

# what's nu?

September 2020



## Putting More Care into Long-Term Care

Twindemic: What this Flu Season Could Look Like for Health Care Workers

Nursing Leaders Discuss a Healthy Recovery Post-COVID

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

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# President's Notebook

Janet Hazelton, BScN RN, MPA

## COVID-19 First Wave Review

In the near twenty years that I have been president of the Nova Scotia Nurses' Union, few occurrences have touched me as profoundly as the recent tragic events in our province, namely the mass shooting and COVID-19 outbreak at Northwood Halifax Campus. So many lives were changed as a result of these events and so many lessons have been learned.

Fifty-three of the 65 Nova Scotians who have died so far from the virus were residents at Northwood. 246 residents and 99 staff have tested positive for COVID-19 at that facility since early April.

Like everyone else, I've been eager for information to emerge and for restorative action to occur. From a professional perspective, I was hopeful that what transpired at Northwood would lead to solid recommendations, instilling confidence in nurses and others who work in our nursing homes.

In June, the Nova Scotia government announced it would conduct a review to examine how and why COVID-19 was able to infect Northwood, as well as a separate review of infection prevention and control in the province's long-term care sector. A second review would look at the overall long-term care sector.

Infectious disease consultant Dr. Chris Lata, and Lynn Stevenson, former British Columbia associate deputy minister of health, were asked to lead the review. On September 21, they released their findings, including 17 recommendations for Northwood and another 13 to improve care and help prevent and contain future outbreaks while enabling all of Nova Scotia's 133 long-term care facilities to better prepare for the future.

I, like many others, was asked to share my views and the positions of the NSNU before the review panel. The panel spoke with LTC staff, physicians, administrators, some family members of Northwood residents, labour leaders and others. My interview was conducted on July 30th.

The investigators found there were multiple interconnected drivers; the key factors that contributed to the outbreak involved:

- Staffing challenges including shortages for direct care and housekeeping staff
- Community transmission that may have increased staff exposure to the virus
- Structural challenges including space constraints, shared rooms and bathrooms, limited ability to control temperature, humidity, and air flow turnover
- Barriers to enhanced room and floor cleaning and inconsistent cleaning techniques



Northwood Halifax Campus was the epicentre of the province's largest COVID-19 outbreak



NSNU signs showing solidarity with Northwood

Understanding the reasons why this happened informs decisions on how to arrive at recommendations and enact change.

In my opinion, the recommendations are aimed at safeguarding our most vulnerable citizens, not just during a pandemic but at all times. Many of the recommendations mirror information released in NSNU's 2016 *Broken Homes* report on long term care and the most recent brief of June 2020 on *Staffing Standards*. Although the Nurses' Union is pleased to see a commitment from government around PPE management, infection control, enhanced communication and a funding commitment of \$26 million this fiscal year, the Union is disappointed government only agrees in principle with some of the staffing solutions offered up by the panel.

All of the recommendations have merit and should be implemented. Most notably, recommendations on staffing ratios and hours of care per resident. The evidence clearly indicates that increases in overall health human resources is fundamental to improving long term care outcomes, especially during times of crisis.

Dr. Lata and Lynn Stevenson cited NSNU and CFNU research data and other information as they similarly call for a solid commitment from government to set standard minimum hours of care per resident.

Again, echoing *Broken Homes* and *Staffing Standards* in the last recommendation in the Northwood report: to develop and implement a robust human resources plan. The recommendation states, in order to attract, develop and retain the best caregivers there is an urgent need to define and execute a vision for the future of the LTC sector workforce.

We've been very clear that the collection, reporting and analysis of morbidity and mortality data by LTC site, with implementation of the International Resident Assessment Instrument for Long Term Care Facilities (interRAI system), is a must. Lata and Stevenson agree.

The investigators also recommended an immediate review and update of pandemic action plans to ensure the ability to operationalize it, keeping an eye on critical staff losses as a priority (e.g. 5+ nurses need to self-isolate). NSNU explicitly included this in our *Staffing Standards for Nova Scotia Long-term Care* (June 2020).

In *Staffing Standards*, we stated that we need the Department of Health and Wellness to install dedicated clinical Infection Prevention and Control (IPAC). NSNU identified the lack of dedicated IPAC resources for LTC and the need for DHW oversight in this area.

The government has taken some important steps, but their response does not go far enough. Without an assurance that appropriate staffing levels will be an immediate priority, I cannot see how we'll be fully prepared if a second wave of COVID-19 strikes our nursing homes.

Bedsore, falls, and other pre COVID-19 issues in long term care should have been the impetus for government to address staffing issues in the long-term care sector long before the pandemic. COVID-19 should have compelled government to commit to hiring more nurses. What will it take to convince government of this urgent necessity?

Our collective goal is to help avoid or contain future outbreaks. We cannot do that without ample and appropriate staffing supports – nurses and others – as an integral part of the immediate plan.

We again thank our long-term care nurses for their dedication, skill, knowledge and heart, and we thank those who went to Northwood at their darkest hour.

Both the Northwood Report and COVID-19 First Wave Review can be found at [nsnu.ca/Coronavirus](https://nsnu.ca/Coronavirus).



## A Warm Gesture from Northwood

We're all aware of the hardships and heartbreak that residents, their families, workers and the greater Northwood Halifax Campus community suffered as a result of COVID-19.

Over the months that have passed, we've also learned that people rallied to keep each other as safe and strong as possible. Northwood staff struggled through staffing shortages, illness, unimaginable loss, and many battles with a formidable enemy – but they never gave up hope. Health care workers from other unions, regions of the province, sectors and backgrounds came together to lend a hand where it was most needed.

The resilience and professionalism shown by Northwood staff and those

who stepped in, will not soon be forgotten.

In a show of thanks, Northwood and the unions representing employees at that site and non-Northwood sites who worked through the height of the pandemic last spring, were gifted with a hoodie, a warm embrace for their hard work and bravery.

NSNU VON nurse Tracy d'Entremont (right), who lives and works on the South Shore, spent several weeks working at Northwood, away from her family and at greater risk of contracting the disease. She has called the experience enlightening and unforgettable. She models the hoodie she happily accepted from Northwood and the Unions as a token of their immense gratitude.





## Twindemic – What this Flu Season Could Look Like for Health Care Workers

The Nova Scotia Nurses' Union has been touting the importance of influenza immunization for nearly twenty years via campaigns, complete with TV commercials, print ads, opinion pieces, newsletter articles, video messages, and media interviews where willing participants received their flu shot live on-air.

For close to two decades, Janet Hazelton has been the face of the campaign, imploring at-risk immunocompromised Nova Scotians to #GetTheShot! We also targeted healthy Nova Scotians who believe they're invincible, hoping they'd get on side. They're usually the same hardy individuals who work through their illness, spreading it to co-workers, their families and friends. The NSNU has long worked with the provincial Influenza Immunization Stakeholders Committee to ensure our messages are on point, and that our unified and amplified voices reach the masses.

This year, infectious disease experts who specialize in influenza and emerging respiratory illnesses are sounding alarms saying, this flu season could be unlike any we've experienced due to COVID-19. The flu can take an enormous toll on the health-care system, so it's vital that people do what they can to reduce their chances of getting it.

Any overlap or "twindemic" could also lead to unnecessary testing and treatment, slowing an already overburdened system. Unimmunized people with flu symptoms may seek testing and medical attention for COVID when they likely have the flu. This impact will be felt in the workforce, in hospitals and testing facilities.

In the past, it was often difficult for people to discern whether they were suffering through a cold or flu. In 2020, and perhaps years to come, we have a much more menacing prospect to add to that list.

As always, Nova Scotia will continue to provide publicly funded influenza vaccine for anyone 6 months of age and older with high dose influenza vaccine for those 65 years of age living in long term care facilities. The vaccine will be available shortly after Thanksgiving.

In light of COVID-19, influenza vaccine clinics and immunization methods may look different with respecting of public health measures (physical distancing, non-medical mask use, enhanced hand washing, etc.). Health care workers will be some of the first to line up for the vaccine.

The Department of Health and Wellness is increasing vaccine coverage not only to protect against influenza but to hopefully reduce the impact to our health system, knowing the capacity may be stressed if we see an influx of COVID-19.

We've always maintained that getting the shot protects our seniors and people with underlying health conditions. This flu season, we must consider the far-reaching consequences of influenza during a pandemic. For so many important reasons, Get The Shot!

# Nursing Leaders Discuss a Healthy Recovery Post-COVID

Since COVID-19 hit, Linda Silas, president of the Canadian Federation of Nurses Unions, has been hosting virtual conversations on Facebook Live, discussing a myriad of issues relating to the pandemic, nursing, health care and public health. She kicked off the second season of her show, *Live with Linda*, on September 14th, inviting leaders from nurse unions across the country to join her to discuss what is needed to build a healthy recovery for Canada.

There were many topics up for discussion. Each leader on the call took turns speaking to a particular issue that will be essential in building a successful recovery for our country. Some of the topics included:

- the social determinants of health, and how social structures and lack of access to health care affect the likelihood of infection and seriousness of the disease in underserved communities;
- safety in the workplace, and how creating a safe environment for workers with strong Occupational Health and Safety standards, access to appropriate personal protective equipment, and legislation around violence in the workplace are essential to creating a safe environment for workers and patients;
- a National Pharmacare Program, and how COVID-19 has exacerbated an already significant lack of access to needed medications for low-income Canadians, forcing them to go without, and further straining our already overburdened healthcare system;
- the need for a robust health human resources plan, as COVID-19 has shown how understaffing and nurse shortages are worsened by the introduction of a pandemic, which takes many out of the workforce, and forces unsustainable overtime for those who are left;
- an urgent need to focus on Canada's long-term care system, which suffers from inadequate staffing, resources, skill mix and the impact of privatization that has left our seniors bearing the brunt of the pandemic.

Janet Hazelton, president of the Nova Scotia Nurses' Union, spoke at length about PTSD in the nursing community and the need to focus on mental health in the wake of the pandemic. She cited a recent CFNU study on mental health among nurses that had startling results, including showing that 1

in 3 nurses felt they had a major depression disorder, 1 in 4, general anxiety or burnout, and 1 in 3, suicidal tendencies. These numbers indicate a mental health crisis among Canada's nursing workforce. Hazelton explained that we need to invest in appropriate mental health support for nurses and other healthcare workers so they know they can talk about these issues and seek help when it is needed.

COVID-19 exposed some of the cracks in Canada's health care system. With a renewed focus on these issues, Canada's Nurses believe that we can make a strong recovery and come back better than ever. But that will require a commitment from government at all levels to provide workers with the support and resources they need to help our system recover not only from the pandemic, but from the issues that have plagued health care for years.

Linda Silas's Facebook Live series will continue in the weeks to come. Visit [facebook.com/NursesUnions](https://facebook.com/NursesUnions) to view this and other conversations around COVID-19 and the health of our health care system.

Linda Silas



Janet Hazelton



# CFNU Occupational Stress Injuries Report



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

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

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

The data was collected in 2019, prior to the COVID-19 pandemic. CFNU President Linda Silas says, she can only imagine what the results would be if the same study was conducted in 2020.

"The data shows that nurses were struggling pre-pandemic; now, nurses aren't just overworked and coping

with a tremendous amount of stress, they also have to worry about their access to PPE, their risk of contracting the virus and the risk of passing it on to their families," says Silas.

"We're talking about significant psychological pressures."

The CFNU has redoubled its efforts to secure appropriate and adequate mental health supports tailored to nurses now and into the future.

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

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

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

# Canada's Nurses Hail Ruling in B.C.'s Cambie Case as a Historic Win for Medicare

The Canadian Federation of Nurses Unions, along with the NSNU, is calling the B.C. Supreme Court ruling in the controversial Cambie case a historic win for Canada's public health care system. In September, Justice Steeves dismissed the plaintiffs' claims, which aimed to unleash private health care by challenging key principles of the province's publicly-funded system. The core provisions of B.C.'s Medicare Protection Act upheld by the ruling include prohibiting doctors from accepting both public funding and private payment, restricting extra billing and banning duplicate insurance for services already covered under the public plan.

"The ruling against private health care financing is a historic affirmation of the core value Canada's medicare system is built on – that we should all receive care based on need, not our ability to pay," said Linda Silas, president of the Canadian Federation of Nurses Unions.

B.C. Supreme Court Justice John Steeves ruled against the corporate plaintiffs, who argued that patients who have to wait for medical care should be able to pay to jump the queue.

"If the plaintiffs really wanted to improve access, as they profess, they would not be trying to create two-tier health care, which will only divert resources and expertise from our public system," said Silas. "Instead they would join nurses in demanding increased public funding and improvements to public care for all, not just the wealthy few who can pay their way."

In the ruling's conclusion, Justice Steeves states, "There is a rational connection between the effects of the impugned provisions and the objectives of preserving and ensuring the sustainability of the universal public healthcare system and ensuring access to necessary medical services is based on need and not the ability to pay."

Canada's nurses noted that anyone lured by the plaintiffs' crusade to unleash private health care should refocus their efforts on improving the public system, not allowing queue-jumping by the wealthy at the expense of everyone else.

"Nurses know many aspects of our health care system need improvements, but splintering our public system is absolutely not the path to improving access," said Silas. "Canadians hold our public health care system dear, and Canada's nurses will never stop fighting to defend and strengthen it."

The CFNU thanks the public health care defenders who intervened in the case, including the B.C. Health Coalition, Canadian Doctors for Medicare and the British Columbia Nurses' Union.

It is expected that appeals will be filed in an effort to overturn the decision but those opposed to privatization vow to stay in the fight should there be an appeal process in the future.





NSFL president Danny Cavanagh leads the news conference calling for a safe return to schools

## Supporting Education Unions as Schools Reopen

On September 8, 2020, some children, teachers, school nurses, specialists and others returned to school and work with more questions than answers, as they prepared to enter physical classrooms for the first time since COVID-19 hit the province. With only some reassurances, the reopening was met with trepidation from workers and families alike.

In August, NSNU president Janet Hazelton joined other labour leaders at a news conference advocating for a return-to-school plan that prioritized the safety of students and all school staff. She spoke from the perspective of a health care leader, one who was heavily involved in discussions on how to protect health institutions at the onslaught of the virus. She was concerned that schools appeared to be opening without a thorough investigation as to how to do so safely.

"As a health care professional, I understand the risk this virus presents, and the concerns our educators have expressed. Their questions are valid, and they deserve

answers that give them, their students and families peace of mind," Janet told a room of reporters and fellow labour leaders on August 19th.

The concerns voiced by teachers and their union representatives were the same as those in other industries: how do you ensure safe physical distancing, safe masking, and a clean and sanitized environment?

The NSTU continues to speak out about the issues surrounding in-class learning as we head into the fall and cold and flu season bears down on us, adding more stress to both the education and health care systems.

The NSNU will continue to support our education unions in the fight for better health and safety protocols in schools. With approximately 150,000 Nova Scotians working and learning in our institutions, what happens in our schools happens in our communities, and vice versa, and in our health care system.



NSNU president Janet Hazelton and NSTU president Paul Wozney speak during the news conference



## A New Kind of Labour Day Celebration

Labour Day is usually marked by barbecues, rallies and family days in Nova Scotia and across the country. In light of a worldwide pandemic, many of this year's festivities could not go ahead as planned, but even with these new challenges, the labour movement found a way to celebrate and continue fighting for workers.

The core message for the Canadian Labour Congress this year was the health, safety and financial security of workers dealing with job loss and new dangers associated with COVID-19. CLC present, Hassan Yussuff called on the prime minister to expand federal aid for those who are struggling.

"This is a moment when the country gets to reflect how can we do better to ensure all workers in this country are treated fairly and decently and, more importantly, they are compensated for the work that they do," Yussuff said in an interview.

Closer to home, online events became the new normal this year. Mayworks Halifax, in coordination with the Halifax-Dartmouth and District Labour Council, hosted a full day worth of virtual entertainment that showcased the talents of a diverse group of artists, all celebrating workers and the importance of continuing the fight for fairness and equity.

While we hope next year's Labour Day events can return to normal, advocacy has taken on a new face and form in 2020. What Labour Day showed us is that the voices of workers are still ringing loud and clear, even if it's happening on a Zoom call and not in a crowded street. We can continue to fight for workers' rights, health, safety and quality of life this way, and we will.



## NSNU Web and App Password Recovery

Members of the Nova Scotia Nurses' Union have exclusive access to a Members Only page on the NSNU website, as well as the MyNSNU App. These pages are accessible using an NSNU-provided username and password, which can be recovered by going through the "Forget Your Password" process at [nsnu.ca/MembersOnly](https://nsnu.ca/MembersOnly).

This process is designed to work with an email address that the NSNU has on file. If you would like to change your email, or provide one to the NSNU for the first time, please contact [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca) to update your information with us. Once the change has been made, you will be able to recover your password.

Please note that all password reset emails are set to time-out after three hours. If you receive a password reset email from the NSNU, or initiate the process on your own, please ensure you have enough time to complete the process within that allotted amount of time, or you will have to start over.

If you have any questions about password recovery, please contact [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca).

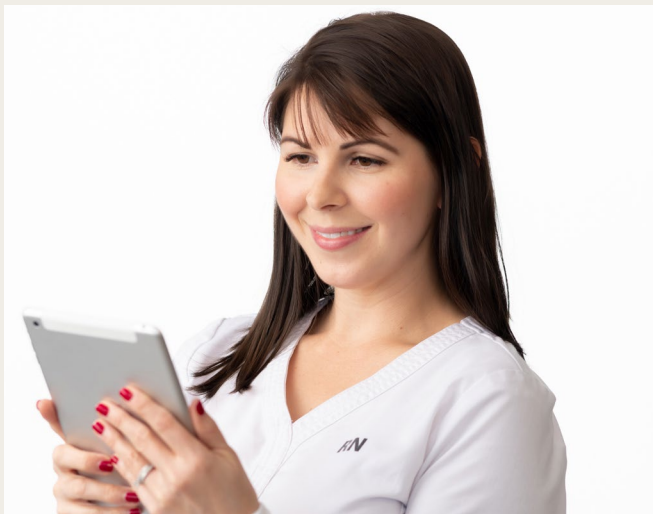


## Are You Paying the Correct Amount of Union Dues?

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).



## New Learning Module on Local Finances Now Available

The Nova Scotia Nurses' Union recently developed an educational module to help new Local Treasurers learn more about the duties, responsibilities, and expectations of their role.

Members can access the new module in the Library of the MyNSNU app. The module contains information to help new Local Treasurers succeed in the role and may help established Treasurers refresh their knowledge.

Anyone interested in the topic is welcome to complete the module, as it would be great preparation for members interested in getting more involved with their NSNU Local.

Included in the module is information on union dues, income and expense reporting, local budgets, financial reports, union financial policies, as well as the procedures that Treasurers are required to complete at month-end and year-end. Being a member of the local executive can be a daunting task, especially when it comes to dealing with money.

If you have questions about the role of the Local Treasurer, always feel free to reach out to the Provincial Office, and someone will gladly help you out. The staff in the NSNU Finance Office offer a wealth of knowledge and will help point you in the right direction.

The app is available in the Google Play and App Stores, or on the web at <http://nsnu.itacit.com>.

## NSNU Masks

The Nova Scotia Nurses' Union is happy to be providing members with a personal, non-medical face masks to use as you go about your daily public activities and routines; a new addition to your growing collection.

These masks are not intended for use in a medical setting.

The masks have been mailed or delivered to your facility and your local executive will be distributing the masks at the work site to you while at work. We remind local executives to record the name of each member who receives a mask so we can ensure that every member of your local receives one.

We continue to support members as we all navigate this global pandemic, our new normal, and the uncertainties of the future. We thank you for your dedication to your patients, residents and clients, and commend you for your resilience.



NSNU masks, modelled by members of the Board



# 2020 NSNU Scholarship Winners

Every year, the NSNU awards scholarships to eligible members of the union and/or their children when the Education Committee meets at the Annual General Meeting, which has been held in April for the last several years. Due to COVID-19, the Committee was unable to convene until summer at which time they reviewed the applications and arrived at the following:

The **Elizabeth and Brittany MacPherson Scholarship**, worth \$1000, is awarded to Rebecca Lambe, an LPN at the Colchester Regional Hospital pursuing a Bachelor of Science in Nursing at St. Francis Xavier University. This scholarship is funded through the VON Colchester Local.

**NSNU Family Scholarship**, worth \$1000 is awarded to Charlotte Forbes, a nursing student at the University of New Brunswick. Charlotte is the daughter of NSNU member Maria Forbes, an RN at the Dartmouth General.

**NSNU Family Scholarship** worth \$1000 is awarded to Rachel Graham. Rachel is taking the

LPN program at Nova Scotia Community College and is the daughter of Lisa Baglole, an RN at South Shore Regional Hospital.

**NSNU Certificate Scholarship** is awarded to Mennie Alba who is an RN at Oakwood Terrace.

**NSNU Degree Program Scholarship** for \$1500 is awarded to Theresa Kuhn who is an LPN with St. Martha's Regional Hospital. Theresa is taking a Bachelor of Science in Nursing from St. Francis Xavier University.

**The Dolores Chase Scholarship** for \$1500 is awarded to Julia Hutt who is an RN at IWK and is taking the Master of Nursing - Nurse Practitioner program at Dalhousie University.

**The Canadian Federation of Nurse Unions Scholarship** for \$1000 is awarded to Sandy Haroun, a nursing student at Dalhousie University.

Congratulations to all the recipients and best of luck with your studies.



# NSNU Staffing Changes

In July of this year we announced that Dr. Paul Curry, NSNU Research/Government Relations/Educator/ Occupational Health and Safety Consultant was moving on to new and exciting challenges and adventures. Paul has since packed up his beautiful family and relocated to his hometown of Antigonish to work in the family business.

Paul joined the NSNU in the spring of 2012, very quickly establishing himself as an asset and go-to advisor. Paul's contributions to the Nurses' Union have been many, most notably the *Broken Homes* report on the state of long-term care in Nova Scotia and the 2019 *Nursing Potential* study. His insightfulness, strong work ethic and easy-going manner made him a great resource and liaison for members and co-workers alike. He has been a valued and well-respected member of our team.

The NSNU wishes Paul and his family all the best in their future endeavours. He will be missed.



Filling his shoes is NSNU's Research, Education, IT, and Negotiations Associate, Justin Hiltz. Justin is currently transitioning into his new role as Researcher/Government Relations/Occupational Health and Safety Specialist. Justin beat out several capable candidates who were interviewed for the job.

Paul and Justin worked closely together on many projects and events over the years, enabling Justin to develop the experience, skills and knowledge required to make the move. Justin's educational background and a host of attributes have positioned him to take on future endeavours that support members and help realize some of NSNU's short and long-term goals.

A posting of Justin's former position will be made public soon, available for all qualified applicants via NSNU communications channels and CareerBeacon.com.

# No More Home-Work for NSNU Staff!

In mid-March, NSNU did what countless employers around the globe did to protect staff from COVID-19 while keeping the organization in operation – the Union pivoted to virtual offices.

All seventeen employees plus president Janet Hazelton quickly converted areas in their homes into home offices for a period of just over six months. The transition was not without rocky bits and bumps along the way. Early issues with WIFI and internet topped the list of complaints as scores of people and families turned to e-schooling, remote offices, and higher than normal Netflix viewing and gaming, putting unprecedented demand on bandwidth and IT services. There was immense competition for reliable, online connections across the planet.

Other competition (i.e. distractions) in home offices included pets seeking endless affection, our predilection to cave to our pet's demands, closer proximity to snacks, and the loss of all sense of time.

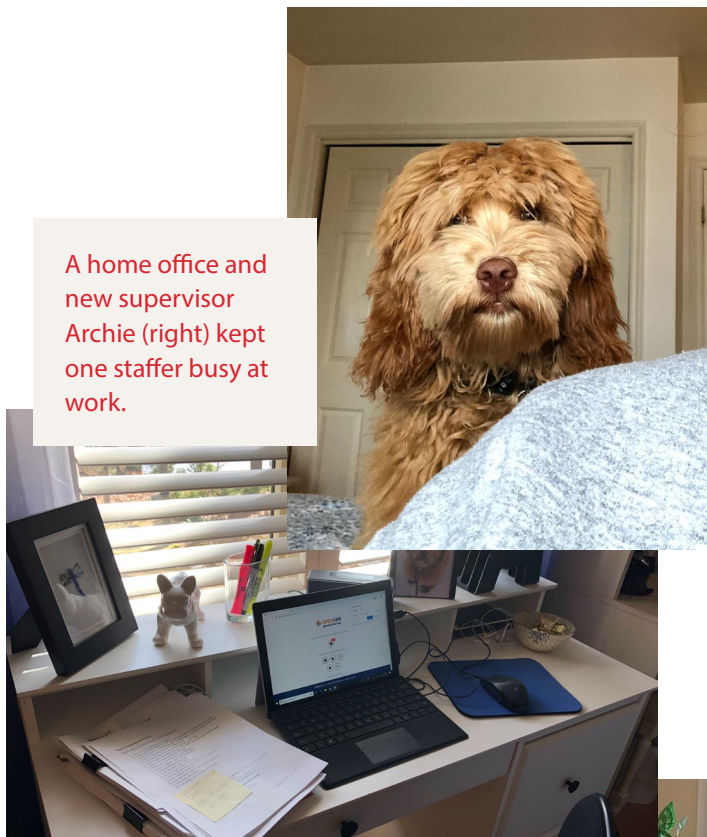
The pluses included working in comfy non-work clothes, fewer traffic jams, an endless stream of virtual meetings that didn't require a change of venue, and closer proximity to snacks!

As of September 28th, NSNU staff are back at 150 Garland Avenue in Burnside but members won't notice the difference as we've made the move from office-to-home-to-office a seamless transition. During the last six months, staff have worked as hard, if not harder, to deliver services to members and maintain business-as-usual.

As we re-open, there will be some restrictions and precautions at the NSNU Provincial Office to help shield staff and guests from exposure to the virus. Meetings will be limited in size and safety protocols will be in place that meet provincial standards.

With good luck and good community compliance to masking, physical distancing, hygiene, and other safeguards to COVID-19, staff will remain under one roof for a very long time. We hope our pets will eventually see this as a good thing, and not hold a grudge for too long.

A home office and new supervisor Archie (right) kept one staffer busy at work.

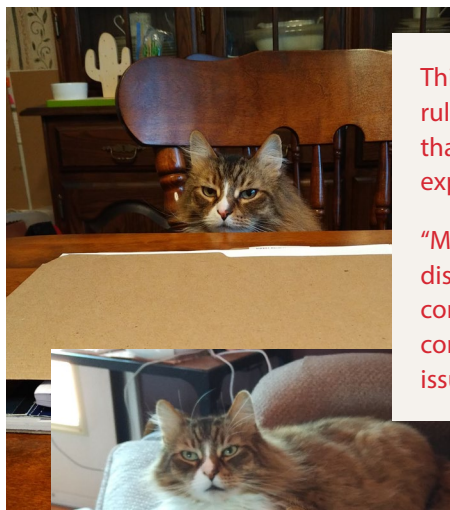


Max (right) made a great work buddy for one of our Labour Reps.



A cozy home office helped another staff member stay on task.



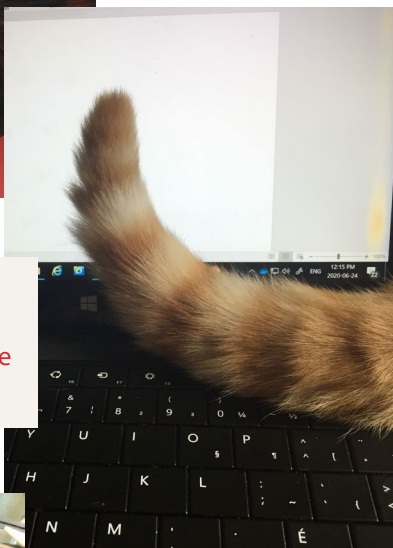


This cat was all set to follow the rules and start the staff meeting, but that didn't last long, as their person explained:

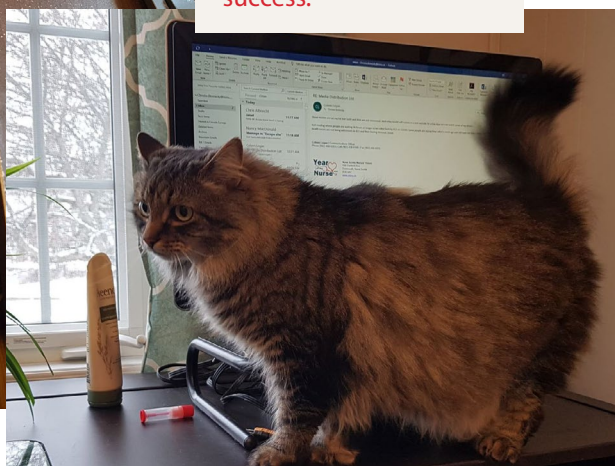
"My co-workers are refusing to social distance properly. I have just filed a complaint with my in-house police constable, but he has refused to issue them a citation!"



The flash of Louie's tail gives us a pretty good idea of who was in charge on the home front.



Fynn (left) and Gibson (below) regularly attempted to impede the work of their human - with only occasional success.



## Kind Words from a Former NSNU Member

After moving to British Columbia in 2015, I returned to nursing as a casual in a small rural site.

I became a member of BCNU and shortly thereafter became an active Shop Steward as we had no representation in our site at this time and I felt it was needed.

I have now attended many meetings, represented fellow nurses in conflicts and attended yearly conventions up until this year, when they were put on hold due to COVID.

The last four years we have had contentious contracts, elections and, I personally feel, a contract that does not reflect the present nursing concerns with antiquated rules of seniority, strict rules for staffing and site rotations, and language that is still too difficult for the average nurse to read and understand.

Nova Scotia nurses should be extremely proud of the work the NSNU has done and the leadership that Janet Hazelton has provided. I will be 65 in October of this year and still one of my biggest rewards in my nursing career has been my union activism. I will probably continue to work because of this and also the acute nursing shortage which is deeply felt in BC.

I thank the NSNU for instilling in me this fight to help nurses feel respected and that we have the power to make a nursing career harmonious with our personal lives.

Best regards and in solidarity,  
Mary Dexter, RN

A portrait of Brenda McCarthy, a woman with short blonde hair, wearing a purple top, a patterned headscarf, and large hoop earrings. She is smiling and looking towards the camera. The background is a soft, out-of-focus landscape.

BRENDA McCARTHY

1960 - 2020

## Celebrating a Life and a Legacy

The NSNU is often inspired by our members, the nurses who work, day in and day out, to provide care and comfort to patients, residents and clients across the province. One such nurse, Brenda McCarthy, inspired more than just her union. In less than a year, she led the charge to raise \$300,000 to fund the purchase of equipment needed to provide stereotactic body radiation therapy, an intensive therapy for cancer patients.

Without stereotactic radiation, patients require daily treatments for roughly three weeks that can cause severe side effects. With this new therapy, the same can be achieved within three to five days, help alleviate some of side effects, and lessen negative impact on surrounding tissues.

Brenda's quest began while she was battling cancer. Living and working in Sydney, she was in the position of having to travel to Halifax to access stereotactic radiation treatment or accept a longer and more arduous process at home. She chose to stay and work to bring this equipment to Cape Breton, so those in her community could have access to this new and potentially life saving

treatment. She approached the Cape Breton Regional Hospital Foundation to partner with them to bring this goal to fruition.

The NSNU was pleased to contribute to the fundraising campaign, along with many other people and organizations that supported this important cause. She reached out to fellow Canadian and cancer victim *Jeopardy!* host Alex Trebek, who commended her for her efforts.

In an interview with CBC News, Brenda's daughter Kristina McCarthy spoke about her mother's legacy: "It gives us great pride to know that her legacy will live on and at the same time solace because obviously it's bittersweet that she can't be here to revel in this accomplishment."

Brenda McCarthy was an operating room nurse at the Northside General Hospital in North Sydney and the Cape Breton Regional Hospital in Sydney, and an NSNU activist. She was a warrior who cared deeply about others and the nursing profession. She passed in June of this year but has left a lasting legacy.

## A Nurse's Journey and a Note of Thanks

Just a note of gratitude coming your way for what you do tirelessly, fighting the fight, making our workplace safer and happier. No easy task! You wage war when inequity is evident.

My career in nursing was that of a late starter. In 1976, at age 18, I was accepted at St. Martha's and the Aberdeen for the RN program. I chose instead to take the quick, secretarial course offered at NSCC Dartmouth as I was young, engaged to my still current husband who, at the time, was graduating from Dalhousie and was hired to work out of province in 1978.

Choices, we all make them, and make the best of them. I enjoyed work at the Federal Government level with Transport Canada. We had 2 children; I enjoyed being a stay-at-home mom. In 1984, at age 26, I began work at the Charles Dixon Center, entering data of cancer care patients into one central registry. That very year, Thelma Croucher, nurse manager, along with a gentleman named Mr. Churchill, tapped me on the shoulder and encouraged me to take the last RN teaching class offered by the VG Hospital.

Again choices; two children under the age of four. I again chose to remain more the home body. The position at the VG was a term and within that six-month term, my heart chose to return home to raise my children. When my youngest went to university, I entered the LPN course at the Lunenburg Community College and graduated 2005, aged 47, Honours with Distinction.

This was my time, maternal instincts fulfilled. I witnessed the various turf wars of BScN, RN vs. RN diploma vs. LPN. All nurses desperately trying to find their spot in a sea of acronyms defending their position and their abilities in caring for their assigned client base. I am happy to say, my friendship circle throughout my career ranges from all levels of educated nurses - NPs, Bachelor RNs, Diploma RNs and LPNs. My friendships were all based on working together and imparting knowledge for the betterment of the clients we care for. We pick up the slack for each other, do the follow-through if necessary, without pointing out someone else should have done it, recognizing we are all trying to keep our head above water in this overburdened health care system.

This is where my gratitude comes to Janet Hazelton. Every nurse has a story, mine is common. I just wanted to let



you know in my last two years towards retirement I have witnessed LPNs recognized and included in the NSNU, featured in your magazine and this year, in the year of our current COVID pandemic, speaking and writing to you, and witnessing the success of safety in the workplace by demanding our rights through procuring PPE and wage parity for all LPNs.

I love my choice of work, LPN with VON. We nurse independently within the community and we have great support from our team which includes our fellow nurses, Nurse Manager and our constant, Karen Marr, District Manager of VON, who makes herself available to each of us 24/7. I will retire happy and content from VON in 2023, possibly amid COVID, but safely, thanks to you Janet Hazelton. And, thank you for shining light on the attributes of being an LPN.

I'm sure that behind every LPN there's a mom who stated, "you could have been an RN."

I've lived that and have finally been able to say, with meaning and belief, "I am a nurse!"

Thank you, Janet Hazelton!

Sue Rubarth, LPN  
Lunenburg VON

# Pregnant During the COVID-19 Pandemic

## *Even Nurses Need Nursing*

Submitted By: Santina Weatherby, RN, MN,  
NP (NSNU Member)

As nurses, I believe we often feel privileged when we access healthcare services for our own needs, and this may be for a variety of reasons. Perhaps because we know the providers and staff, the space may even have been our “stomping grounds” and workplace, or perhaps it is because the tests we are being subjected to are familiar to us or because we have the education and experience to know what to expect. I’d say we have a level of confidence when we present for care that someone outside of the healthcare realm might not. There could be many reasons for my beliefs, but I know I always feel grateful to have a higher level of health literacy than someone without a nursing background. However, my recent experiences accessing my own health care have taught me that even nurses need nurses. For me, my recent encounters with the healthcare system quickly made me realize the true and profound affect nurses have on patient care experiences. Here is my story.

Early 2020 brought whispers of a far away virus in China that was invading hospitals and homes at an alarming speed. As a nurse practitioner, it seemed scary but still too far away to set alarm bells ringing here in my office. My husband and I had recently learned we were expecting a second child in September 2020 and were grappling at the thought of chasing two children around and fearing the new routines we’d have to learn.

By March 2020, my pregnancy was progressing, and all seemed to be on track. The looming pandemic was formally announced, and I was quickly following literature from the UK and China about affects the virus could have on pregnancy. Practising in primary care brought many unknowns; I was still working in the office and the perceived and real PPE supply shortage was obvious.

With clinical recommendations being made left, right and centre through employer emails and briefings, I quickly realized that not only my work life was going to be affected and modified, but so was my own healthcare during this pregnancy.

Clinics and offices went to phone-based appointments only, pushing initial clinic prenatal appointments to 12 weeks or later and spacing healthy prenatal visits further apart and supplementing with phone visits. All the unknowns

were scary, I was constantly wondering and worrying, what happens if I am exposed to the virus, what happens if I contract the virus, what will happen to me? My health, my baby, my job? Regardless, I put on my white lab coat and continued to venture into work everyday. My pregnancy, up until mid-March, was going well and my husband and I seemed to be coping with the closure of childcare and learning social distancing. We were “winging it” but seemed to be staying healthy!

And then, it happened, I became the patient.

At 17 weeks I landed in the emergency department with elevated blood pressure and subsequent symptoms, also to learn I was being diagnosed with hypertension and some serum lab abnormalities which would require follow up. Of course, pandemic restrictions were in place, so I spent the visit and time in the emergency department alone. At the time I didn’t realize how I missed being able to have a second set of ears to listen to the physician and nurses’ instructions. Typically, as a nurse I feel very confident hearing health and medical news, even if it is about my own health. That would soon change.

By 19 weeks I was being followed by obstetrics and was making regular visits to the regional hospital’s maternity floor for labs and assessments. Each time, attending the appointments alone. It had become overwhelming. Internal medicine, high risk obstetric clinics, diagnostic imaging appointments. Being dropped off at the entrance and attending all the visits alone. Regardless, I was always greeted and cared for by fantastic, professional and caring nurses who, despite being masked, were always able to convey a smile and nurturing welcome with their body language. During one of my ED visits, a nurse advocated on my behalf for me to receive imaging despite the after-hours restraints. To me it meant the world, as it made the difference between living with more unknowns for an even longer period of time. I was so very grateful for this nurse’s commitment to my care and wellbeing. And yes, I was able to receive the imaging!

Unfortunately, on one occasion when presenting to an appointment, I had to answer yes to, “have you come in contact with a known or suspected case of COVID”? Since I was exposed to someone whom was awaiting a result based on their symptoms, I was unable to continue to my appointment. I was devastated. I was anxious about

the abnormal labs and not feeling my best. My care team arranged phone visits later that day which helped ease my nerves. I was advised to make an appointment when the suspected case results were back. Later in the day, I learned the suspected case as negative; what a relief! I was able to go in for my appointment a few days later to learn I had even further potential complications in my pregnancy, once again, alone.

As the weeks went on, the COVID-19 screening was being updated every few days (or so it seemed), I continued to worry what question will I have to answer “yes” to next and how often this would affect my care. As an employee, I often felt in limbo. It felt like a double standard sometimes. Nurses were still expected to work despite potential exposure if you were asymptomatic, but you couldn’t attend your own appointments. You were required to wear a mask while at work, but if you were the patient you didn’t need to (at the time). It all seemed so confusing, and I could never tell if I should be held to the standard of a staff nurse when I went for an appointment or a patient. It was just another layer of unknowns.

By May 2020, I was admitted to hospital. I became increasingly unwell and unfortunately the physicians and nurses weren’t sure why I was presenting with such symptoms. If you had told me I would have spent part of Nurses’ Week 2020 as a patient, I wouldn’t have believed you! But there I was, Johnny shirt and all, IVs, monitors, stool sample collection kits, the whole nine yards! I was 21 weeks along, and despite being a nurse, I was starting to worry; truthfully it was probably the first time I’d been scared for my own health and the health of my baby. I feared the unknowns, and my anxieties were compounded by my awful physical symptoms, which were seemingly unexplainable at times. This meant I was going to need a COVID-19 swab and would be placed on precautions. This is when it really sunk in how isolated our patients feel, because that’s how I felt. I couldn’t leave my room, I couldn’t have any family present, I felt awful and weak, it felt like no one knew what was wrong with me, and now I had to worry about being COVID positive!

My anxiety had increased, and it felt like everything was coming crashing down around me. When the nurses came in for medications and assessment, it was obvious I was anxious. They were covered from head to toe in PPE, but their demeanour remained so calm and compassionate. Several times, nurses sat with me as I would start crying out of worry about all the unknowns. Nurses would encourage me and reassure me that I would feel better soon with treatment. During my brief time in hospital, nurses were the only comfort I had. This was probably one of the first times I personally experienced the power of nursing care. The work we do is so much more than just our “job”. Nurses really are healers.



Santina Weatherby with her son, Colt, who was born on September 11, 2020

The weeks passed by and my visits to the hospital continued. Ultrasounds, lab work, monitoring, blood pressure checks! Finally, positive news. My bloodwork was improving, and I was feeling better.

Despite feeling better by my mid and late second trimester, there were certainly still visits to the hospital, once by ambulance to emergency again for syncope and a few visits to maternity for headaches, vision changes and cramping. I had become what one might call “a frequent flyer.” But every single time I presented for care, I was met with understanding and kindness. I was never once made to feel out of place, or embarrassed. It was always clear to me, nurses cared about me and my needs.

To be on the other end of nursing care in times like these has certainly been a learning experience. The most incredible lesson has been to personally experience the nursing power of empathy and compassion for another. It has reminded me the practice of nursing is so much more than our physical skills and ingenuity, and rather the true connection we have with clients. I have learned it is hard as nurses to admit that even we need reassurance and objective nursing assessments. Our own confidence, and perhaps even pride, may obscure our judgment of our own health, and we must put our expertise aside, and reach out for help.

Moreover, it cannot be denied that another excellent

takeaway from my experience is the recognition that nursing is a resilient profession. We are constantly asked on an almost daily basis to adapt, modify, change, update and create new ways of practicing nursing while continuing to deliver safe and patient-centred care. Despite being masked, gowned, gloved and goggled, nurses continue to shine through. It's remarkable, really.

I am currently in my late third trimester and looking forward to baby arriving healthy and happy, in the coming weeks.

My journey has had many ups and downs, and I couldn't have made it this far without the support of my family, all my nursing and physician colleagues and co-workers, my obstetrics care team and all the wonderful allied health professionals I have interacted with. I have spent time with EHS paramedics, ED staff, DI staff, Lab staff, admin and food service! Not to mention, the ever-hardworking environmental services staff.

It's so obvious. Even nurses, need nursing.

## Haunting Horror Stories from Healthcare

The producers of Haunted Hospitals, a paranormal TV show, contacted the NSNU in July hoping we'd help with casting for the next season of their program.

After the show's initial success, they set out to produce a third season of their suspenseful show. As such, they were looking for bigger, scarier and more intriguing accounts from around the globe. Each episode focuses on paranormal experiences from medical staff, hospital support staff and patients. The premise is to give eye witnesses a platform to tell their real-life spellbinding tales.

The NSNU responded, asking members to contact the producers in order to share their eerie workplace encounters and talk about things that go bump in the night.

With permission from her employer and a little encouragement from her co-workers and, possibly, spirits from beyond, NSNU member Christina Anderson signed up. The producers liked her pre-interview, and soon booked a date to safely conduct an on-camera session.

"When I arrived on set I saw the lights, a big green-screen, cameras, the large stage with a lone chair on it and I feared that was my seat – all alone and the centre of attention," says Christina, who had been



scheduled by the producers for a couple of hours.

Thinking that two hours was more than enough time, she soon discovered that telling ghost stories means sharing every single detail in order to paint a frightful picture.

"Everyone was welcoming and made me feel at ease, but I wasn't expecting to have to provide so much description and detail. The director kept telling me not to leave anything out. Now I realize why they booked two hours to film me!"

The interview process was made easier by her audience, a full production crew on the edge of their seats, intently listening as she revealed her spine-chilling happenstances.

Asked if she made the crew leery about visiting a hospital after hearing her speak, Christina responded with a laugh. She left feeling great, even if she might have terrified a few people. The entire behind-the-scenes experience and production environment was a bucket-list item she didn't know she wanted!

Other nurses from across the Maritimes and Canada also took part in goose-bump inspiring shoots in preparation for the upcoming season of Haunted Hospitals, which Christina is eagerly looking forward to seeing.

Haunted Hospitals is currently airing on Travel Channel (Discovery Networks, USA), Quest Red (Discovery Networks, UK) & T+E (Blue Ant Media, Canada).



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