvements are needed to provide quality palliative care for all patients facing the end of their lives, including increasing the number of health providers trained in specialized care of the dying.

Polls have shown that most Canadians want to die at home, however most people die in hospital because they don't share their wishes with their primary-care doctors or specialists. These conversations between terminally ill patients, families and health-care providers need to happen

relatively early in a patient's illness.

The report cites a survey which found that 70 per cent of hospitalized elderly patients wanted comfort measures instead of life-prolonging treatment. However, more than half were admitted to intensive care units.

More than half of Canadian adults have never discussed end-of-life care preferences with a family member, friend, doctor, lawyer, or financial adviser. Most people are reluctant to broach the topic for fear of upsetting family members and not knowing enough about their options.

Planning end-of-life care is important to optimize patients' quality of life, as many will need a range of services to manage

pain and other symptoms and to provide emotional and spiritual support for both themselves and their families.

With an aging population, the need for quality end-of-life care that provides comfort to patients and their loved ones is rapidly escalating. Those services can be provided by multidisciplinary teams in the home, in community-based hospices and in palliative-care units in both hospitals and long-term care facilities.

There is no one-size-fits-all scenario for dealing with a loved one's death, especially if the person has complex medical requirements. Every family is different, that's why we need to tailor the care to individual patients and individual families.

NSNU President Speaks to Cape Breton University Nursing Students

By Julia Chapman, MSVU Co-op Student

On January 14th NSNU President Janet Hazelton visited Cape Breton University to speak to nursing students about working in the profession. During the talk she offered a broad overview of what students can expect when they enter the workforce, and what they should be aware of before starting their career.

The discussion covered everything from professional practice, to understanding your collective agreement and being an active member of your union.

As an RN, Janet has been in the shoes of students preparing to graduate into nursing. She offers an experienced look at the issues of importance to new nurses, like how to present a polished and professional image, and what to do when faced with challenging situations. She opens up a dialogue with future nurses, encouraging them to get involved and

be active participants in shaping their future.

Janet travels to CBU twice a year to speak with nursing students. It is a joy for her to be able to talk to nursing students who

are about to enter the Canadian health care sector, and it is only made better by the warm welcome offered by the students and faculty of the CBU nursing program.



Janet Hazelton with students in the CBU Nursing Program, January 2015

Giving Back During the Holiday Season

By Maddison Wilson, MSVU Co-op

Each year the NSNU uses our staff Secret Santa exchange as a toy drive for an important cause. We buy for our colleagues' "Inner Child", picking out a toy that represents their unique personality traits, and then we donate all of the toys to a charity in our community. This year, we chose to donate to Adsum House.

Since 1983, Adsum House has opened their doors to women, children, youth and transgendered persons who are homeless or at risk of homelessness. They are a non-profit, community-based organization working to improve the quality of life for individuals and families who are marginalized in our society.

The wonderful staff at Adsum House supports those who come to them in a client-centered, non-judgmental way,



while working to eliminate poverty and the societal conditions that create homelessness. They advocate for women and children, and they provide services, housing, programs and resources that offer safety and opportunities for growth. They are a community leader devoted to reducing homelessness and promoting independent living for those they serve.

Adsum House relies on donations to ensure that every child staying with

them, however temporarily, will have a gift under the tree on Christmas morning. The NSNU was happy to help put smiles on children's faces during the holiday season.

For more information about Adsum House, or to make a donation, visit www.adsumforwomen.org.

Cape Breton University Nursing Students Awarded \$25,000 for Health Care Mobile Application

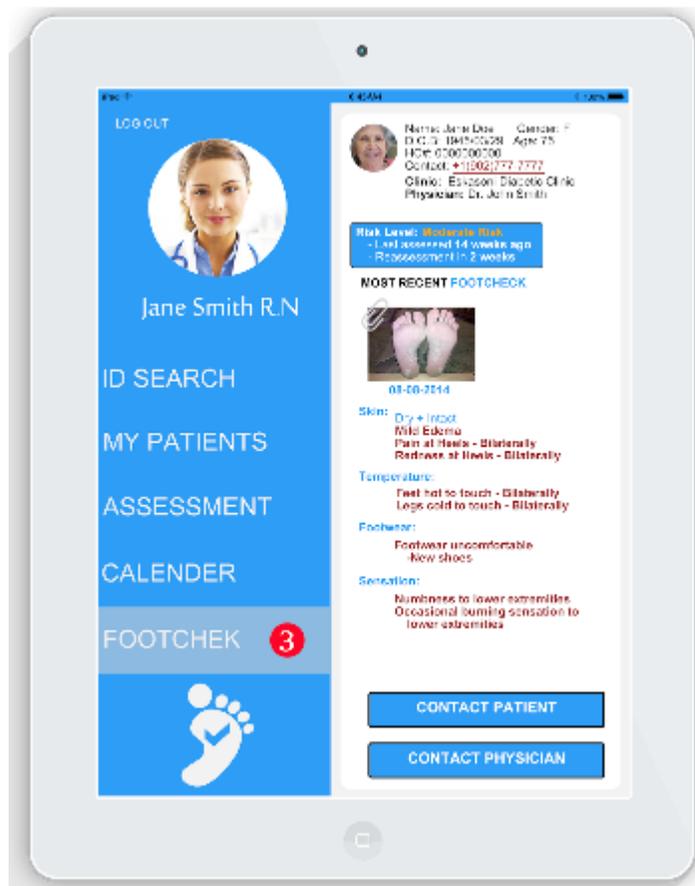
By Julia Chapman, MSVU Co-op Student

It is estimated that by the year 2020, one in three Canadians will have been diagnosed with diabetes or pre-diabetes. Although this is an accurate prediction, five nursing students from Cape Breton University are hoping for a better future. Chris Walker, Tanas Sylliboy, Kate MacEachern, Kelsey Robertson and Taylor Sibley are the inventors of a health care mobile application, "TACKK Mobile Health Solution". The invention is a real-time foot monitoring device intended to reduce diabetic foot ulcers, which resulted from a fourth year nursing course.

The five nursing students recently entered a regional competition, and won \$25,000. The competition was put on by the Atlantic Canada Opportunities Agency, Nova Scotia Economic and Rural Development and Tourism, and Innovacorp, with the purpose of supporting high potential, early stage technology companies, and encourages entrepreneurial activity in Nova Scotia. The money awarded will go towards funding the invention.

Chris Walker, the group leader, is currently pursuing a career in the Critical Care field of nursing, with hopes of becoming a Nurse Practitioner.

"The current cost diabetic foot ulcers have on the health care system is well over \$2.5 billion annually. If we factor in the 85% prevention rate, our invention has the ability to save the Canadian health care system upwards of \$2.125 billion annually, while also drastically reducing the overall rates of morbidity and mortality," says Walker.



An artist rendering of the mobile app

The group of nursing students recognized that the prevalence of diabetic foot ulcers is of great concern to the health care field and felt if something could be done to prevent the condition, it needed to be explored immediately. They came up with a proactive software application that will connect health care consumers with clinicians to help drastically reduce the incidents of these ulcers. The application does foot assessments using photo imaging and data entry. It is user-friendly and it can be used by both the health care professional and the consumer in a variety of settings.

The team hopes to have the health care application used by all applicable health care consumers and by health care professionals within diabetic education clinics and primary health care settings. The application will make a nurse's job easier and should result in a better outcome for patients who use it.

The students have spent hundreds of hours on the invention, from working on literature reviews, tracking epidemiological statistics, building business cases, developing prototypes, and presenting findings. Right now the application isn't fully completed; the students are searching elsewhere for additionally funding. They have hopes that it will be completed within the next three to six months.

Walker says the short term goals of this invention are provincial and national implementation.

"Within the next 10 years, we envision our product having a significant impact in saving Canadian health care tax dollars and decreasing consumer morbidity and mortality."



Nancy Keast



Long-Time NSNU Member and Friend Retires

By Julia Chapman, MSVU Co-op Student

Nancy Keast has been a dedicated nurse for 52 years, with a strong passion for caring for others. Nancy grew up with nurses in her family, which inspired her to follow in their footsteps. In 1960, she decided to pursue her education at the Halifax Children's hospital, taking a three year nursing program they offered at the time.

Looking back, Nancy is happy to say that she had a wonderful journey in the health care field and wouldn't trade it for the world.

"Being a nurse is who I am. It's amazing how many people appreciated my presence while at work. My co-workers became my family and they were sad to see me go," she says.

In her spare time, Nancy was an active member of the NSNU community. She believes it is important to be able to voice ones opinion, and she loved how NSNU allowed for that to happen.

Now that Nancy is retired, she plans on spending time with her loving husband and traveling with friends and family, while still having a voice in her community and being a part of seniors' programs, and helping to organize community events.

"Looking back, I can't imagine my life without nursing. I have many fond memories at the hospital and patients that I still have a relationship with. Years ago, I was taking care of a little girl who was quite ill. She ended up recovering, and today I still keep in contact with her. She was extremely grateful to me, and that was just one of the many patients who have shown their appreciation for my work. I would get around 15 cards a year thanking me for my service."

The NSNU is thankful for Nancy's contributions over the years and we wish her a long, healthy and happy retirement.



NSNU President Janet Hazelton

Upcoming President's Tour

Nova Scotia Nurses' Union President Janet Hazelton will soon be visiting various regions around the province as part of her 2015 President's Tour. She will be joined by board members and other local leaders, as well as some staff members as she tours the province to speak with members about the issues facing the NSNU and nurses working in Nova Scotia today.

The President's Tour is an opportunity for NSNU members to meet and speak with Janet. All members are encouraged to attend the meetings and take the opportunity to ask questions, and engage in dialogue with the union leadership. Topics will include changes resulting from *The Health Authorities Act*, the government's proposed home care RFP, the 2015 CFNU Biennial Convention, and more.

Check with your local table officers for a President's Tour meeting taking place in your local, or visit nsnu.ca for a complete list of dates and locations on our web calendar.

PTSD and Nursing

The Experience of Wounded Healers

Manitoba Nurses Union

The Manitoba Nurses Union is in the midst of a research project on the prevalence of Post-Traumatic Stress Disorder (PTSD) among nurses. This has involved extensive reviews of existing research and literature on PTSD and nursing, surveys with members, focus groups with members, and speaking with members about very difficult first hand experiences.

The MNU is a member organization of the CFNU, and like the NSNU, they represent both RNs and LPNs. Members of the CFNU often share research with each other to help further the nursing profession in Canada.

MNU will be releasing their full report in Spring 2015. Here is a preview of what they have learned so far, including defining PTSD and facts and figures related to nurses and the nursing profession.

Defining Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a result of experiencing events that are outside of the range of human experience. During the course of their working lives, nurses are witnesses to and experience various critical incidents that accumulate and manifest as burnout, depression, anxiety and stress.

The development of PTSD is a, "normal reaction to an extraordinary event," and is typically associated with war veterans, war survivors, prison guards, police officers, firefighters and paramedics. A developing field of research focuses on the nursing profession and trauma nurses are exposed to as part of their duties. Some research reveals that nurses may be more prone to PTSD than war veterans, though the condition has rarely been associated with the nursing profession.

Clinically, trauma, which can stem from a variety of critical incidents, but is generally defined as an event that involves actual or threat of death or serious injury or another type of threat to one's physical integrity. Even witnessing an event that involves death, injury or a threat to the physical integrity of another person will often be considered trauma.

Defining Trauma

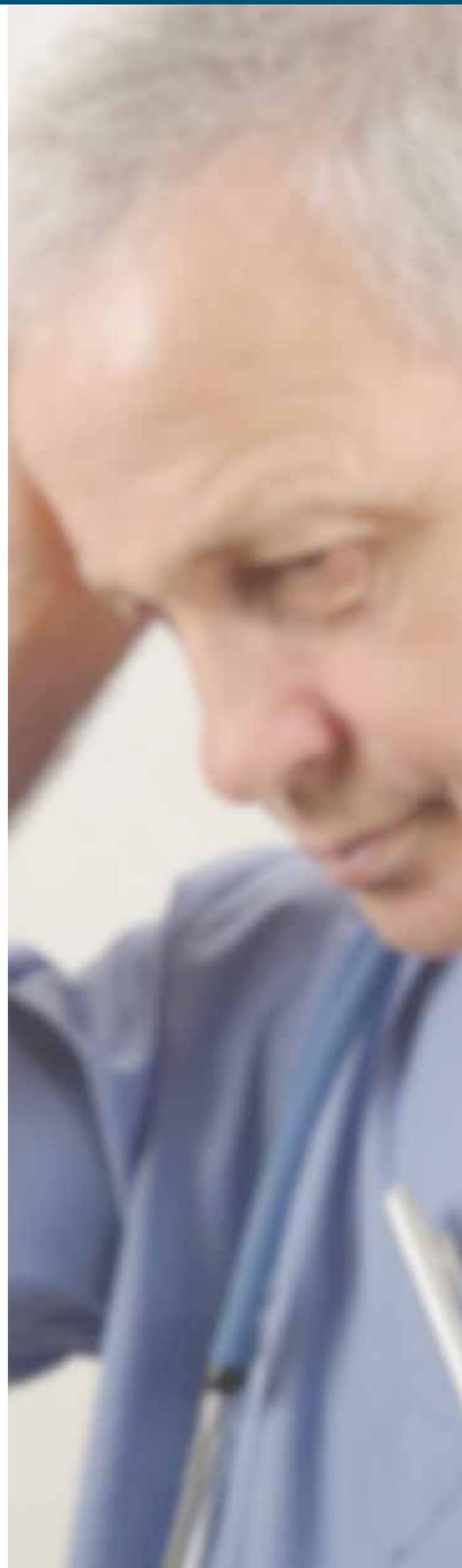
The definition of trauma is defined differently between primary and secondary, or vicarious trauma.

- Primary trauma - is an event experienced directly, such as being physically assaulted at work
- Secondary trauma – is categorized as witnessing a traumatic event

Nurses may experience primary and secondary trauma simultaneously on a regular basis. These are daily elements of the nursing profession that inevitably and adversely impact the well-being of nurses and their patients.

The nursing profession is one where on an ongoing basis nurses are witnesses to trauma and an inordinate amount of pain, suffering and death. Not only is the experience of trauma a trigger for PTSD, but the threat of violence or the perception of some type of personal trauma may actually induce higher levels of stress than when trauma is experienced directly.

Common symptoms of PTSD are intense fear, helplessness, flashbacks or horror. Medical literature suggests that between,



“two days to four weeks after a critical incident, severe post-traumatic stress, which is also known as acute stress disorder, develops.” Acute stress disorder is easier to diagnose and the affected individual begins displaying some of the symptoms. The development of PTSD, on the other hand, is a gradual process that can take years to manifest, since it’s a condition that is related to an individual’s processing of a traumatic event.

What you need to know about PTSD and Nursing

- Research shows that 30-40 % of nurses have PTSD, which may be lower than the actual number given that nurses are not likely to self-identify and that PTSD in women is misdiagnosed as anxiety, depression, or burnout.
- Studies of burnout and compassion fatigue show that nurses who experience one or both of these phenomena, also showed symptoms of PTSD. In fact, burnout and compassion fatigue have overlapping symptomology with PTSD, which is often misdiagnosed as burnout and compassion fatigue.
- MNU’s research shows that 62% of nurses in Manitoba are experiencing compassion fatigue, and another 71% have experienced burnout at some point in their careers. 53% have experienced critical incident stress.
- The scale that measures PTSD is biased in favour of men’s PTSD symptoms, and may not capture symptoms women experience.
- Violence or the threat of violence plays a large role in development of PTSD in nurses. Nursing is one of the most dangerous professions and studies show that nurses are more likely to be attacked at work than prison guards and police officers. In Manitoba, 52% of nurses have been physically assaulted, while 76%

have been verbally abused, which highlights the prevalence of violence in our healthcare facilities.

- A study of nurses in New York concluded that the, “stress of exposure to assault and the potential for assault appear to impact nurses’ emotional states in the form of PTSD.” Moreover, nurses who did not sustain any injuries, but anticipated some sort of violence at work, reported higher levels of stress than nurses with minor injuries.

Their role is to provide care, and to be nurturing and empathetic, which opens another dimension of vulnerability to the development of PTSD.

- PTSD in nurses also has ramifications for workplaces, it’s been shown to be linked to decreased job satisfaction, increase in sick leave and staff turnover.

A Manitoba study of nurses with PTSD, showed the following as top 5 stressors that lead to PTSD:

1. Death of a child, particularly due to abuse
2. Violence at work
3. Treating patients that resemble family or friends
4. Death of a patient or injury to a patient after undertaking extraordinary efforts to save a life
5. Heavy patient loads

- Nurses are susceptible to both primary and secondary or vicarious trauma, including cumulative trauma, which is a result of events that are not typically seen as traumatic, but are emotionally and physically taxing.
- Medical advancements that enable numerous interventions to keep patients alive longer, in turn prolong nurses’ exposure to suffering and dying.
- Over the years, research has shown that nurses have a higher prevalence of PTSD than is reported in post-Vietnam war veterans.
- The threat of serious injury or death is as strongly correlated with PTSD as actual combat exposure in military personnel.
- Nurses are unique, given their role on the healthcare team, as a predominantly female profession.

“I think we all just become so desensitized to what we’re seeing that we forget that the people who don’t see these things every day will be shocked by that - they’ll be affected by that. You always just want to make sure that doesn’t happen to them. I think in some ways we are trying to preserve our humanity, but assault after assault changes our ability to do that - changes our ability to find the humanity and be human. It’s almost like you take a little piece away - you don’t want them to see that you’re cold, because you’re not cold - but you almost have to protect that little piece of yourself.”

- MNU Member



Janet Hazelton speaking with CTV's Heidi Petracek

Ebola Preparedness still on the minds of Nova Scotia health care workers and the public

On January 16th NSNU President Janet Hazelton visited CTV Morning Live to speak about Ebola preparedness in Nova Scotia. She explained some of the work the NSNU has done to ensure that the Ebola policies in Nova Scotia are comparable to those of our counterparts across the country, as well as the emergency procedures that have been put in place by the government.

The NSNU has been in contact with the Department of Health and Wellness regarding their Ebola policies, and was candid in our assessment of their effectiveness. We have offered our own Policy Directive which puts the safety and health of nurses and patients at the forefront.

As Janet told CTV, we need to ensure that there is sufficient training in our health care facilities so a person who presents

symptoms of Ebola can receive the attention they need, safely, whether they arrive at 3 a.m. or 3 p.m.

In Nova Scotia the IWK and QEII are designated and equipped with the appropriate Personal Protective Equipment (PPE) to handle suspected cases of Ebola. If a suspected case were to present in other regions of the province there are procedures in place for transporting suspected cases from other health care facilities.

Nova Scotia continues to be at the forefront of fighting the Ebola outbreak, as vaccine trials continue at the IWK. The first phase is complete, and the results are promising.



CFNU Nurses call on Canada to Put Safety First in 2015

Via the CFNU

Canada's frontline nurses have called on Canada to put safety first in 2015 by making the health and safety of health care workers, patients and communities a top priority. The Canadian Federation of Nurses Unions (CFNU), which represents close to 200,000 frontline nurses, released a video highlighting their concerns about Canada's Ebola preparedness. The video's message: Ensure the safety of nurses who care for patients!

"Frontline health care workers learned a lot from the SARS and H1N1 crises," said CFNU President Linda Silas. "A weak response to the Ebola threat means we failed to heed those lessons. The CFNU is committed to ensuring we don't fail health care workers as they care for their patients."

The CFNU and provincial nurses unions are working with public health care agencies and provincial governments across Canada to ensure proper protective equipment, training and staffing are available to protect health care workers.

The CFNU commits to making 2015 a safe year for nurses and health care workers: safe from infectious diseases; safe from violence; safe from cuts to permanent and stable employment.

To view the video go to: <http://youtube.com/XSK57rLo4p0>

Hellos and Goodbyes



Diane Bernard

In December the NSNU said goodbye to two staff members, Labour Relations Assistant Diane Bernard and Communications Co-op Student Maddison Wilson.

Diane has moved on from the NSNU to take on a new position. In her time at the NSNU she has shown herself to be capable and a joy to work with. She will be missed around the office for her sense of humour and friendly demeanour.

Although Diane is leaving us, we're saying hello again to a familiar face. Debbie Grady is the former Executive Assistant for the NSNU, and she rejoined our team at the end of January as the new Labour Relations Assistant. Debbie was with the NSNU for five years when an opportunity outside our organization opened up. Having dipped her toes in other waters, Debbie decided to return to familiar territory when the LRA position became available – and we couldn't be happier. Welcome back Debbie.



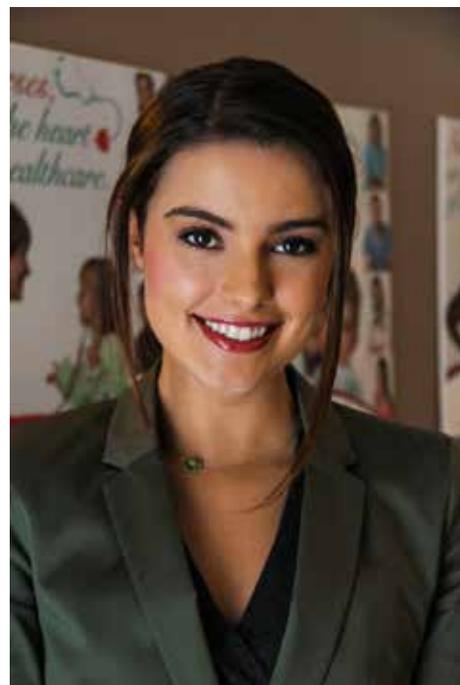
Debbie Grady

Maddison was the first Co-op student employed by the NSNU. She brought a great deal of spirit and ability to the role. We wish her well as she finishes her fourth and final year of her Bachelor of Public Relations (BPR) degree at Mount Saint Vincent University, and moves on to her career in communications.

As we say goodbye to Maddison, we welcome a new Co-op student to our communications team. Julia Chapman is in her third year of study in the BPR program at MSVU. On a previous Co-op term, Julia gained valuable insight into government relations and communications. We're pleased to welcome her to our team and take advantage of her skill set, and her eagerness to learn and grow with the NSNU.



Maddison Wilson

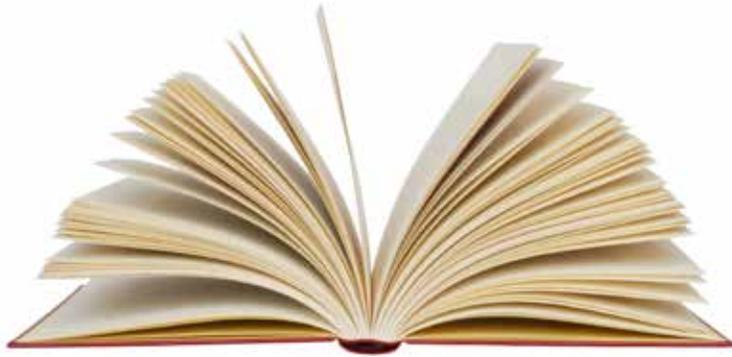


Julia Chapman

Union Dues Rebates

If you are working at more than one facility and paying union dues more than once in a pay period, you are eligible to receive a rebate of the additional dues you have paid over and above the regular bi-weekly rates.

If you are a casual member who has been paid "less than" 7.5 hours (applicable to acute care members) or 8 hours (applicable to long-term care members) in a bi-weekly pay period you are eligible for a union dues rebate. If either of the above applies to you, please contact Verna Harrie at 1-800-469-1474/902 -469-1474 (ext. 304) or verna.harrie@nsnu.ca.



2015 Scholarship Deadlines

Although there is no NSNU Annual General Meeting due to the CFNU Biennial event, co-hosted by the NSNU, taking place in Halifax in June, scholarships that are typically announced at the AGM will still be awarded.

For a complete list of the scholarships please visit our website at nsnu.ca. Details regarding scholarships and bursaries can be found under the Education tab on the homepage.

The deadline for submission is April 30th. The Education Committee will meet on schedule to determine the recipients. Applications forms can be found online.



Retirement Allowances

With the transition to the new Provincial Health Authority slated for April 1, questions have been posed about whether there will be changes coming to retirement allowances. In response to these questions government has offered the following clarification that we wish to share for your information:

- The public sector is highly valued and those who work in the sector deserve to be fairly compensated for their work.
- The challenge facing Nova Scotia, however, is that wage and benefit patterns over the past number of years have outpaced what we can actually afford as a province.
- The public service award or allowance that public and civil servants receive when they stop working, has been in place for many years. As we make difficult choices, we will have to look closely at these awards but we will respect amounts that have been earned to date.
- Changes that affect unionized staff will be tabled through the regular bargaining process. The wage and benefit package for non-unionized or excluded staff typically mirrors unionized agreements.

The NSNU remains fully committed to protecting the benefits bargained for in good faith, making this a high priority as we approach negotiations, likely before year end.



Colchester East Hants Health Centre. Photo Credit: Greg Richardson Photography

Truro Hospital First in Province to Receive Top Environmental Certification

Years of research, careful planning and documentation have culminated in the Colchester East Hants Health Centre becoming the first hospital in the province to receive a key environmental award.

The Colchester East Hants Health Centre has received the distinction of being named the first hospital in the province to become LEED certified because of the high environmental standards employed in its design and construction.

The Leed (Leadership in Energy and Environmental Design) designation is considered an environmental report card for new buildings. Candidates for the award are scored on a point system using five key areas linked to human and environmental health, including sustainable site development; water savings; energy efficiency; materials selection and indoor environmental quality.

The hospital's Healing Garden and outdoor court are also features that attributed to the environmental designation.



NSNU Merchandise For Sale

The NSNU has a great selection of merchandise for sale to our members and locals. The merchandise makes for great door prizes at meetings and events, as well as perfect gifts for the NSNU member among your family and friends.

We have a wide array of items to choose from. Some are small and easy to pass out at events, like pens, mints, cell phone cleaners and credit card holders. Others are perfect for someone who likes to show NSNU pride, like sweatshirts, scarves, travel mugs, bags and hats.

If you are interested in picking up NSNU merchandise in small or large quantities, please contact christie.blotnicky@nsnu.ca. You can place an order, or drop by the office to browse the selection for yourself.

The NSNU does not profit from the sales of our branded merchandise. All items are sold at cost.

The Assessment Throw Down



Jenna Illsley, LPN and Claire Brown, RN

The witty and talented rap duo of Claire Brown, RN and Jenna Illsley, LPN demonstrate how education can be fun in their popular YouTube video sensation "The Assessment Throw Down". Claire and Jenna are both members of NSNU who currently work at the Dartmouth General Hospital. They came together to produce a video with the purpose of improving poor audit scores relating to patient's bedside safety. The two provide great rhymes, while demonstrating the importance of the quality of practice for nurses.

This clever "3 West Production" is a hit, with almost 3,000 views on YouTube. Not only is it entertaining, it also delivers important messages. The video opens with two nurses talking about how to properly assess patients, then continues as the duo raps about precautions one must take to properly assess a patient.

The video can be viewed on YouTube or the NSNU FaceBook.

Johnson Insurance Establishes Annual Nursing Bursary

Johnson is proud to announce its new nursing bursary at Dalhousie University in celebration of the School of Nursing's 65th anniversary. The "Johnson Insurance Bursary in Nursing" will award \$2,500 annually to an Atlantic Canadian student in financial need enrolled in the Bachelor of Science Nursing program. The inaugural bursary was successfully awarded to Michael Wells-Donovan.

"Johnson understands the challenges faced by students during their pursuit of higher education. Plus, as healthcare continues to evolve into the era of patient-centered medicine, we recognize that nurses can help shape the future.

This annual bursary is a small way to show our support," said Karl Biermann, Regional Vice-President, Atlantic.

Johnson is also pleased to annually award 50 scholarships worth \$1,000 each. The Johnson Scholarship Program is open to children and grandchildren of Johnson affinity group members, including NSNU members (members do not need to be policy holders). Students must be entering into post-secondary education directly from high school. Further details and application forms for the 2015 Johnson Scholarship Program will be available in spring 2015. Visit www1.johnson.ca/scholarship for details.



Trish Berry, Johnson Insurance and Michael Well-Donovan, 2014-2015 recipient of the Johnson Insurance Bursary in Nursing.

In the Next Issue of What's NU?

Arbitration: Preparing for District Health Authority Amalgamation on April 1st.

2015 CFNU Biennial Convention: Getting ready to greet our guests from around the globe.



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