

# what's nu?

June 2020



## SAME CARE, SAME PAY

### Support for LPNs

Staffing Standards in Nova Scotia for Nursing Homes: Revisiting *Broken Homes* and a Call for Safer Staffing

NSNU and Canada's Nurses Condemn Racism

**Year**  
of the  
**Nurse** 2020

## ISSUE HIGHLIGHTS

**5** Same Care, Same Pay - Support for LPNs

**6** Staffing Standards in Nova Scotia for Nursing Homes: Revisiting *Broken Homes* and a Call for Safer Staffing



**9** NSNU and Canada's Nurses Condemn Racism

**10** CFNU Study Reveals Shocking Levels of Mental Illness Among Canada's Nurses

**18** Pride 2020: New Look, Same Message

**22** How Nurses Should and Should NOT Use Social Media

## CONTACT THE NSNU

150 Garland Avenue  
Dartmouth, Nova Scotia B3B 0A7

Telephone: 1-800 / 902-469-1474

Fax: 1-902-466-6935

Email: [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)

Website: [www.nsnu.ca](http://www.nsnu.ca)

**TWITTER:** @NS\_Nurses

**FACEBOOK:** Nova Scotia Nurses' Union

**YOUTUBE:** NSNursesUnion

**MYNSNU APP:** App and Google Play stores, [nsnu.itacit.com](http://nsnu.itacit.com)

**NSNU staff directory available at [nsnu.ca/staff](http://nsnu.ca/staff)**

## NSNU BOARD OF DIRECTORS



**Janet Hazelton, President**

[janet.hazelton@nsnu.ca](mailto:janet.hazelton@nsnu.ca)



**Christine Van Zoost, Vice President**

[christine.vanzoost@nsnu.ca](mailto:christine.vanzoost@nsnu.ca)



**Jamie Stewart, VP Finance**

[jamie.stewart@nsnu.ca](mailto:jamie.stewart@nsnu.ca)



**Gerri Oakley, VP Eastern Region**

[gerri.oakley@nsnu.ca](mailto:gerri.oakley@nsnu.ca)



**Jen Thiele, VP Central Region**

[jen.thiele@nsnu.ca](mailto:jen.thiele@nsnu.ca)



**Ann Marie Murdock, VP Northern Region**

[annmarie.murdock@nsnu.ca](mailto:annmarie.murdock@nsnu.ca)



**Michelle Lowe, VP Western Region**

[michelle.lowe@nsnu.ca](mailto:michelle.lowe@nsnu.ca)



**Maria Langille, VP LPN/Grad**

[maria.langille@nsnu.ca](mailto:maria.langille@nsnu.ca)



**Glenda Sabine, VP Long Term Care**

[glenda.sabine@nsnu.ca](mailto:glenda.sabine@nsnu.ca)



**Tracy d'Entremont, VP Community Care**

[tracy.dentremont@nsnu.ca](mailto:tracy.dentremont@nsnu.ca)



**Jayne Fryday, VP IWK**

[jane.fryday@nsnu.ca](mailto:jane.fryday@nsnu.ca)





# President's Notebook

Janet Hazelton, BScN RN, MPA



## All LPNs Deserve the Same Recognition and Pay

It is completely understandable why the vast majority of LPNs in this province have been outraged and somewhat demoralized following the announcement of the LPN Consent Award between the NSGEU and NSHA for some 385 nurses who worked in the former CDHA – an award that excludes all but these nurses. Everyone recognizes the unfairness of the situation, regardless of what they do for a living. It just isn't fair.

The 12% increase and the sizeable retro pay are enviable and deserving of all LPNs. Who wouldn't be upset, considering all LPNs have an expanded scope of practice no matter where they work?

Since June 15th, I've personally answered over 300 emails and dozens of phone calls from LPNs and viewed many online posts that clearly articulate the inequity of the situation. LPNs are angry and have every right to be. Their questions and comments are legitimate, and the circumstances warrant immediate action on the part of government and employers.

On June 22, the NSNU held a Union Calling Townhall to address questions and discuss plans going forward. Pink Larkin legal counsel, Jill Houlihan participated in the call and provided some insight in the various scenarios that could take shape, depending on the government's political will. A recording of the call can be found on [nsnu.ca/LPNReclassification](https://nsnu.ca/LPNReclassification).

As I told media on June 17th, all licensed practical nurses in Nova Scotia should be paid a wage that takes into account the LPN's increased duties.

The independent arbitrator's decision to justly recognize one small group doesn't negate the fact that all LPNs' jobs in this province have changed. The right thing to do is to apply this wage hike to all LPNs regardless of where they work because the scope is the same.

LPNs' duties have changed because some responsibilities have been shifted to LPNs. Some increased responsibilities include administering IVs, hanging blood

and blood products, physical assessments and taking charge of care team assistants and immunization clinics.

All health care unions representing LPNs have made the same argument, but we did not have contract language to grieve job reclassification. Discussions around increased scope for nurses is not news – we've been having the conversation for many years with little ammunition to fire back at employers.

With this consent award and an acknowledgment of the work LPNs are doing, the complexities imposed on health care due to the pandemic, and ongoing difficulties recruiting and retaining nurses in rural and remote Nova Scotia, we finally have some leverage to work with. We have a great case for levelling the field.

Employers I have spoken with do not want the disparity to continue. They, like the unions, want nurses to work where they want to work, not because of what they earn. Whether it's in long term care, community care or acute care, the same goes for nurses working in Yarmouth or Sydney or Truro. It's imperative the same wage is applied to all nurses. Same care, same pay.

The NSNU wants government, the health authority and all others who employ LPNs, to address the problem as quickly as possible so that nurses can get on with caring for patients, while feeling respected and valued.

All health care unions will continue to pressure government on this issue, and we encourage all nurses to send a letter to your MLA, the Premier, Minister of Health and Wellness, employers, opposition leaders, and others via our campaign page – [nsnu.ca/LPNReclassification](https://nsnu.ca/LPNReclassification).



## Virtual Board Meetings

The NSNU Board of Directors meets regularly throughout the year to discuss business and to provide direction on the actions of the Union. Although COVID-19 has made it impossible for the Board to meet in person, virtual meetings have gone ahead as scheduled and as new issues have emerged.



# SAME CARE, SAME PAY

## SUPPORT OUR LPNS!



The Nova Scotia Health Authority and NSGEU came to an agreement as a result of an outstanding LPN classification grievance in the former Capital District Health Authority (CDHA).

In 2014, the former CDHA NSGEU Licensed Practical Nurses (LPNs) filed a substantial change appeal. At that time, the NSGEU had language in their collective agreement that allowed for job reclassification. The NSNU did not have the same language or mechanism.

In December 2017, the matter was heard by an arbitrator, and subsequently in a mediation arbitration on June 10 & 11, 2020.

The negotiated agreement, known as a consent award, was negotiated by NSHA and NSGEU, with a decision imposed by an arbitrator. The outcome of the agreement has resulted in a reclassification for former CDHA NSGEU LPNs.

Effective June 11, 2020, the consent award included:

- Provide an hourly increase of 12% to LPNs' current rate
- Be retroactive to March 2014
- Impact approximately 385 NSGEU LPNs (former CDHA only)

NSNU, CUPE, Unifor, SEIU, and other NSGEU LPNs did not receive this adjustment as it only applies to the former CDHA NSGEU LPNs that were part of the original appeal.

The NSNU is committed to achieving wage parity and recognition for LPNs in all sectors. With the other health care unions, the NSNU launched a campaign to urge government and employers to step up. The campaign, **Same Care, Same Pay**, includes a letter writing campaign, social media activity, media, and other communications.

Letters were sent to the Premier, Minister of Health and Wellness and all LPN employers from the NSNU shortly after the Consent Award was announced.

To join the campaign visit [nsnu.ca/LPNReclassification](https://nsnu.ca/LPNReclassification). Monitor the page and your email for more information on the reclassification.



## Staffing Standards for Nursing Homes

### Revisiting *Broken Homes* and a call for safer staffing

In late June the NSNU released a paper on staffing standards for long-term care and spoke with media about the importance of addressing this matter, once and for all. In the 27-page report, the NSNU revisited the 2015-2016 *Broken Homes* book on the state of long-term care in Nova Scotia, in particular safe staffing.

The report was released to NSNU members, health care stakeholders and media on Friday, June 26 followed by a Facebook Live panel discussion about the topic. It was hosted by Janet Hazelton with guests Glenda Sabine, RN, NSNU VP LTC, NSNU's Dr. Paul Curry, author of our 2015-2016 report on long term care entitled *Broken Homes* and Dr. Ruth Martin-Misener NP, PhD, FAAN, Professor and Director of the School of Nursing and Assistant Dean, Research, Faculty of Health at Dalhousie University.

The paper, authored by Charlene Harrington, Ph.D., RN, Professor Emeritus from the University of California, San Francisco was commissioned by the Nova Scotia Nurses' Union in 2019. Dr. Harrington's findings are particularly relevant today given the difficulties nursing homes faced during the COVID-19 outbreak.

The state of Nova Scotia's long-term care system is a leading concern of the members and leadership of the Nova Scotia Nurses' Union. These concerns were formally articulated and validated in *Broken Homes*. In that book, we called for a series of reforms to the long-term care sector in order to improve care for residents, improve working conditions for staff, and improve data collection and transparency.

Despite progress on several fronts, the single most important recommendation from the report, the one that would do the most to improve the quality of life for residents, and the working conditions for health providers, remains unrealized. That is the call for explicit, evidence-based staffing standards. At a minimum, this would mean an average of 4.1 hours of care per resident per day, including 1.3 hours of nursing care (RN and LPN combined). Roughly, this would mean about one RN and one LPN staff for every 30 to 40 residents during the day, and for every 40 to 55 residents at night; and one CCA for every 7 residents during the day and for every 15 residents during the night. Compared to current levels, this would be less than a 20% increase.

It has been said that we lack sufficient provincial data to make definitive claims around a staffing ratio. The province has promised to introduce the tool that would provide this data, the internationally recognized Resident Assessment Instrument, many times over the past 25 years, but we are still waiting. Regardless, the Nurses' Union has always believed that we have enough information to implement a minimum staffing ratio, one that can be adjusted upwards if our needs are revealed to be higher.

To make this point, the Nova Scotia Nurses' Union contracted Dr. Harrington to investigate the long-term care staffing situation in Nova Scotia and fulfill the task of recommending a minimum staffing standard. Dr. Harrington is recognized internationally as a foremost expert on long-term care staffing. She served on the U.S. Institute of Medicine (IOM) Committee on Nursing Home Regulation whose 1986 report led to the passage of the *Nursing Home Reform Act* of 1987. She served on three IOM committees that examined the nursing workforce, long-term care quality, and patient safety. She has testified before the U.S. Senate Special Committee on Aging several times and has written more than 140 articles and chapters, co-edited five books, and lectures widely. In short, you cannot research the topic of long-term care without knowing her name and reading her work.

After examining the situation and data available for Nova Scotia, Dr. Harrington concluded that the province should implement the minimum professional standard of 4.1 hours of care per resident day. It is worth noting that this is based on the sparse data available that suggests residents in Nova Scotia have less complex needs than those in other jurisdictions in Canada. This is a very questionable premise, and only better data can help clarify this.



We cannot speak of reform to the long-term care sector without recognizing the tragedy we have just seen unfold in nursing homes. In our own province, over 90% of COVID-19 deaths occurred in nursing homes, a trend we saw across the country and internationally.

We are not here to criticize any particular facility, and it is imperative to clarify that the conditions at Northwood, where the tragedy struck hardest in Nova Scotia, are nothing like what we saw coming out of the military report in Ontario. We represent about 40 RNs and NPs who work at Northwood, and we represent many RNs, NPs and LPNs who provided help there during the crisis. The care these nurses provided was, and continues to be, of exceptional quality, and they and their CCA colleagues and other staff are true heroes for staying at the bedside, putting themselves and their own families at risk. Many staff paid a very high price for this commitment.

The issues of understaffing in long-term care, and the COVID-19 crisis in long-term care, are intimately related, as we discuss in the preface we have recently added to this report. The long-term care sector has been chronically underfunded for decades. Staff struggle to deal with increasingly complex residents, many of whom exhibit challenging behaviours that are no fault of their own. Increased funding and staffing levels would have

helped buttress efforts against this deadly disease, with more resources for infection control and health and safety, staff to deal with residents who wander or who exhibit challenging behaviours, staff to perform vital, regular assessments, and enough staff to deal with the particular challenges presented by a pandemic.

In short, you, our members have been telling us for years that we need to do better in LTC. The COVID pandemic has further exposed the challenges the sector faces, which warrants more dialogue and action.

Visit [nsnu.ca/StaffingStandards](https://nsnu.ca/StaffingStandards) to read the full report.



Janet Hazelton takes questions from the media during a news conference on June 26th



## NSNU AGM 2020

Submitted By Jill Houlihan, Pink Larkin

The NSNU's Annual General Meeting was scheduled to be held in April 2020. Due to the COVID-19 pandemic, the NSNU Board of Directors made the necessary decision to cancel the AGM.

The AGM is attended by over 300 members each year, as well as staff, students and guests. A meeting of that scale is not possible under the current public health directives and

likely will not be possible this year. Even if the directives are relaxed for larger gatherings, a meeting of that many healthcare workers from different facilities in one place would present an exceptional risk.

### The NSNU Constitution

Cancellation of the AGM presented a unique issue for the NSNU under the Constitution.

The NSNU's Constitution governs how the union operates in matters such as elections, meetings, the

scope of various committees, and the composition and duties of the Board of Directors. The Constitution can only be changed with the approval of two thirds of delegates voting at an AGM.

The Constitution provides for an Annual General Meeting of the members to be held each year, at a time determined by the Board of Directors (Constitution, Article 8.01). Each Local is entitled to send at least one voting delegate and observer to attend the AGM (Article 9.01 and 9.02

(a), (b) and (c)). The Local delegates to the AGM must be elected at a meeting of the Local (Appendix "B"). Members at large on Standing Committees are also entitled to attend the AGM (Appendix "G"). In addition, any member of the NSNU may attend their applicable Component meeting at the AGM – for example, any LPN in the NSNU may attend the LPN meeting at the AGM (Appendix "D", s.13; Appendix "E", s.12; Appendix "I", s.13).

Between meetings of the NSNU, the Board of Directors is responsible for the affairs of the Union, pursuant to Article 5.01 of the Constitution:

5.01 The Board of Directors shall be responsible for and accountable to the membership for the administration of affairs and activities of the Nurses' Union when the Nova Scotia Nurses' Union is not meeting.

The Constitution does not directly address what happens if the NSNU cannot hold the AGM for reasons beyond the Union's control. In this situation, the Board must seek to apply the terms of the Constitution in a way that is fair and consistent with the purpose and objects of the Union. Through this approach, the Board of Directors made the decision to defer the business of the 2020 AGM to the 2021 AGM.

### **2020 Elections for the Board of Directors**

Elections for the Board of Directors are held at the AGM, or in conjunction with the AGM, every two years (Constitution, Appendix "A" (b)), except the IWK representative who is elected at a meeting of the IWK Local.

The NSNU was scheduled to hold elections for five Board of Directors positions at the 2020 AGM, namely:

- The VP and VP Finance, which are voted on by all delegates at the AGM; and



- The VP Northern, VP LPN/Grad Component and VP Community Care, which are elected at the Regional and Component Meetings held in conjunction with the AGM.

Candidates for four other positions on the Board were acclaimed following the close of nominations in January 2020, including the President, VP Eastern, VP Western, and VP Long-Term Care. The IWK elected its representative on the Board of Directors at a Local meeting in early 2020.

Under the Constitution, elections for the five contested positions can only be held as part of the AGM (Appendix "C", "D", and "E"). Since the next AGM will be in 2021, the 2020 elections will simply be shifted forward to that date. This outcome is consistent with the intent of the Constitution and ensures a fair process for all candidates.

The NSNU's practice is for all positions on the Board of Directors to start and end their terms at the same time. Although four candidates for the Board have been acclaimed and the IWK representative has been elected, the Board decided that all newly elected or acclaimed Board members will start their two-year term at the same time, at the conclusion of the 2021 AGM. This ensures that the past practice is maintained and there will not be staggered terms of office.

The incumbent members of the Board have agreed to remain in their positions until the elections can be held.

### **Business of the 2020 AGM**

At the AGM, delegates normally consider and vote on resolutions, receive reports from the Board of Directors and committees, and review the audited financial statements.

A number of resolutions had been submitted for consideration at the 2020 AGM, both by members and the Board. Those resolutions will be carried forward to the 2021 AGM, to be considered along with any new resolutions submitted for the 2021 AGM.

The NSNU's financial statements that would have been presented at the 2020 AGM will be made available to members electronically this year. They will also be presented at the 2021 AGM for review.

This plan the Board has put in place reflects a reasoned interpretation of the Constitution that ensures the business of the union can get done while protecting the health and safety of the Union's members and staff.



# NSNU Condemns Racism

Black Lives Matter. Three powerful words we should never have to say but find ourselves repeating. A heartbreaking reminder of the continued and shockingly disturbing treatment of Black people everywhere.

The Board of Directors of the Nova Scotia Nurses' Union stands in solidarity, striving to be an active ally and a vocal proponent of fairness and the protection of human rights.

The Nurses' Union vehemently condemns the most recent, but far from isolated, racially motivated acts of violence and encourages everyone to

raise their voice against hate, injustice and racial discrimination.

We must challenge oppression and speak out against systemic and individual racism. Failure to do so perpetuates harm and reinforces the ugliness that defines intolerance and prejudice.

We support our NSNU members, staff, and communities living in fear and recommit to working together to build a safer and more just society. Nothing less should be acceptable.

Let's bravely stand united in this struggle towards equality, equity, decency and peace.

## Canada's Nurses Condemn Anti-Black Racism

The Canadian Federation of Nurses Unions joins other unions in Canada's labour movement in condemning the recent racially motivated killings, and the ongoing disproportionate violence and policing of Black people.

Nurses affirm the fundamental value that Black Lives Matter. "As nurses, we are committed to acknowledging and fighting racism, bias and discrimination, all of which enable an unacceptable disregard for Black lives, drive health disparities and sustain economic injustice," said Linda Silas, President of the CFNU.

Anti-Black racism across North America criminalizes Black people for simply going about their daily lives. They are disproportionately treated with suspicion, subject to questioning, carding, violence and unnecessary force – all because of the colour of their skin. A study by the Ontario Human Rights

Commission found that a Black person in Toronto is 20 times more likely than a white person to be involved in a fatal shooting by police.

Nurses know that racism and other forms of socio-economic inequity negatively impact the health of Black people and other equity-seeking communities. Black people are more likely to experience poverty in Canada and are significantly more likely to die from COVID-19, as revealed by data from the U.S. and England (Canada has not collected race-based data about the impacts of the pandemic).

"Canada's nurses express solidarity with the fight for justice in Canada and the United States. We acknowledge the anger, grief and frustration being felt by our Black members and black communities everywhere," said Silas.

The CFNU acknowledges that we

must all take responsibility for challenging the pervasive anti-Black racism and biases that permeate our justice system and our broader community. We must work to end the impunity surrounding the killing and criminalization of Black people.

The CFNU recognizes that words are not enough. We intend to take action to further the shared struggle for justice. We will do this by promoting equity education, supporting anti-racism efforts in our communities, speaking out against anti-Black violence and amplifying the voices of Black people engaged in this struggle.

Canada's nurses are steadfast in their commitment to building an equitable society where everyone has access to public services and can live in safety, free from the fear of violence and oppression.



## CFNU study reveals shocking levels of mental illness among Canada's nurses

A first-of-its-kind study on mental disorders among Canada's nurses was released in June, revealing widespread and severe symptoms of PTSD, anxiety, depression, burnout and other conditions. The study, *Mental Disorder Symptoms Among Nurses in Canada*, is based on pan-Canadian data from 7,358 regulated nurses (RNs, LPNs, RPNs, NPs), collected in 2019 by the Canadian Federation of Nurses Unions and researchers Nicholas Carleton, PhD, and Andrea Stelnicki, PhD, of the University of Regina.

"The disturbing rates of mental illness revealed by this study were recorded among thousands of nurses before the pandemic hit – we can only imagine how much more severe they would be now as nurses shoulder the stress of fighting COVID-19," said Linda Silas, President of the CFNU.

The study found nurses reported symptoms that screen positive for mental disorders at high rates:

- One in three (36.4%) screened positive for Major Depressive Disorder.

- More than one in four screened positive for Generalized Anxiety Disorder (26.1%) and clinical burnout (29.3%).
- Many screened positive for PTSD (23.0%) and Panic Disorder (20.3%).
- One in three nurses reported having suicidal thoughts (ideation) (33%), 17% reported planning suicide, and 8% reported attempting suicide during their lifetime.

"Experts tell us that these numbers are higher than those for the general population and, in many cases, higher than the rates reported from a parallel survey of public safety personnel such as correctional workers, firefighters and paramedics," noted Silas.

The top source of extreme stress nurses reported was short staffing with 83.4%, indicating that the regular core health staff is insufficient to meet the needs of patients. Physical assault was the most frequently reported type of traumatic

event (92.7%), and nearly half of nurses (46.4%) reported exposure to physical assault 11 or more times.

"Our nurses are facing mental health challenges. The study results suggest cumulative exposures to potentially psychologically traumatic events and other work stressors are problematic for nurses. The results highlight a significant need to direct more attention to the well-being of Canadian nurses, including their mental health," said Dr. Carleton, Professor of Clinical Psychology and Scientific Director of the Canadian Institute for Public Safety Research and Treatment.

Silas concluded, "The disturbing rates of mental illness in this study must be a call to action, not only to better support our frontline nurses, but to fix the chronic issues that have made health care workplaces unsafe for workers and our patients."

Hundreds of NSNU members participated in the survey, greatly contributing to this important study. A copy of the report can be found at [nursesunions.ca/research](https://nursesunions.ca/research).





## Nurses launch investigation into Canada's failure to protect health care workers from COVID-19

The Canadian Federation of Nurses Unions is launching an independent investigation into why Canada has failed to protect more than 16,000 health care workers from being infected by COVID-19, ignoring the lessons learned from the tragic SARS outbreak in 2003.

Canada's rate of infection among health care workers is 19 per cent – more than triple the global average (as reported by the International Council of Nurses) and more than four times the infection rate in China, where most health workers were infected early before China took rigorous protection measures.

"The CFNU is launching this investigation to expose how Canada has shamefully failed to keep health care workers safe from COVID-19,"

said Linda Silas, President of the CFNU. "Nurses unions, health care unions and experts have been sounding the alarm on the safety disaster facing health care workers during this pandemic, but we have been largely ignored. It's time for accountability, transparency and action."

Mario Possamai, former Senior Advisor to the SARS Commission, has been called upon to lead this investigation into how and why health workers have not been protected; what the impacts have been; what information, recommendations or best practices may have been available but ignored; and where accountability for this failure lies.

"The SARS Commission provided

clear recommendations on worker safety and infection containment, lessons that have been overlooked in this pandemic," said Mr. Possamai. "It is our hope that this investigation, prompted by the CFNU, will yield unequivocal, evidence-based recommendations that are urgently needed to prepare Canada and frontline workers for the next wave of COVID-19."

The investigation will compare how different levels of government responded to the pandemic and how international jurisdictions exercised the precautionary approach to successfully protect their health workers and contain COVID-19. The findings and recommendations are planned to be released in early September.

### NSNU Office & Staff Return

In June, the Premier cleared the way for 10 people 'gatherings', no social distancing required.

The week of June 22, the NSNU increased the limit of people in the office at any given time period to ten.

In mid June, after discussions with the labour relations representatives, it was decided that LRRs may now opt to attend urgent face-to-face meetings with members (terminations, suspensions, serious college matters, addictions) where appropriate Public Health measures can be adhered to.

Restrictions to gatherings and staff limits may change going forward, but at the time this newsletter went to print, these were the terms agreed upon.

Some staff continue to work from home while others have been able to alternate from home to office.

As this information changes, members will be notified.

The office remains closed to guests and visitors until further notice.

### Survey Invitation from Statistics Canada

Statistics Canada is collecting data on Canadians' trust in others during the COVID-19 pandemic and your views on the reopening of workplaces and public spaces.

Results will be used by government organizations such as the Public Health Agency of Canada and Employment and Social Development Canada, and other types of organizations, to evaluate the delivery of health and social services and economic support, and to ensure best practices are adopted when reopening workplaces and public spaces.

This survey is conducted under the authority of the *Statistics Act*, which ensures that the information you provide will be kept confidential and used only for statistical and research purposes. To participate go to: [www.statcan.gc.ca/COVIDtrust-questionnaire](http://www.statcan.gc.ca/COVIDtrust-questionnaire).

For general enquiries and technical assistance call 1-877-949-9492 (TTY: 1-800-363-7629) or email [infostats@canada.ca](mailto:infostats@canada.ca).

# Facebook Live COVID-19 Panel Conversation

On June 18th, NSNU President, Janet Hazelton hosted an hour-long panel discussion with two frontline nurses to talk about occupational health and wellness during a pandemic.

Donna Gillis, a registered nurse who works at the Aberdeen Hospital and Kathleen Gentile, an occupational nurse at Northwood Halifax Campus, participated in our second NSNU Facebook Live event since the pandemic was declared.

Our first Facebook Live event was well received, and we thank NSNU members for your feedback. We had nurses, and others, join-in from across the province and the country.

During these unprecedented times, we felt it was important to stay in touch with members on issues related to COVID-19. The pandemic has taken a toll on all of us. The isolation, the restrictions, the stress of contracting a little-known virus, and so many other factors have made self-care, while on and off the job, very important. These sessions gave members a chance to listen in, hear what other nurses are experiencing, and gain new insights on the topics we covered.

The Nurses' Union recognizes that this crisis has impacted our physical and mental health. As we are uncertain of what lies ahead, it is more important than ever to focus on nurses' self-care. It's also vital to emphasize occupational health and safety – a topic that is still relevant as we prepare for a potential second wave of the virus.

During the Facebook event the panel talked about PPE, occupational health and safety, what it's like to contract COVID-19, and how we can better protect ourselves and our patients moving forward.

Kathleen shared what it was like preparing for COVID-19 at a long-term care facility where families are such a big part of the everyday experience and how restrictions around visitors were very difficult on families and staff. She talked about working with employees who contracted the disease, how critical proper PPE and protocols are to protect workers, and what the public can do to stay safe.

PPE and other protective measures have become commonplace outside of health institutions. We're seeing

plexiglass in supermarkets, gloves and masks on non-healthcare workers and the general public. The panel talked about how imperative these measures are to prevent the spread of the virus.

Donna told us about her experience with COVID-19, an illness that made her very sick, and how the experience changed her. Over 600 nurses across the globe have died after contracting COVID-19; a grim and unacceptable statistic. She reflected on the seriousness of the matter and how fortunate she was to make a full recovery. Her husband also contracted the virus but fared much better. She experienced a full range of emotions, including some apprehension about her return to work, and a greater appreciation for PPE.

When it comes to PPE and health and safety, we can't let our guard down. We must learn from our mistakes. We must review our pandemic preparedness plans in all sectors, to see what worked well and what didn't. We need to establish effective strategies to quickly ramp up PPE procurement when necessary. We need to ensure that OHS protocols are in place and training on the use of PPE is maintained so that we are prepared before the next wave, or when the next pandemic strikes.

We need to strengthen securities around personal protective equipment. This could include collective agreement language ensuring adequate supply, training and preparation, as well as public reporting on the quantity and quality of our supply.

Know that NSNU is committed to advocating on your behalf to ensure you have access to proper PPE. Our goal at the NSNU is to provide support so that nurses can continue to make informed decisions, and practice safely and competently.

The Facebook Live sessions can be viewed online on the NSNU page, whether you have a Facebook account or not. Have a look.



Janet Hazelton speaks to Donna Gillis and Kathleen Gentile during the June 18th Facebook Live event





## Standing up for Northwood

Chronicle Herald, June 5, 2020

The recent military report regarding the conditions in five nursing homes in Ontario brought on righteous anger across the country. How could our frail and elderly, who deserve our utmost respect and attention, be left in such a state of neglect? How is it possible that such despicable conditions of care could exist in Canada? Hopefully, there will be a full reckoning and we can learn to never let this happen again.

In the midst of these concerns, I feel it is important to clarify some things about the situation in our own province, and at Northwood in particular. Comparisons drawn between Northwood and facilities in Ontario are misleading.

I have worked at Northwood for the past five years as a registered nurse-clinical leader in charge of a medical unit. We take great pride in what we do for our residents. Our residents are our family. We value them and treat them with dignity and respect. Our continuing care assistants strictly follow their individualized care plans

to provide exceptional care and ensure residents are safe. We have great circle-of-care teams to aid in resident care, including occupational therapists, physiotherapists, dietitians and an amazing hospice team. We are held to standards as per our individual professional licenses. To compare Northwood to LTC facilities in Ontario and Quebec is without any justification.

This is not to say we do not face challenges in Nova Scotia. My union, the Nova Scotia Nurses' Union, and other unions representing long-term care workers have been advocating for change in long-term care for decades. The staffing levels across the province are not adequate, and we lack many of the resources present in hospitals. Often, there are no staff to compensate for vacations and sick calls, and we do not have budgets for overtime like the hospitals do. We do not have teams of infection control specialists and occupational health and safety advisers who are so crucial in times like these.

Sometimes a patient who exhibits aggressive behaviours due to a medical condition is accompanied by a staff member all day in the hospital. Once in long-term care, that task is typically left to staff who are already run off their feet, or to part-time caretakers when some additional support is approved.

Despite these very real challenges, I want to assure Nova Scotians that the nurses, care assistants and other staff at Northwood provide an exceptionally high level of care, particularly given the many constraints we face. While we don't always agree, I can also say without hesitation that our management and leadership have always placed residents at the centre of their decision-making.

*Wendy Cameron, RN, clinical leader and NSNU member, lives in Halifax.*

## These N.S. health-care workers dodged COVID-19 at work, but got infected anyway

CBC News, June 03, 2020

As health-care worker Chantal Bissonnette went to the hospital as a patient with COVID-19, she feared the worst.

She was weak, struggling to breathe and wasn't eating.

"I took it as a death sentence," she said. "I was just worried that that was going to be it for me and I wouldn't get to see my family again."



NSNU member Donna Gillis speaks about her experience with COVID-19

Bissonnette, 28, was one of the first employees of the Nova Scotia Health Authority to test positive for COVID-19.

While her job as a cardiac technologist at the Queen Elizabeth II Hospital in Halifax put her at risk, Bissonnette became infected during a week off.

The Cole Harbour, N.S., resident said she was the province's first case of community spread.

"I felt my chest getting tighter with every breath I took," Bissonnette said. "I had to sleep sitting up. I felt like I was constantly huffing and puffing just trying to catch my breath."

Bissonnette is one of 31 health authority employees who have tested positive during the pandemic.

The health authority planned for the worst, fearing COVID 19 infections could shut down services and departments across the province.

These days, there's a sense of relief and pride.

"I think the numbers are very good, they've been stable," said Angela Keenan, the manager for occupational health, safety and wellness for the central zone.

Of those who tested positive, fewer than 10 actually got it at work. The health authority won't say the exact number because it's so low that it could identify the workers who became patients.

It also won't say if any of those employees ended up in intensive care.

"Many of them were because of community or family exposures, travel related," Keenan said.

Bissonnette was diagnosed on March 27, along with her parents. The virus hit her the hardest.

She spent a night as a patient in her own hospital and lost 20 pounds in a month.

"I lost my taste buds almost immediately and my sense of smell," she said, adding that nine weeks later, those senses haven't yet returned. "I remember just waking up in pools of sweat."

As Bissonnette was in the thick of it, Donna Gillis started to feel unwell at her home in Pictou, N.S.

Gillis is a registered nurse at the Aberdeen Hospital in New Glasgow, N.S. She knew her job would put her in a high-risk position, so she and her husband took extra precautions.

He did the grocery shopping and they set up a trailer in their yard in case they needed to be isolated. Their son, who had returned from a vacation, was in quarantine in their basement.

At work, she wore PPE and said she felt supported with constant updates on best practices.

Despite their efforts, Gillis tested positive on April 1.

"It was kind of surreal because I knew the impact that I was going to have on my workplace, so that was upsetting for me," she said.

**'Like a tight band across my chest'**

Gillis became lethargic and also lost her sense of taste and smell.

"It felt like a tight band across my chest," she said.

Gillis's husband, who had no symptoms, also had the virus.

She said it's his case that scares her the most.

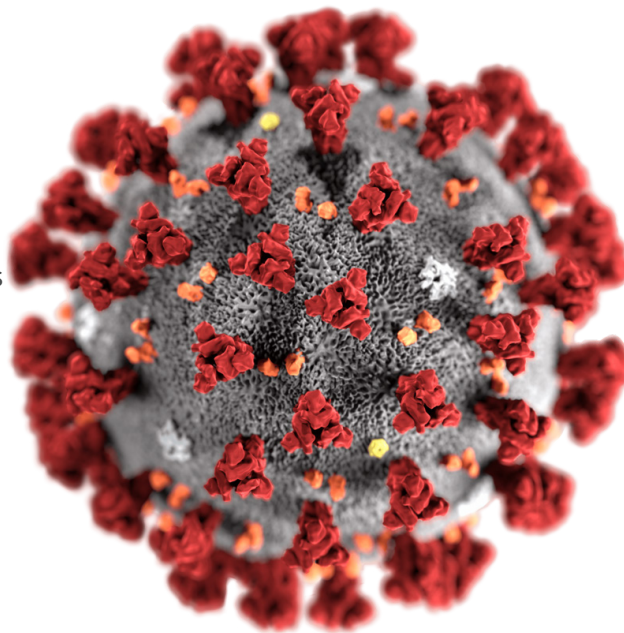
"If I hadn't developed symptoms, the two of us would have continued, I mean, still doing our public health measures, but he was the one that was getting groceries," she said.

"There are people out there who may be positive, and that's why your public health mandates are so important to do."

### Why Gillis is going public

Gillis said her colleagues and patients at the hospital were tested, but none had COVID-19. She said that goes to show the effectiveness of the hospital's precautions.

She decided to go public with her story, so people realize there was community spread in Pictou County. She said people need to keep this in mind as the province starts





easing restrictions by opening restaurants and salons on Friday.

"I think because we had great numbers in Pictou County, they weren't believing that it was the pandemic that it was," Gillis said.

"I wanted to put a face to it."

Both Gillis and Bissonnette have now returned to work, as have most of the employees who became sick. The health authority said public health determines if a person is free of the virus, then it works with each employee to make sure they can do their full duties.

"Some have required gradual return to work or support in that," Keenan said. "We're very proud of the hard work the employees have put in to ensuring they follow the guidelines. Their hard work has helped keep the numbers low."

Bissonnette was off for a month and is now helping COVID-19 patients nearly every day.

She said many of them tell her to stay safe, not realizing she was in their shoes not long ago. She said she didn't hesitate to return to the front lines.

"I love what I do and I love being in the hospital when I'm not a patient, so I was really excited to go back," she said.

## Six reminders the COVID-19 pandemic is far from over

Source: CTV News, June 2020 (excerpts)

With "quarantine fatigue" at an all-time high and lockdown restrictions loosening in parts of the country, a casual observer might think the COVID-19 pandemic is ending.

But, as many medical experts will tell you, it's far from over.

"More than six months into the pandemic, this is not the time for any country to take its foot off the pedal," said World Health Organization Director General Tedros Adhanom Ghebreyesus.

In Canada, health experts are echoing that sentiment.

"This pandemic is only over for people who don't survive it," wrote Toronto physician Dr. Abdu Sharkawy. A stark reminder that the virus is still taking its toll despite economic re-openings.

Here are some other reminders that COVID-19 is still a threat:

**Biggest daily spike globally:** On June 7th, there were more than 136,000 cases recorded globally. The highest number recorded in a single

day. Studies show that most people are still susceptible to infection.

**New Brunswick resurgence:** In Canada, much has been made about provincial re-openings. New Brunswick was among the first in the country to loosen restrictions. It went more than two weeks without any new cases in late April and has twice announced that all known cases were resolved. But recent weeks have seen a new spike in cases.

**Increase in younger cases:** Health officials in some parts of Canada are seeing an increase in younger people with COVID-19. In Toronto, close to 20 per cent of all confirmed cases were people under 30.

**There's no vaccine:** While an unprecedented global effort is underway to develop and produce a vaccine that can protect against COVID-19 infection, that reality is still many months away, according to health experts. The mumps vaccine took four years to become widely available – and it is largely considered to be the fastest ever approved.

**Case number is not accurate:** Since April, researchers have said that a lack of testing means the number of COVID-19 cases is actually many times higher than is being reported by health officials. In Canada, nearly two million tests have been administered, which represents about 51,000 for every one-million people, a far lower rate than dozens of other countries, including the U.S. and the U.K.

**Possibility of a second wave:** Hasty reopening and "quarantine fatigue" could lead to an "explosive" second wave, warned Chief Public Health Officer Dr. Theresa Tam.

Tam says, if we relax too much, or too soon, the epidemic will most likely rebound.

Federal projections estimated that the peak of cases in Canada might come in late spring, with the end of a first wave of infection coming in the summer. Experts insist a second wave is likely, even as much of Canada expects to find some much-needed quarantine relief with summertime re-openings.

# Struck-Down Legislation Mirrors McNeil Labour Law

Excerpts from AllNovaScotia, June 15, 2020

A Manitoba judge has struck down a law modelled on the McNeil government's signature labour legislation.

Manitoba's *Public Service Sustainability Act* (PSSA) violates the Charter of Rights and Freedoms because it prevents meaningful collective bargaining, Justice Joan McKelvey ruled in a decision handed down on Thursday (June 11, 2020).

Like Nova Scotia's 2015 law of the same name, the *Manitoba Act* sets limits on raises that unions can obtain through collective bargaining.

It has never been proclaimed, but public sector unions successfully argued that the Brian Pallister government used it to shape contract negotiations.

"The *Public Service Sustainability Act* operates as a draconian measure that has inhibited and dramatically reduced the unions' bargaining power and violates associational rights," the decision says.

McKelvey wrote that the legislation circumvents union bargaining power and inhibits its ability to trade off monetary benefits for non-monetary enhancements, such as protection from contracting-out and layoffs.

Manitoba introduced its law in 2017, two years after Nova Scotia's Liberals passed its legislation to set limits on wage settlements and ensure public-sector workers would lose a retirement bonus known as the long-service award.

There is little doubt that the two provinces used parallel approaches. The Manitoba government intervened in a union court challenge against the Nova Scotia legislation, arguing that the laws mirror one another.

"Given the similarities of the two statutes, the attorney general of Manitoba seeks to intervene in this reference in order to provide argument on the constitutionality of the N.S. PSSA, since the decision of the court on this question set out in the reference will be of significant relevance in the litigation regarding the Manitoba PSSA," Manitoba deputy justice minister David Wright said in a 2017 affidavit.

The Nova Scotia government has referred its legislation to the Nova Scotia Court of Appeal for review.

But even though the challenge against the Manitoba law started two years later, it has been resolved first.

Manitoba is considering a possible appeal.



## MNU Message on PDPS Court Case

Darlene Jackson, president of the Manitoba Nurses Union says this is an important victory for nurses and public sector workers.

Unions argued the legislation hung over collective bargaining negotiations for years. Some employee groups, including the Manitoba Nurses Union, have been working without a contract for years.

The ruling takes a strong stance against the PSSA and rejected the government's legal arguments, going so far as to caution the Pallister government from taking further unconstitutional action that interferes with collective bargaining in the public sector.

It's a big win for the Partnership to Defend Public Services – the coalition of public sector unions including MNU that sponsored the legal challenge. The timeliness of the ruling is important considering that nurses and many other public sector workers have been working under expired contracts for years and have taken on additional burdens during the COVID-19 pandemic.

It is unclear if the Pallister government will appeal the decision, and what effect, if any, it will have on the bargaining timeline. MNU will closely review the 230-page decision and determine the implications for their bargaining process and any further legal action.



# New Brunswick Nursing Home Workers Reach Tentative Agreement



The contract dispute between thousands of nursing home workers and their employer led to demonstrations and rallies around the province (Photo via CBC News)

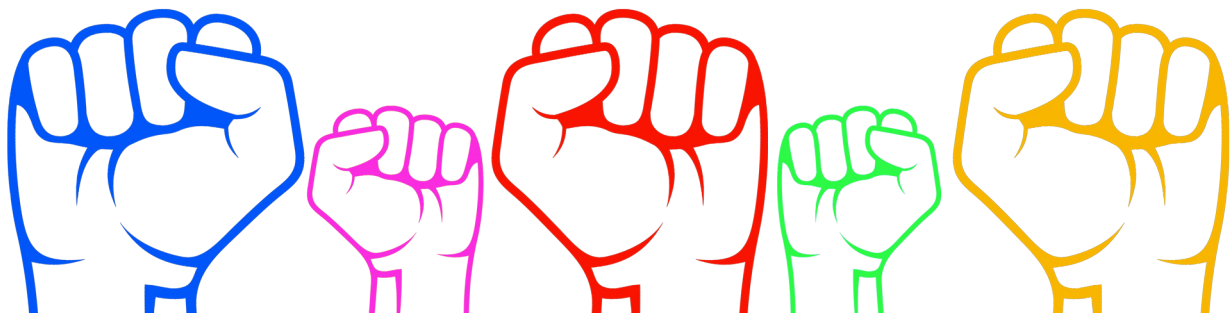
After a four-year-long battle, 4,000 nursing home workers represented by CUPE in New Brunswick will be voting on a tentative agreement that includes wage increases of 9.75% over six years.

Although the wage increase is well below the 20% in four years the union was seeking, the agreement does offer significant raises, improvements on language around evening and night shift premiums, and four years of retroactive pay.

NSNU members may remember the turmoil that surrounded this round of bargaining in New Brunswick, which culminated in members voting to strike, only to have the government secure a court order that barred

them from walking off the job. The court order was later deemed unconstitutional by the New Brunswick's Court of Appeal, ensuring the right to strike for the province's unionized health care workers.

After such a tumultuous round of bargaining, we congratulate CUPE NB on reaching a tentative agreement that they deem acceptable to bring to their members who have been through such a challenging process. We wish them well as members prepare to vote on the agreement. At the time this newsletter went to print, no date had been determined for their vote.



## LABOUR DAY 2020

As we begin another beautiful summer in Nova Scotia, it might be hard to start thinking about the end of the season, but we do so as we prepare for another Labour Day. Monday, September 7th is the date that we join together to celebrate workers, and honour those who have blazed the trail, fighting for labour rights that we all enjoy today. It is also the day that we recommit to focusing on the issues that still affect the health, safety and happiness of those who make up our modern workforce.

Typically, we celebrate Labour Day with rallies and

barbecues across the province. This year's observances may look a little different due to social distancing and gathering restrictions. Keep an eye on NSNU social media and our website and the Nova Scotia Federation of Labour website for details about Labour Day events.

In one form or another, we will celebrate the hard work and dedication of all workers in Nova Scotia and across the country this Labour Day. Join us in honouring workers past and present, and thank you to those who are working through the holiday, including many members of the NSNU.

# PROUDLY SUPPORTING & REPRESENTING DIVERSITY



## Pride 2020: New Look, Same Message

The Nova Scotia Nurses' Union is pleased to be a sponsor of the 2020 Halifax Pride Festival. Due to COVID-19, this year's event has been reimagined to ensure festivities continue in a way that respects public health guidelines. There will be virtual events that people across Nova Scotia can enjoy, as well as some socially distanced outdoor public events. Through it all, works by and for Nova Scotia's 2SLGBTQ+ community will be highlighted and celebrated.

The NSNU is proud to represent 2SLGBTQ+ nurses working across the province. Members are encouraged to take part in Pride events throughout the summer, online and in your hometown. Don't miss out, visit [nsnu.ca/pride](https://nsnu.ca/pride) for more.

Pride may look different  
this year, but...

**Diversity is still beauty.**

**Unity is still power.**

**Inclusion is still health.**

**Health is still opportunity**

**Love is still love.**





## Summer Safety and Fun

With warmer weather and longer days here for the next few months, many of us are ready to hit the great outdoors and enjoy another beautiful summer in Nova Scotia. While we're enjoying outdoor activities, let's all do our part to keep our families and communities safe and healthy.

This year summer activities will look a little different, but that doesn't mean we can't still enjoy this time of year to the fullest. On the NSNU "Escape" webpage, we have included several links with ideas for how you can enjoy Summer 2020, while remaining COVID-conscious.

Items on that list include:

- Hiking and Biking Trails in Nova Scotia
- Nova Scotia's Best Beaches
- Staycation Destinations for Summer
- Summertime Barbecue Recipes
- Best Off-Road Trails in Nova Scotia
- Summer Attractions and Festivals

Check out [nsnu.ca/escape](https://nsnu.ca/escape) for these great ways to stay entertained this summer, as well as other helpful links to enjoy year-round.



## 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 c/o B.L. Moran at 902-468-6748 or [bl.moran@nsnu.ca](mailto:bl.moran@nsnu.ca).

## CORRECTION

In the May 2020 issue of *What's Nu?* we incorrectly named NSNU member Hanna Doyle as being in a photo for the South Cumberland Continuing Care Centre's National Nursing Week donation to the Lillian Allbon Animal Shelter. The individual in the photo is an employee who works at the shelter.

# Uniform Sales During the Pandemic

The NSNU has heard concerns about access to standardized uniforms during the pandemic crisis.

Keltic Clothing, the provincial uniform supplier, issued a statement to the NSNU indicating that, due to reduced access to suppliers and uniform inventory, they've been experiencing some challenges. Many uniform suppliers were sold out during the first ten weeks of the outbreak as most manufacturing companies turned their attention to producing PPE.

Increased demand for uniforms meant that Keltic Clothing, the only Nova Scotia uniform merchant in business during the pandemic, ran out of certain styles forcing them to offer substitutions. Not all styles were available in all sizes.

Health Canada COVID-19 guidelines mean that you can not try on or return merchandise as per usual, as the virus can remain on clothing for up to five days. Keltic can accept returns two weeks after the pandemic is



cleared. The company is following national and provincial guidelines in order to maintain the safety of customers and their staff.

Keltic Clothing is now fully stocked and committed to accommodating nurses. Their team is ready and will continue to work hard to fulfill your requests.

## Organizational Response to Disease Outbreak: Healthcare Study



Canadian researchers are interested in the experiences of employees working in healthcare settings (including, but not limited to, acute, community, and long-term care settings) during the current pandemic. Nova Scotia Nurses' Union members are invited to participate in the research by completing a questionnaire.

The questionnaire focuses on your experiences at work, your own psychological well-being and your perceptions of how your organization has responded to the pandemic. The survey takes about 20 minutes to complete. All data collected are held in strict confidence – in no case will individuals be identified.

To participate, or learn more about the conditions of participation, visit [nsnu.ca/HealthCareStudy](https://nsnu.ca/HealthCareStudy).



Researchers at Saint Mary's University in Halifax, Nova Scotia are currently studying the impact of COVID-19 on the health and safety of front-line health and care workers.

Participation in this study will require approximately 20 minutes of your time, and upon successful completion, your personal score in job burnout will be shown to you.

Your participation in this research is voluntary and your answers will be kept strictly confidential and anonymous.

Your participation in this study is greatly appreciated, especially given the current challenging times. The information you provide will greatly assist the researchers in further understanding how organizations can increase the health and safety of front-line health and care workers affected by the COVID-19 pandemic.

To participate or find out more about this research, please go to:

**[www.BurnoutPulse.ca](http://www.BurnoutPulse.ca)**

If you have any question regarding this research, feel free to email the research team at [burnoutpulse@smu.ca](mailto:burnoutpulse@smu.ca)





# How Nurses Should and Should NOT Use Social Media

During the pandemic, we saw many inspirational videos and photos on social media depicting nurses and other health care workers dancing and singing in order to raise people's spirits, including their own, during a dark time. These posts went viral, showing a side of health care workers that the public don't normally see.

Some of the videos, photos and commentary showed a very vulnerable, raw and emotional side of exhausted doctors, nurses and others as they struggled to keep pace with the havoc wreaked by the virus, including the toll it was taking on them as professionals. The posts were a means of blowing off steam during very trying times while also attempting to share important messages.

These videos motivated companies and private citizens to generously provide food, gifts, comforting gestures and words of support and kindness to those who were charged with keeping COVID-19 at bay.

On the flip side, recent social media posts in this province warrant a reminder that nurses must use caution before hitting send or post. Some social media posts in Nova Scotia have violated patient confidentiality and appropriateness, as deemed by employers and regulators.

Social media platforms often create a false sense of security for nurses who believe they are voicing their opinions, engaging in discussions, and posting images while under the protection of privacy settings. However, anything sent privately to an individual or posted on a closed forum has the potential to become public knowledge. Additionally, deleting statements and images from a social media account does not mean they have been completely removed from the internet. Posts on social media have the potential to become public record that exists forever.

As a rule of thumb, nurses should **not** use social media to:

- **Complain or Comment About Patients**
- **Post Photographs or Videos on Social Media That Reflect Negatively on the Nursing Profession or Any Individual**
- **Rant About Place of Employment or Coworkers**
- **Use Offensive Language and/or Voice Offensive Comments**



Because of the nature of the work, nurses who make negative posts on social media about coworkers, administrators, job duties, their place of employment, and/or workplace policies run the risk of disciplinary actions. These types of online negative comments and posts can reflect poorly on the facility or employer in which the nurse is affiliated, as well as jeopardize her or his job security. Even when opinions are voiced under the strictest privacy settings, the possibility always exists that online commentary can reach unintended readers.

As therapeutic as it may be to vent by sharing your thoughts, try to maintain composure and professionalism at all times, no matter how frustrated you are or how challenging the situation.

## Consequences of Social Media Abuse

The consequences of posting improper or inappropriate posts on social media platforms can lead to varying levels of discipline – all of which are dependent upon the action in question, workplace regulations, and any social media policies already in effect. Penalties could include suspension, termination, loss of licensure, criminal charges, or other forms of discipline.

Social media policies for nurses continue to evolve to align with advancements in technology and the internet. The key to successfully navigating the ups and downs that come with having an online presence is to find a happy, safe, and responsible middle ground between the personal and professional benefits of social media without breaking the laws governing patient privacy and confidentiality.

Nurses must remain vigilant to avoid conduct unbecoming of the profession or inadvertently disclosing patient and workplace related information via social media. It's also important to keep up with current workplace policies and relevant provincial and federal laws.



# TO OUR SUPERHEROES IN SCRUBS, THANK YOU!

In these unprecedented times, we want you to know that the NSNU is looking out for you, and you can always depend on our friends at Johnson. We'll get through this together.

With Johnson you'll receive benefits tailored specifically to the demands of our profession:



 Up to 30% savings on car insurance\*

 First Claims Forgiveness

 24 Hour Claims Service

 Air Miles® Reward Miles±

For more information and your quote:

[Johnson.ca/coronavirus](https://johnson.ca/coronavirus)  
[Johnson.ca/healthcare](https://johnson.ca/healthcare)  
**1.855.616.6706**



Johnson Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary. Home and car policies primarily underwritten, and claims handled, by Unifund Assurance Company ("UAC"). Described coverage and benefits applicable only to policies underwritten by UAC in NL/NS/NB/PEI. JI and UAC share common ownership. Eligibility requirements, limitations, exclusions, additional costs and/or restrictions may apply, and/or vary by province/territory. \*As of March 2, 2020, full 30% savings amount available on car insurance if the following discounts are applicable: NL/NS/PEI: long term, multi-line, conviction free, select and qualifying group membership. NB: long term, multi-line, conviction free and qualifying group membership. Percentage savings may vary otherwise. \*AIR MILES® Reward Miles awarded only on regular home and car insurance policies underwritten by UAC. At the time the premium is paid, one (1) Mile is awarded for each \$20 in premium (including taxes). Miles are not available in SK or MB. \*\*Trademarks of AIR MILES Royalties Limited Partnership used under license by LoyaltyOne, Co. and JI (for UAC). Eligibility requirements, limitations and exclusions apply. †NO PURCHASE NECESSARY. Please note prize change due to the global COVID-19 pandemic. Open January 1, 2020 – December 31, 2020 to legal residents of Canada (excluding QC and NU) who have reached the age of majority in their jurisdiction of residence and are a member of a recognized healthcare sector group of the Sponsor. Two (2) \$7,500 CAD cash prizes available to be won. Odds of winning depend on the number of eligible entries received. Math skill test required. Rules: [www1.johnson.ca/Florence](http://www1.johnson.ca/Florence).



# STAY Connected

Are you working for a new employer or a different facility? Have you changed your address, phone number or email? If so, you may be missing out on important Union communications.

**To update your personal  
information please contact the  
NSNU office at:**

**1-800 / 902-469-1474  
[nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)**



Materials used to produce this document  
are Forest Stewardship Certified (FSC) 

Return undeliverable Canadian copies to:  
**Nova Scotia Nurses' Union**  
150 Garland Avenue, Dartmouth, NS B3B 0A7

