

What's NU?

COURAGE TO LEAD • CONFIDENCE TO CHALLENGE • COMMITMENT TO CARE



Nurses trade scrubs for tool belts at Habitat build

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- NSNU Annual Influenza Awareness Campaign Takes the Flu Shot on the Road
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President's Notebook

Janet Hazelton, BScN, RN, MPA



Paid Plasma Donations a Threat Our Voluntary System

The Nova Scotia Nurses' Union is deeply concerned about the commercialization of the Canadian blood supply system, of which there is a looming global shortage as demand grows. For that reason, I have requested a meeting with Randy Delorey. As Nova Scotia's Minister of Health and Wellness, he is signatory to the Canadian Blood Services (CBS) Federal/Provincial/Territorial Memorandum of Understanding, a key principle of which was that voluntary donations of blood and plasma should be maintained and protected.

Currently, a private, for-profit company, Canadian Plasma Resources (CPR), has plans to establish a plasma collection clinic in Nova Scotia. The company pays donors for blood products, sells it in international markets, and threatens the supply of Canada's voluntary, safe and public blood system.

Initially, CBS did not oppose the establishment of paid plasma in Nova Scotia; however, it is important to note that at that time CBS was confident that a paying provider would not compromise its own operations. Since then, CBS has come to recognize CPR as a threat and altered its position to actively oppose it.

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On the Cover: NSNU members on site for the Habitat for Humanity Women Build Challenge

Following the tainted blood scandal of the 1970s and 1980s, Justice Krever recommended the establishment of the Canadian Blood Services (CBS), a national, arm's-length public organization responsible and accountable for the blood supply. It was to be governed by five basic principles:

1. Blood is a public resource.
2. Donors of blood and plasma should not be paid for their donations, except in rare circumstances.
3. Whole blood, plasma and platelets must be collected in sufficient quantities to meet domestic needs for blood components and blood products.
4. Canadians should have free and universal access to blood components and blood products.
5. Safety of the blood supply system is paramount.

These principles were key to re-establishing public confidence in the Canadian blood system.

There is little confidence and mounting skepticism regarding CPR as it is a corporation that answers to shareholders, and is not bound to serve our plasma needs. As it stands, CPR's plasma will be sold in international markets. CBS has asked all governments to stop supporting private blood brokers in order to secure our plasma supply for patients in Nova Scotia and Canada, and instead support their robust and detailed plan to increase self-sufficiency, with a medium-term target of 50% of immune globulin needs met through voluntary Canadian donors.

The evidence speaks for itself. Since the opening of CPR's Saskatoon clinic, there has been a decline in donors to the nearby CBS clinic. Beyond our borders, not-for-profit service in Austria and Germany found that it could only regain one out of six of the donors that the for-profit company had taken from in the first place. CBS believes that the security of our plasma supply "can only be achieved through increased plasma collection within the national, not-for-profit system." They have written to the Federal Health Minister requesting an end to the licensing of private clinics. They have also announced a seven-year plan to open an additional 40 not-for-profit collection centres across Canada.

Any effort to boost our volunteer collection capacity must go hand-in-hand with provincial bans on paid



plasma collection clinics. Since 2014, Ontario, Alberta and British Columbia have joined Quebec to legislatively ban payment for all blood product donations. It is essential that Nova Scotia join them and protect the voluntary, safe and public blood system Canadians believe in. CPR requires regulatory approval solely from Health Canada to open in Nova Scotia. Given the division of jurisdictional authority, only provincial legislation will effectively halt them.

Nurses believe deeply in the preservation of our public blood system. As such, we will publicly and unreservedly support efforts to introduce legislation in Nova Scotia to ban payment for plasma.

I hope to meet with Minister Delorey and his staff to speak about our life-saving blood system and the perspective of nurses in our province.

Amended Bill 7, the *Workers' Compensation Act*, A Victory for those with PTSD



In late September of this year, government introduced legislation making it easier for front-line and emergency response workers diagnosed with post-traumatic stress disorder (PTSD) to access benefits.

Amendments to the *Workers' Compensation Act* were intended to ensure covered workers no longer have to prove their PTSD diagnosis was caused by a workplace incident.

During the summer, government talked to employees and employers about barriers to coverage and treatment for workers diagnosed with PTSD. The consultation involved nurses, first responders, correctional services, paramedics, psychiatrists, health sector workers and other organizations. Feedback helped shape the amendments and inform regulations.

While occupational stress due to traumatic events, including PTSD, has always been covered under the *Workers' Compensation Act* for all workers, it currently requires covered workers to prove their diagnosis is a direct result of a workplace incident. Some PTSD sufferers avoid getting help because of this process.

The amendments address the following issues:

- Clarify that PTSD is presumed to be a result of an incident during employment.
- Define who is eligible for presumptive PTSD benefits. This will include police, paid and volunteer firefighters, paramedics, nurses, continuing care assistants, 911 and emergency dispatch workers, and provincial and federal correctional officers with *Workers' Compensation* coverage.
- Allow coverage for other occupations to be added by regulation.
- Outline that new regulations will establish who can diagnose PTSD and time limits for eligibility.

On October 24th, the Nova Scotia Legislature voted unanimously to amend section 10 of Bill 7, the *Workers' Compensation Act*. The Bill now states if a front-line or emergency-response worker is diagnosed with PTSD, it will be presumed to have resulted from a trauma or multiple traumas the worker was exposed to while on the job. Nurses were among the professionals named in the amendment. As a result, nurses who are diagnosed with PTSD may now be eligible for *Workers' Compensation* benefits to aid in their treatment.

Nurses see patients experiencing extreme pain and suffering. Like other first responders, they see humanity at its worst, and patients at their most vulnerable. Unfortunately, thoughts and experiences at work are not easily compartmentalized; they stay with the nurse and affect every aspect of their life.

Nurse unions across the country have been lobbying governments and compensation boards to recognize the reality of PTSD in nursing and the obligation to provide appropriate care and compensation to those affected. The NSNU is happy to see that in Nova Scotia the legislation specifically names nurses and continuing care assistants, professions which are typically female-dominated.

NSNU president, Janet Hazelton has been vocal on this matter, insisting that the nursing profession be categorized under the *Act* as a profession that can cause PTSD. Janet spoke in favour of the amendment on October 16 at Law Amendments, and was present in the legislature as the amendment was passed. She was thanked in the House of Assembly for her advocacy, perseverance and determination regarding this issue.

The amendments will take effect one year from royal assent to allow time for government to work with stakeholders to develop the supporting regulations.

Bargaining Update: Health Care

After 22 days of negotiations, talks broke down in mid October between the Nova Scotia Council of Health Care Unions, the NSHA and IWK.

As a result, the NSHA and IWK filed for the help of a conciliator from the Department of Labour and Advanced Education. The Health Council agrees that the appointment of a conciliator is needed. At the end of October, the Unions received word that conciliation dates had been set for November 9, 10 and 16. It is expected conciliation will take more than these three meeting dates due to the complexity of the task but the process is continuing to move forward.

When a union and an employer reach an impasse in bargaining, one or both parties can apply to the Minister of Labour and Advanced Education to have a conciliator assist in resolving the stalemate. Although a conciliator cannot compel a union and an employer to reach an agreement, they do work with both sides to try to craft a negotiated settlement to avoid labour disruption.

The Nova Scotia Council of Health Care Unions, made up of bargaining committee members from the NSGEU, CUPE and Unifor (NSNU has fewer than ten members - nurses - who are represented in this bargaining unit) have been attempting to negotiate a collective agreement since October 2016 in the face of multiple challenges.

Government legislation requires that the Council negotiate a single collective agreement to replace the multiple agreements that were in place in each of the former District Health Authorities.

Additional legislation requiring a detailed and complicated essential services plan before the Council of Unions could engage in job action, has had a severe impact on negotiations. Without a concluded essential services plan, there is no threat of job action and therefore no pressure to cause the Employers to compromise in order to reach agreement on important benefits that will make up a new collective agreement.

The work of the Councils became even more complicated when the Government enacted legislation on August 22, 2017, which froze wages for two years, provided minimal increases after that, and freezes the retirement allowance retroactive to April 1, 2015. This legislation was proclaimed without warning and strips 75,000 people of benefits they previously had and relied on.

In the meantime, Council of Union negotiators (including NSNU) continue to attempt to conclude an essential services agreement in order that the Council may be in a position to begin job action. The Employers' essential services negotiators walked away from the table in the summer and have so far refused to continue discussions. The Council negotiators continue to finalize their essential services proposal in the hopes of re-starting discussions in the coming weeks.

The groundwork covered by the Health Care Council will be advantageous to the Council of Nursing Unions once nursing talks begin. The NSNU supports the work of the Health Care group as they continue to represent the best interests of health care workers in this province.



The MyNSNU App is Available for Download

If you haven't already started using the MyNSNU App, don't wait any longer. The App ensures easy access to collective agreements, news and information, participation in polls, and up-to-the-minute discussions on issues that affect you.

The App will work on your phone (Android and iOS/iPhone), tablet, and desktop/laptop computer. To download the App, visit either the Google Play Store on your Android phone, the App Store on your Apple device, or go online at nsnu.itacit.com.

To login, use the same username and password you currently use to log into the members-only portal on the NSNU website. If you need your username and password, contact the NSNU office (902-469-1474/1-800-469-1474, nsnu.office@nsnu.ca).

For a video demo of the MyNSNU App, visit nsnu.ca/Mynsnuapp



Power Women, Power Tools!

NSNU's Women Build Team listened intently to on-site construction safety tips prior to tooling up on October 12th for their first ever Habitat for Humanity Build in Spryfield. A on a very chilly autumn morning our crew of thirteen suited up for the second annual Women Build event.

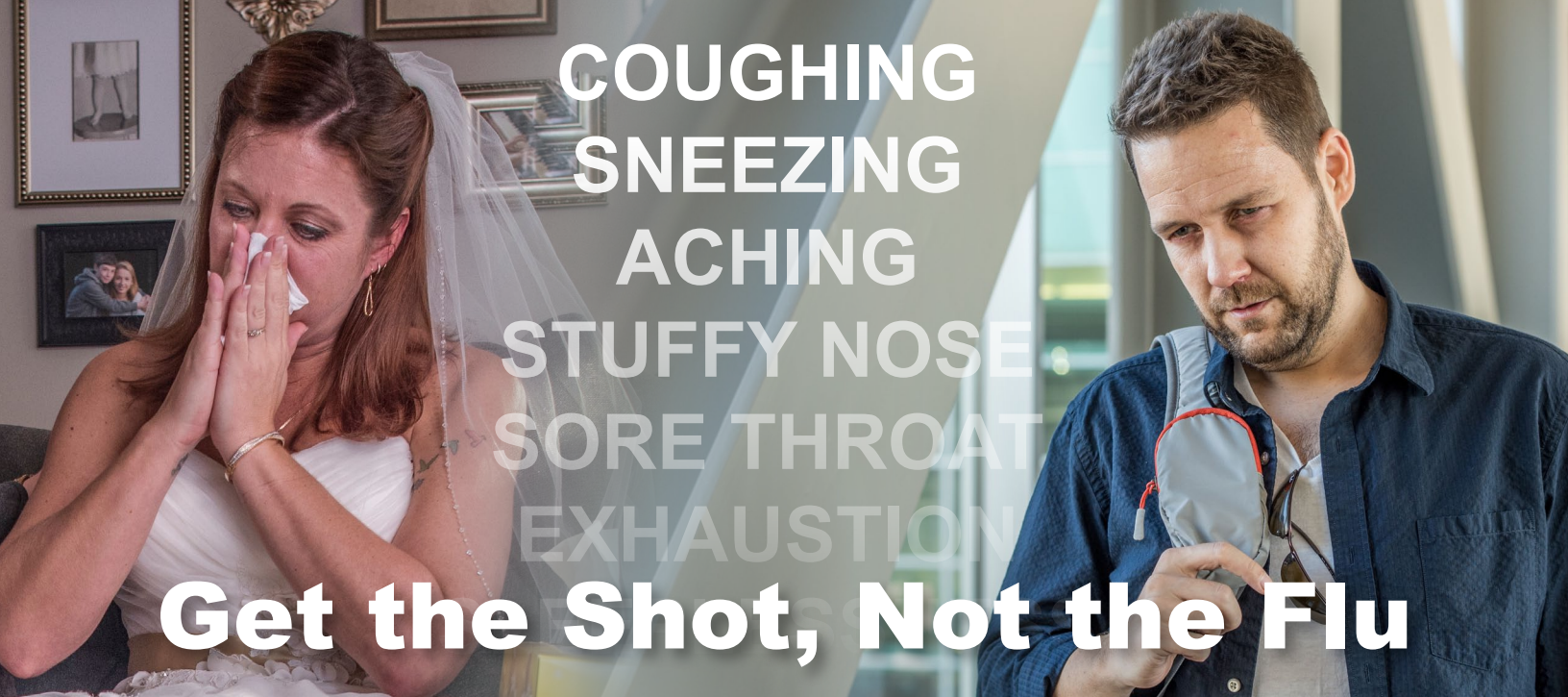
Volunteers and charitable donations make it possible and affordable for families to see their goal of home-ownership become a reality. Team NSNU raised funds and put their skills to the test at the construction site. They secured electrical lines, dug and drilled holes in the rock-laden ground, built fences, and helped make dreams come true.

Habitat for Humanity Nova Scotia is a non-profit organization working towards a Nova Scotia where everyone has a safe and decent place to live. To date they have built 55 homes throughout the province to help low income working families achieve the goal of successful home ownership.

Congratulations to our nurse volunteers on a job well done: Anna Clarke-Green, Amy Baker, Rose Starzomski, Melissa King, Chanda MacDonald, Janet Hazelton, Jayne Fryday, Sheri Gallivan, Chris Van Zoost, Maria Langille, Michelle Lowe, Jennifer Chapman, Jen Thiele.







COUGHING
SNEEZING
ACHING
STUFFY NOSE
SORE THROAT
EXHAUSTION

Get the Shot, Not the Flu

Do you remember the last time you got the flu? The coughing? The sneezing? The aching? The runny nose? The sore throat? The complete and utter exhaustion, paired with the total inability to get a good night's sleep?

There's no doubt about it – getting the flu is *miserable*.

The Nova Scotia Nurses' Union strongly advocates for getting the flu shot to protect your health and that of your patients, family and friends. During the month of November, our messages could be heard on the radio, television, online, and maybe even when you were getting your coffee at Tim's or catching a movie at the Cineplex.

The annual NSNU influenza awareness campaign demonstrates the views of the majority of NSNU members. In a recent MyNSNU App poll, 77% of NSNU members said they plan to get the flu shot this year, while 14% were undecided. This number shows that most nurses agree that the flu shot is a valuable tool for preventing the spread of influenza.

Many health care facilities offer on-site flu shot clinics for employees. Members are encouraged to check with your employer to see if such a clinic will be held at your facility.

If not at your workplace, in Nova Scotia you can go to almost any pharmacy, clinic or doctor's office to get immunized. It's almost more difficult to avoid these places than it is to walk in, show your health card and roll up your sleeve.

Let's work together to prevent getting and spreading the flu this season. Get your shot, and encourage others to do so as well.

We understand that not everyone is able to get the flu shot. Although immunization is the best way to prevent the spread of influenza, as nurses know, there are a few other things you can do to protect your health:

- Wash your hands with soap and water, and use hand sanitizer when it is available
- Cover your mouth when you cough or sneeze
- Limit touching eyes, nose and mouth
- Do not share drinking glasses, utensils, water bottles, mouth guards, or cosmetics

For more information about the 2017-18 flu vaccine, helpful links and resources, visit www.nsnu.ca/flu.



Taking the Shot on the Road

Every year Janet Hazelton takes to the airwaves to encourage more people to get the flu shot. As president of the Nova Scotia Nurses' Union, and a nurse herself, Janet knows that the flu is more than just an inconvenience – it can have severe complications. Getting immunized is a preventative measure that protects your health and the health of those around you.

“What we want is community immunity – the more people who get the shot, the less likely it is that we will have a bad flu season,” Janet told Global News Morning host, Paul Brothers during her interview on November 1.

This year the NSNU was pleased to be able to provide flu shots live on air during many of Janet's interviews. She was joined by VON nurses Christine Cottreau and Angela McKenna who administered the shot to the show hosts.

In addition to numerous interviews promoting the flu shot, the NSNU was also instrumental in putting together two flu clinics. Janet, along with several NSNU staff, received the flu shot during a clinic at the NSNU office. Province House also hosted a clinic, which saw politicians and staffers alike rolling up their sleeves to get immunized. VON nurses Angela and Christine were joined by new graduate Jessica Ghane for this clinic.

Minister of Health and Wellness, Randy Delorey was on hand to spread the word about the importance of getting vaccinated. He thanked the NSNU and VON for helping to coordinate the clinic, and praised the nurses for providing wonderful care and service to those getting the shot, some for the first time.

Thank you to Stacey Dunphy, Immunization Coordinator for Public Health and her coworker Clare Kerr for helping to make the flu shot available for these efforts, and to our VON nurses for taking the time to provide this service throughout the NSNU flu campaign.

Getting the Shot!



Executive Director, Jean Candy at the NSNU clinic



MLA Allan MacMaster at Province House



Sheldon MacLeod at News 95.7



Don Connelly at CBC Information Morning



Paul Brothers at Global News Morning



IN THE NEWS:

Expand Nurse Practitioners' Role, Union Says

The Chronicle Herald, October 16, 2017

The provincial Liberals came under fire in September for the relatively small increase in health-care spending amid a doctor shortage.

As a new Nova Scotian, Colleen Small wasn't much impressed with the fall budget either. But what raised her eyebrows wasn't that the province was spending too little on doctors. As a nurse practitioner of 20 years, her reaction was quite the opposite.

"When I saw (that) we've infused money for more family (doctor) residents, I thought . . . god, we don't need to infuse money for family residents," said Small, who moved to Nova Scotia two months ago from Pennsylvania with her husband, who was hired as a manager at Irving Shipyard, and their two children.

"Nurse practitioners can do this work and you could probably train eight nurse practitioners for whatever money you put into training three family physicians," she said in an interview Monday.

Small, whose most recent practice was in an inner-city surgery clinic in north Philadelphia, said her patients often didn't mention doctors when they talked about their primary-care provider.

"There's an incredible amount of autonomy" for advanced practice nurses such as NPs, nurse anesthetists and nurse midwives in Pennsylvania, said Small, who is in the process of being certified to practise here.

Nurse practitioners in Nova Scotia also have a wide scope of practise, including diagnosing and acting on those diagnoses, writing prescriptions, ordering tests and referrals, and performing procedures, said Janet Hazelton, president of the Nova Scotia Nurses Union.

But like Small, Hazelton would like to see nurse practitioners take on a much bigger role in Nova Scotia's health-care system.

"We've been advocating we need to hire more nurse practitioners," Hazelton said in an interview Monday.

"We need to put them in the communities, especially the areas where they've had difficulty finding physicians." There are 177 nurse practitioners in Nova Scotia. Hazelton said most work at large centres such as the IWK Health Centre and the Queen Elizabeth II Health Sciences Centre. About 60-70 work in more rural communities and she would like to see that number doubled.

The need is particularly acute in long-term-care facilities, where the health challenges of residents have become much more complicated over the years, Hazelton said. Not surprisingly, the Nurse Practitioners' Association of Nova Scotia would also like to see more of their number in the health-care system. But the association's focus at the moment is enshrining their role in government legislation and in policies on the private side, such as the insurance industry.

For example, nurse practitioners often aren't listed as official health-care providers in insurance policies or forms that require a clinician's signature on a driver's licence application.

"Most of our restrictions are around completing the forms and where legislation restricts what we can do," said Carolyn Mitchell, co-chair of the Nursing Practitioners' Association, on Monday.

"So it may be provincial legislation that hasn't kept up with the times and may identify it being a medical doctor or family doctor who can complete a form. Or it may be an insurance company that says in their requirements for coverage that they may require a physician's signature or a physician referral."

Nurse practitioners simply want to serve all of their patients' needs and currently legislation and policies often don't allow that, Mitchell said.

"When we're in positions where we're providing care, we want to make sure we're able to do everything we can for the patients that's within our scope of practise."

AGM 2018

Dates & Deadlines

NSNU is preparing to host our 2018 Annual General Meeting. It will be another exciting event as we gather to conduct business on behalf of the organization, develop strategies, make important decisions for the coming year, and inform members of previous and future activities.

The 2018 AGM is scheduled for four days, Monday April 23 – Thursday April 26, 2018 at the Best Western Glengarry Hotel in Truro.



2018 AGM Tentative Schedule

Monday April 23	8:30am – 12:30 Joint Occupational Health and Safety Officer Training 1:30pm - Regional Meetings followed by Component Meetings
Tuesday April 24	8:30am - Business Day 1 6:30pm - Hospitality Event
Wednesday April 25	8:30am - Business Day 2 6:30pm - Banquet and Dance
Thursday April 26	8:30am - Education Day

The following are important AGM related submission deadlines which must be adhered to:

AGM / Education / Component Meeting Registration

More information will be distributed to Locals in February; however, please note the deadline to register for the AGM, Education Day, Regional and Component Meetings is March 23, 2018. Registration will be live online starting Wednesday, February 21st.

Nominations

In April, all positions on the Board of Directors and NSNU Long Term Disability Trustee will expire following a two-year term. All members of the Board and the Trustee representative must be members-in-good-standing to apply. Those interested in running for positions on the Board of Directors of the NSNU can find the Nominations/Nominee Consent/Biography Form on our website, www.nsnu.ca. All positions on the Board will be elected for a term of two years. Thus, the NSNU Nominations Committee is accepting applications for the following positions: President, Vice President, VP Finance, VP Central, VP Eastern, VP Northern, VP Western, VP Community Care, VP Long Term Care, VP LPN/Grad, and VP IWK.

The deadline for nominations is Wednesday, January 24, 2018.

Expression of Interest for Standing Committees

All Standing Committees are due for selection this year. Expression of Interest forms can be found on our website, www.nsnu.ca. The deadline for the Expression of Interest on Standing Committees is Wednesday, January 24, 2018.

Resolutions

Locals are encouraged to submit resolutions to assist the Board and leaders within the organization in making informed decisions on behalf of the membership. For guidance on how to prepare your submission, please visit the NSNU extranet, MyNSNU, and click AGM 2018 - Forms and Deadlines to see "How To Write A Resolution". Submissions are due 90 days prior to the commencement of the AGM, which is Wednesday, January 24th.

Honorary Members Submissions

As per NSNU Policy, honorary member submissions must also be submitted to the NSNU Office 90 days in advance of the Annual Meeting. If you wish to nominate a nurse to become an honorary member, the criteria and the 'Honorary Member Nomination Form' can be found at on MyNSNU. The deadline to nominate a member is Wednesday, January 24, 2018.



...AGM Continued

Under 35 Members and First Time Attendees

Intended to encourage grassroots participation, these attendees are fully funded by the NSNU. This is an opportunity for our younger members, as well as others who are new to the labour movement, to learn about their union and network with fellow members.

NSNU will sponsor 5 members under the age of 35 as well as 7 members who have never attended the AGM. Interested members who meet the criteria are encouraged to submit an Expression of Interest Form by January 12, 2018. Only those selected will be contacted. Forms can be found and submitted online at MyNSNU.

Small Local Observer's Draw

As in previous years, NSNU will host a draw for Locals with 100 members or less to allow a delegate to attend from those smaller locals. More details pertaining to this draw will be distributed to Locals in March once we are aware how many potential spots are available. Please be sure to register online by the deadline to be eligible for this draw.

Scholarship Applications

NSNU offers various union scholarship options. Annual \$1,500 scholarships available are the 'Dolores Chase Scholarship', 'Nursing Degree or Diploma Scholarship', 'Certificate Program Scholarship' as well as the \$1,000 'Elizabeth and Brittany MacPherson Scholarship'.

For family members of NSNU members there are two (2) 'NSNU Family Scholarships' of \$500.00 each.

Scholarship Applications can be found on the NSNU website at nsnu.ca. The deadline for submissions is Thursday, April 5, 2018.

All forms can be found on MyNSNU. If you have difficulty with your login credentials please contact Lorna Myers at lorna.myers@nsnu.ca or Christie Blotnick at christie.blotnick@nsnu.ca before the deadlines indicated.

NSNU 2017 Strategic Plan

In 2017 the NSNU undertook the process of developing a new strategic plan, a vision for the next few years for the Union, which included goals and objectives related to member engagement, policy initiatives and more. As part of the process the board chose three main Strategic Directions, outlined below, to serve as a guide moving forward.

The NSNU Leadership Development Plan, a series of actions to be taken by the President, Executive Director, Board and Staff of the NSNU to further the strategic plan, is also included.

To view the full Strategic Plan visit nsnu.ca/strategicplan.

Strategic Directions

Strategic Direction #1

Develop and implement communications strategies that promote greater visibility, identity and participation in the NSNU, provide enhanced educational opportunities for members and locals, and heighten the respect and value of nursing in the workplace and in the eyes of the public.

Strategic Direction #2

Strive for bargaining that will ensure that improved benefits and conditions of work will apply equally to all nurses in every healthcare sector.

Strategic Direction #3

Continue to strengthen the role of the NSNU as an important stakeholder and active and respected participant in public policy deliberations about nursing, the Social Determinants of Health and the future of healthcare in Nova Scotia.

NSNU Leadership Development Plan

Section 1 – Local Executive and Local Leadership Development

Actions	Responsibility
LRRs work closely with local executive, BUGLMs, etc. to support members in things such as DTA, CCRs, grievance/arbitration and running a union management meeting	Executive Director (staff)
LRRs and Education/Resource staff also provide education to members and those in leadership positions (Shop Steward, conflict resolution/bullying, etc.)	Executive Director (staff)
Education Day at AGM with relevant workplace and labour relations topics	BOD & Committee (decisions) Executive Director (staff)
NSNU funds first timers and under 35 yrs to AGM, etc.	BOD (decisions) Executive Director (staff)
Leadership and Bargaining Conferences to bring leaders together for discussion, education and decision-making	BOD
President speaks to RN and LPN students about leadership and union issues	President
Draws for additional seats at Federation of Labour and CFNU Biennium to increase opportunities and exposure for members	BOD (decisions) Executive Director (staff)
Regional meetings-gives more exposure to members closer to home	BOD
Regional based education planned 2017	Executive Director (staff)
Board Observer program	BOD
The BOD may exercise discretion when it is not an election year to use the scheduled time for Regional and Component meetings and focus on spending time with potential leaders and provide education and support to them	BOD (decisions) Executive Director (staff)
Offer online or in person courses such as "conflict resolution", "how to run a meeting" for new locals/ executive	Executive Director (staff)

Section 2 - Board Development

Actions	Responsibility
Overview and orientation sessions with Executive Director and Director of Finance	Executive Director (staff)
Orientation binder for new BOD members	Executive Director (staff)
Board Observer opportunities	BOD
Education budget for BOD members to attend education and union events locally, nationally and internationally	BOD & Committee (decisions) Executive Director (staff)
Delegation to BOD members to attend events/meetings in place of President (rallies, PNN, etc.)	President
Mentorship Board to Board member (buddy BOD member(s) with new BOD member(s) to establish roles and responsibilities and provide guidance re: history, issues, protocol, etc.	President, BOD

Section 3 - Staff Assisted Development

Actions	Responsibility
LRRs work closely with local executive BUGLMs, etc. to support and educate members in things such as DTA, CCRs, grievance/arbitration and running a union management meeting	Executive Director (staff)
LRRs and Education/Resource staff provide education to members and those in leadership positions	Executive Director (staff)



Nurse union leaders with provincial and territorial health ministers during the breakfast on October 19

Home Care Safety Highlighted at Provincial Health Ministers Event in Edmonton

More than 13 of Canada's provincial and territorial health ministers and deputy ministers met with the leaders of provincial nurse unions, including NSNU president, Janet Hazelton, at a policy event in Edmonton on October 19.

Entitled, "A Safe Model for Home Care: Building a Hospital without Walls", the session focussed on providing ministers with a clear picture of the current challenges facing the home care sector.

The Canadian Federation of Nurses Unions (CFNU) organized the breakfast session, which took place in conjunction with the provincial and territorial Health Ministers' Summit. Linda Silas, President of the CFNU, co-hosted the event alongside Alberta's Deputy Premier and Health Minister, Sarah Hoffman.

Silas outlined the findings of a landmark poll of nurses' perspectives on home care. "Nurses are witnessing first-hand how Canada's aging population is leading to increased demand and an overloaded system," she said.

The survey of home care nurses from across the country revealed that nine out of ten say their clients' acuity has risen compared to three years ago, while more than half said their clients sometimes or frequently did not have services monitored or reassessed during the prior month. A staggering three quarters of the nurses surveyed said the regular core health care staff – the number and mix of nurses, health care aides/PSWs – was simply not enough to meet their clients' needs.

Attendees also heard from home care expert and Dalhousie University School of Nursing Professor, Dr. Marilyn Macdonald.

"Research shows that health care delivery in the home creates unique challenges," said Dr. Macdonald. "It's vital that we recognize the elements needed to make home care safer for clients, caregivers and health care providers."

Silas presented four recommendations to ministers, including the creation of a safe-at-home policy; appropriate and

timely nursing assessments and interventions; managerial continuity of care provided by a primary nurse; and education and support for all members of the team, including unpaid caregivers, and standard competencies for personal support workers/care aides.

"We need a safe-at-home policy and more nurses providing care to address the risks both patients and nurses are facing every day," said Silas.

Several ministers expressed positive feedback on the utility and timeliness of the information shared. It comes as provinces are set to receive an increase in federal dollars allocated for home care as part of the recently signed bilateral health accords.

Take Action on Home Care! Visit speakup.cfnu.ca to call on Nova Scotia's Premier and Health Minister to commit to a safe model for home care.

NSNU Member Sets Sail with Help of CFNU International Solidarity Fund

This year the CFNU International Solidarity Fund helped subsidize a volunteering trip taken by NSNU member Marsha Tanner, an RN working at South Shore Regional Hospital.

You may remember hearing about Marsha in the September 2016 issue of *What's Nu?*. This is her second trip aboard Mercy Ships, an organization that brings life-changing medical treatments to people without regular access to health care, via hospital ship.

The Solidarity Fund supports worker-to-worker exchanges, provides humanitarian assistance, and builds the capacity of workers to advance the right to health care around the world. Members who are planning a volunteering trip are encouraged to apply.

If you have gone on a volunteering trip and would like to share your story in a future issue of *What's Nu?*, please contact Coleen Logan at coleen.logan@nsnu.ca.



Marsha Tanner (Right) was joined by fellow NSNU member, Lise Kaulbach (Left), for a Mercy Ships tour in Cameroon in October

International Solidarity Fund

YOU CAN MAKE A DIFFERENCE

Are you going abroad to provide humanitarian assistance? You could be eligible for a travel subsidy from CFNU. Apply online at www.nursesunions.ca



Application deadline is December 31, for travel the following year.

Women's Leadership Summit Sisters Rising Together

By Chris Van Zoost, NSNU 1st Vice President

I, along with several other NSNU members, had the opportunity to attend the Women's Leadership Summit in Halifax this past October, organized by the Canadian Labour Congress, Atlantic Region. The theme was Sisters Rising Together.

From the beginning to the end, the three-day conference exceeded my expectations. The speakers focused on women in the labour movement and politics, with the message that we can make a difference.

Many women are not in politics because of barriers, both real or perceived. As women we question our abilities, while men don't ask, they assume they can. To change that dialogue, it must start by raising strong girls, and intuitive boys. We should take our children to rallies and expose them to diverse role models.

Throughout the conference there were inspiring words and quotes from The Women in Leadership Panel. I'd like to share some of the most memorable.

Lana Payne, Atlantic Regional Director of UNIFOR said there is space and place for everyone; there is no room for divisions in the sisterhood.

She noted that, to be vibrant and powerful we need to be inclusive and diverse, and never consider decency and integrity as a weakness.

The president of the Newfoundland and Labrador Federation of Labour, Mary Shortall told those present to give themselves permission to be all that they can be. Empowering words, to be sure.

Paula Doucet, president of New Brunswick Nurses Union, told those assembled to be part of the process to affect change, to do what you think you can't do because being a leader is not about the role but about the goal.

The chair of the Nova Scotia Chapter of the Global African Congress, Lynn Jones, spoke about women in politics. Her take away was, the personal is political.

Vicki Smallman the Director of Women's and Human Rights of the Canadian Labour Council spoke about the barriers of running for political office and ways of overcoming them. Family, time, knowledge, fear of failure, age, financial restraints...all are surmountable if you really want to succeed.



NSNU President, Janet Hazelton and NSGEU 1st Vice President, Sandra Mullen channel Rosie the Riveter at the Summit

NDP MLA for Dartmouth North, Susan LeBlanc also spoke about the mix of family and politics. She said, a woman's place is in the house – the House of Parliament (or Assembly)!

Aidan McNally, the Chairperson of the Canadian Federation of Students in our province spoke about the concerns of the 650,000 students they represent across the country. Their longest standing campaign, No Means No, has been active for 20 years. They are working within all provinces for legislation on sexual violence that supports students. Sadly, half of the Universities and Colleges in Nova Scotia do not have policies on sexual assault.

The keynote address was delivered by El Jones; she is the Nancy's Chair in Women's Studies at Mount Saint Vincent University and former poet laureate for the City of Halifax. She is a staunch advocate of social justice. If you ever have the chance to hear this amazing lady speak, take it - you will not be disappointed. She is an inspiration to women everywhere.

The closing reflection from the conference is summed up in this next sentence.

If we want to see sisters rising, we need to be sisters rising.



Some of team NSNU at the Summit: Maria Langille, Tracy d'Entremont, Chris Van Zoost, Jen Thiele, Jennifer Chapman and Ann Marie Murdock

NSNU Hosts Atlantic Caucus



Executive directors Matthew Hiltz (NBNU) and Kendra Gunn (PEINU) with Union presidents Debbie Forward (RNUNL), Paula Doucet (NBNU), Janet Hazelton (NSNU), Mona O'Shea (PEINU) and NSNU executive director, Jean Candy

From November 2-3 the Nova Scotia Nurses' Union welcomed leaders and senior staff from Atlantic nurse unions to the annual Atlantic Caucus. During the meeting they discussed common bargaining and contract issues, political concerns, educational opportunities and other matters affecting nurses in the region.

The Atlantic nurse unions alternate hosting duties; this year marks the first that the NSNU has welcomed the group to our new office in Burnside.

Nurses across Canada have many things in common, but our brothers and sisters in the Atlantic region share a particularly close bond. The NSNU appreciates the opportunity to meet with the leadership from our fellow Atlantic nurse unions and share stories, brainstorm ideas, and make use of the many years of nursing and labour expertise represented at that table.

Thank you to PEINU president, Mona O'Shea, NBNU president, Paula Doucet and RNUNL president, Debbie Forward for making the trip.

NBNU Holds 43rd AGM

The New Brunswick Nurses Union held their 43rd Annual General Meeting in Moncton from October 16-19. More than 200 members attended, making this year's event their largest ever.

This year's AGM was the first for NBNU president, Paula Doucet, who was acclaimed during their AGM last year, taking over for multi-term president Marilyn Quinn. Paula has been vocal about many issues that face nurses in New Brunswick and across Canada, in particular violence and capacity issues.

NSNU President, Janet Hazelton, made the journey to attend the NBNU AGM, and spoke briefly to bring greetings from nurses in Nova Scotia. She was joined by CFNU president, Linda Silas and PEINU president, Mona O'Shea, who also travelled to Moncton to show their support.

Janet is always pleased to be able to attend the events of our provincial counterparts. We look forward to seeing our friends from NBNU again in June when the NSNU hosts Eastern Labour School in Antigonish next June.



Mona O'Shea, Linda Silas, Paula Doucet and Janet Hazelton

This is My Story

By Kathleen Mooney, RN

When I was a little girl I was very close to my granddad. I don't remember the circumstances exactly, but I do remember on a family visit when I was six years old telling him, "When I grow up I'm going to be a nurse." The last nurse in the family was my great grandma who was a midwife in northern England who delivered babies until she was ninety.

When I was seven, my family moved to Trinidad from England because of my dad's job. We were there for four years and during that time Granddad was diagnosed with lung cancer. He used to write individual letters to my twin sister and me, always calling me his nurse and wishing I was closer so I could look after him and take the wrinkles out of the sheets.

After making the decision at six years of age that nursing was going to be my career path, I never changed my mind or even considered doing anything else.

I started my training as soon as I could at 18 at The United Norwich Hospitals, Norwich, Norfolk, England on October 4, 1971. We started with eight weeks in Introductory Block followed by our first ward assignment which was usually for three months. My first ward was Male Urology, quite a challenge for a very shy, naïve young woman. I survived and spent the following three years working in many areas of the hospital, interrupted by study periods.

I graduated in March 1975, receiving my navy-blue belt and frilly cap which signified I was now an SRN, State Registered Nurse. Following graduation, I took a position as Staff

Nurse on a 27-bed female surgical ward. In England, Staff Nurse is a title, not just a job description.

After working in different areas of nursing I moved to Canada in September 1979 and was faced with the challenge of preparing myself and studying for my Nova Scotia registration. In July 1980, I began work at the old Camp Hill Hospital, Halifax on a general/vascular surgery floor.

Once I married, I moved to New Glasgow in 1985 to work as a casual in ICU at the Aberdeen Hospital and at the Sutherland Harris Memorial Hospital in Pictou. In 1986, I ceased working at the hospital in Pictou but continued at the Aberdeen on the casual list for ICU and Telemetry Unit for a total of 14 years. In 1999, I joined the staff at the Aberdeen Hospital on a full-time basis as part of the Critical Care Float Team, working all areas that required critical care staff but mostly between ICU and ER.

I enjoyed the challenge of working in different areas and had planned to work until retirement age but in 2010 circumstances changed; unfortunately, due to health reasons, I was required to go on long-term disability.

When I was first off work, I couldn't get rid of my uniforms, so I packed them away hoping that someday I might be able to return to some area of nursing duty. I would become emotional walking past uniforms at the mall, thinking that I would be unable to wear a uniform again. When I was officially told that returning to work wasn't an



option, I cried. That door was now permanently closed.

When I had been off work for about three years I spent a few hours with my husband in the ER where I used to work. There was an elderly lady receiving a blood transfusion who was feeling chilled. She asked the nurse walking by if she could have a warm blanket. The nurse was walking in the opposite direction to the blanket warmer so I asked if I could get the blanket since I knew where the warmer was located. The nurse agreed, so I retrieved the warm blanket and snuggled it around the patient. When I later returned home and related the story to my daughter, I became tearful. It felt good to attend to that patient, even in such a simple manner. That's the kind of nursing I miss the most.

I nursed for 39 years, seeing many changes, dealing with many challenges, working in many different areas, with hundreds of different hospital staff and patients. After 39 years, yes I was "still just a staff nurse". I never wanted to move away from

bedside nursing even though in my last few years of nursing I was often frustrated by the fact that time at the bedside seemed to be less and less, often not allowing for the little touches and tender loving care that I was so happy to offer.

It's now 7 years since my forced retirement. I still miss nursing, especially when I hear an ambulance or report of an accident and wonder what challenges my former colleagues are dealing with today.

People still say to me, "You were my nurse, you nursed my family member, you were so good to me and my family." It makes me happy that I had an impact on their life at a difficult time and that I am remembered.

The worst shift of my career was when a small child was brought into the ER following a motor vehicle incident. Despite resuscitation efforts, the child could not be revived. It was towards the end of my shift but I stayed with the family until they were ready to leave. I was one of the nurses responsible for taking

the child to the morgue. It was the single most difficult thing I had to do in my long career. Three years later I met the mother of the child and she thanked me for all I had done at that most difficult time.

Last year, more than a decade after the event, I met an aunt of the child who had passed. She told me she had seen me around but never really had the opportunity to speak to me but wanted to take the opportunity to thank me for all I had done for the family at that tragic time. Despite the length of time, she still remembered me and the care I had given them. It's moments like these that made nursing so fulfilling; some of the thanks voiced but just as much gratitude shown in a smile, a look in the eye or a hand squeeze, and sometimes even a hug.

When someone says, "You used to be a nurse," I correct them and say I am a nurse. I may no longer be registered and therefore am unable to use the title RN, but I still consider myself a nurse. I no longer work in my chosen and much loved profession but at times I am still called upon to use the skills garnered from my long and varied career.

Despite difficult shifts, difficult situations, difficult people, exhaustion, missed meals and the many varied challenges I encountered over the years, I can honestly say I never regretted that decision made when I was six years old. I don't think many people would say that at the end of a 39-year career.

Being a nurse will always remain a huge part of who I am. Nursing was at one time referred to as a vocation rather than a career. I strongly feel the vocation was mine.



Looking Ahead

2018 Calendar

The NSNU has lots to look forward to in 2018. Here is a snapshot of what's coming up:

NSNU Board Meetings

January 29 - 30, 2018

February 15, 2018

March 27, 2018

April 22, 2018 (tentative)

May 24, 2018

June 25, 2018 (tentative)

CFNU National Executive Board Meeting

Ottawa, Ontario

February 5 - 8, 2018

NSNU 2018 AGM & Education Day

April 23 - 26, 2018

National Nursing Week

May 6 - 12, 2018

Eastern Labour School

Antigonish, NS

June 4 - 6, 2018

Halifax Pride Parade

July 21, 2018

Council of the Federation

Saint Andrews, New Brunswick

July 18-20, 2018



Get Your 2018 Nurse Planner

The NSNU received our 2018 Nurse Planners mid-October. Due to a late delivery of the 2017 planners, we took every precaution to ensure they would arrive on this time this fall so members could have them in hand well before the new year. We know that nurses plan their schedules well in advance, and the nurse planner is a popular method for keeping track.

All of the Nurse Planners have been sent out to our locals. Members should get in touch with your local presidents if you have not received yours, as there should be enough on hand for everyone who wants one. Enjoy!

Health Association Nova Scotia LTD Trustees Announce New Brand Identity for EASE Program

The Health Association Nova Scotia LTD Trustees and Group Benefits Solutions Service are delighted to announce the launch of a new brand identity for the EASE Program (Early Assistance and Support for Employees). Effective November 1, 2017, the name of this unique, support program was changed to Personalized Assistance to Health (path).

"We are excited to introduce the new name and logo design for the EASE program," says Susan Belmore-Vermes, Director of Group Benefits Solutions. "The new name more accurately reflects the purpose and essence of the program. It's personalized, flexible and designed to ensure eligible employees receive the support and assistance they need along their journey to getting well. The new name and logo are also better aligned with the Health Association's brand identity."

This unique early support and assistance program is an initiative of the Health Association Nova Scotia Long Term Disability Trustees and is fully funded through LTD contributions paid by both

employers and employees. It is available to employees who are covered by the Plan and who have been absent from work for more than 21 calendar days due to any illness or injury that is not related to worker's compensation (WCB). A consultant from Advantage works with participants to determine their individual needs. Some examples of program support include funding for physiotherapy, massage therapy, counselling, functional assessments, job site analysis, nutrition consults, gym memberships, etc.

Since its inception, the program has proven successful in transitioning employees back to good health and gainful employment; helping employees to transition to LTD if needed; or helping to reduce the LTD duration period through early involvement. However, early referral and participation is critical.

Feedback from former program participants, Benefit Administrators, and Occupational Health & Safety staff in member facilities informed the development of the new brand identity for EASE. Focus groups were held over the spring and summer

months to discuss communication challenges surrounding the program and to ask for their opinion on prospective names and logos.

"The input received through the focus groups was invaluable," says Jackie Smith, Program Manager. "We learned that there are some commonly held misperceptions around the purpose of this early support program and that it is often confused with WCB's EASE Back program. It's also not well understood that path is a benefit program sponsored by the Health Association. We believe the new name and logo will help promote a better understanding and awareness of the program and, ultimately, increase the number of plan members who are accessing the services and supports they need to help speed their recovery."

If you would like to learn more about the path program, please do not hesitate to contact Jackie Smith, Program Manager, at jackie.smith@healthassociation.ns.ca or by phone at 902-832-8527 (Toll Free: 1-888-824-3273).

How PATH Helped Me



By Maria Langille, VP LPN Grad Component

I have had the opportunity to access the EASE (Early Assistance and Support for Employees)/PATH (Personalized Assistance to Health) Program three times during my nursing career. Each time it enhanced my recovery and enabled me to return to work healthier and faster than I expected.

The first time I used EASE my manager called to ask if I wanted to be referred to this program. She explained that it wasn't a requirement, I could opt out at any time. Not knowing at that time what was going to happen in the future, I said yes. It was the best decision I could have made. Later that month a case worker called to explain the program and to set a date to meet and talk about the program, my case and what I'd like to do.

My recovery took several months - over this period the case worker called about every 4-6 weeks. Always pleasant and concerned, never demanding or telling me what I

needed to do. Just a sympathetic voice that was always encouraging. When my doctor and I decided I was well enough to think about returning to work I contacted my case worker. She set up appointments with physiotherapy, a personal trainer and arranged a three-month membership at the local Y.

This enabled me to regain the strength and stamina I needed to return to work. Next, armed with input from me and my doctor, the caseworker accompanied me and my union rep when we met with my employer to setup a gradual return-to-work schedule. This went extremely well. I returned to work much quicker and healthier than if I hadn't used the program.

The second time I used the EASE program I had fractured my ankle. As soon as I did this I contacted my OH&S nurse to say I wanted to be involved in this program again. PATH contacted me (same case worker) and, when I was weight bearing again, set up physiotherapy and water (aqua fit) program to get me back in shape. Again, when I was ready my case worker went with me to set up a return to work schedule. And again, this went very smoothly.

But fate decided my healthy state was going to take a downhill turn. When I finally decided I had to go "off work" to look after my health, I contacted my OH&S to say I would be off for an extended period. She then referred me to the PATH program. I felt at that time my return to work was going to be a long way off, if ever.

Knowing I might have to access Long Term Disability (LTD) benefits,

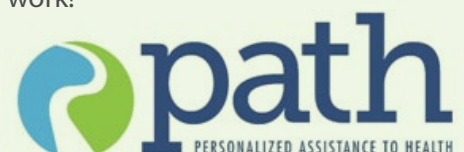
the case worker offered to set up a meeting to help me complete the necessary forms for LTD and to gather all the required medical reports, test results, etc., that are required to substantiate your claim. Thanks to her input I had no problems and on the LTD trail I went.

During this time, my case worker called about every 4-6 weeks to see how I was doing and offer support whenever she could - encouraging me along the way. After a certain period of time on LTD you are required to apply for Canada Pension Plan (CPP) disability - she helped me with this as well.

Finally, I'm feeling better and, after discussing this with my doctor, I called my caseworker to tell her I'd like to return to work.

Being off work I had become deconditioned so my caseworker referred me to a rehab specialist to arrange physiotherapy. When I was ready, she went with me to set up the return-to-work regime with my input. We met with my employer and the plan to return to work began. My case worker called every two weeks to ask how I was doing, find out if it was too hard, and if I needed to take a bit longer with the return to work. She was always supportive.

When you are unable to work due to illness or injury and don't know what tomorrow will bring, it is nice to have someone help guide you through the steps to recovery or to LTD. In my case the road to LTD and back to work!



Family-Owned Business Wins Retailer of The Year at International Conference

For Steve and Katherine van Nostrand, their business starts and ends with family, and the place they call home. The husband and wife team began Keltic Clothing (formerly Belmac Uniforms) over 20 years ago, with healthy and happy lifestyles in mind.

In late October of this year, Steve and Katherine attended the 11th Annual Uniform Retailers Association Awards in Nashville, Tennessee where they were awarded the International Retailer of the Year - Single Store category. This is the fourth time that they have received this honour, something the van Nostrands do not take lightly. They've worked tirelessly to become one of the top uniform suppliers nation-wide, and the largest in Atlantic Canada.

"For us this award recognizes and appreciates the hard work and dedication of our staff, our customers, and our suppliers. It is a great honour for us to be recognized on an international level," says Katherine.

Keltic Clothing, was established to give working professionals options to feel empowered and inspired by their

clothing. Headquartered in Sydney, Nova Scotia, today the company ships to customers all over North America.

Keltic prides themselves on working one-on-one with customers and businesses to create custom packages that work for their industry. They offer in-house services including custom cresting, tailoring, and embroidery options. Their goal is to supply customers with comfort and style that fits the demands of their job; professional uniforms and gear they can be proud to wear.

The company is particularly proud of the relationships they have built. They are the official uniform provider to numerous industries throughout the Atlantic region including the Nova Scotia Nurses' Union, allowing them to supply thousands of nurses with uniforms this year.

The van Nostrands believe in supporting and investing in their community through the various charities and non-profit groups. From the United Way of Cape Breton to Basketball Cape Breton, Keltic Clothing is committed to

helping their community thrive. Their staff volunteer time and talent by coaching, planning events, and serving on boards and committees of local and national organizations. The core of everything they do is about giving back.

The NSNU congratulates Katherine, Steve and the entire team at Keltic Clothing on receiving this award, yet again, and for providing nurses in this province with outstanding customer service and quality garments.



Keltic Clothing president Katherine van Nostrand accepts the Uniform Retailers Association Award with her husband and business partner, Steve



Keltic Clothing president Katherine van Nostrand at the NSNU pop-up shop

Uniform Vendor Sets Up Shop at NSNU Office

Keltic Clothing (formerly Belmac) spent time at the NSNU in November, outfitting nurses in the Central Zone with some of the most stylish and versatile uniforms available. Katherine van Nostrand and her staff set up shop in our spacious conference room, welcoming nurses to browse and choose from a wide array of options.

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In the Next Issue of What's **NU**?

Preparing for Eastern
Labour School 2018

2018 AGM:
What to Expect

Nova Scotia Federation of
Labour Biennial Convention
Highlights

Are You Paying the Correct Amount of Union Dues?

If you work at more than one NSNU Facility and pay union dues more than once in a pay period, you may be eligible for a refund from the Provincial Office. Members who have been paid for less than 7.5 hours in Acute Care and less than 8 hours in Long Term Care in one bi-weekly pay period may also be eligible for a refund from the Provincial Office.

The Provincial portion of NSNU union dues (\$29.24 for RN's and \$21.48 for LPN's) will be refunded by cheque on a quarterly basis. Your rebate will only be retroactive for a period of up to 12 months prior to contact with the NSNU.

If either situation applies to you, please contact the NSNU Provincial Office (Verna Harrie at 902-468-6748 or verna.harrie@nsnu.ca).



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