

# what's nu?

October/November 2020



**Influenza  
Immunization**  
*An Extra Layer of  
Protection*



## Be a Flu Fighter!

Preparing for AGM 2021:  
Dates & Details

Investigation: How Canada  
Failed Health Workers and  
Mismanaged COVID-19

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

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## 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

## The Second Wave – Are We Ready?

In the spring and summer of this year, we in the Maritimes questioned whether there would be a second wave of the coronavirus in our region and, if there was, would we be ready for a potentially more serious resurgence.

We're currently witnessing escalating numbers of COVID-19 across the country, primarily in Ontario and Quebec where contact tracing isn't even possible due to the high degree of spread in the community and asymptomatic transmission. Sadly, the virus has again taken hold in their long-term care settings where deaths are on the rise and containment seems elusive. There is also evolving scientific evidence pointing to the role of airborne viral transmission in particular settings, highlighting the importance of the precautionary principle when it comes to the protection of nurses and other frontline workers.

Here in Nova Scotia, we're very concerned about our vulnerable population in nursing homes. The lessons learned through Northwood's tragic experience and the LTC report released in September were meant to provide a blueprint for building infrastructure and capacity in preventing contact with the disease, while informing decisions around containment. The review, commissioned by the province, laid out numerous recommendations including more support for the long-term care sector and a promise that

the province would strengthen its response to infection prevention and control.

The point of the review was to be transparent, proactive in advance of a second wave, accountable, and prepared to respond to any future outbreaks at the drop of a hat. The overall intent was to avoid another outbreak in LTC, at all costs.

In an online survey conducted by the NSNU this summer, long term care nurses told us that fit testing of N95s was not common and that they had concerns about the supply of N95 respirators. This is not the news we wanted to hear.

The Nurses' Union anticipates that more is being done to prevent exposure to COVID-19 in this sector, both for residents and workers alike. We continue to stay in close contact with employers and with our members working in LTC. However, we maintain that employers must respect point of care risk assessments and provide the appropriate level of PPE as determined by the nurse, including fit-tested N95 respirators when necessary. Using their clinical judgement, nurses conduct PCRAs to decide what steps need to be taken to protect themselves, the patients in their care, and others in the shared environment.

The availability of appropriate PPE and the implementation of many of the recommendations remain uncertain, which is of great

consternation for the Nurses' Union. Surely, enough has been learned from our past experiences and enough time has passed to allow the province and our long-term care operators to prepare.

The last thing anyone wants is a repeat of an outbreak in nursing homes or any community. We have gone to great lengths to protect the health and wellbeing of our province and our seniors. We've been adhering to safety protocols that have enabled public health to lift many of the restrictions that kept us homebound and apart from our loved ones and friends. The sacrifices seem to have paid off, but we cannot let our guard down.

With flu season, and COVID-19 continuing to be a threat, we must ensure that measures are in place to shield health care workers, patients, residents, our clients and our families from illness so that we can continue to enjoy the freedoms that others across Canada and elsewhere cannot.

Nova Scotia's long term care report recommended that greater investment would better protect workers and residents in long term care during the pandemic and well into the future. Without a doubt, that investment should include increased hours of care, improved staffing standards to carry the heavy burden of the higher acuity of care, and access to PPE when and where it is required. There is no time to wait; action must be taken immediately.





# A Time of Fear

How Canada failed our health care workers and mismanaged COVID-19

## Investigation: How Canada Failed Health Workers and Mismanaged COVID-19

An investigation into Canada's management of COVID-19 and the safety of the nation's health care workers was released by the Canadian Federation of Nurses Unions in October. The investigation's report, *A Time of Fear*, details Canada's systemic preventable failure to adequately prepare and urgently respond to the gravest public health emergency in a century.

The independent investigation was commissioned by the CFNU and conducted by Mario Possamai, former senior advisor to the Ontario SARS Commission.

"In the wake of the first phase of COVID-19, Canada has paid a heavy price in disease, death, anguish and anxiety for failing to learn from SARS and to take a precautionary approach," said Mario Possamai, lead investigator and author of the report. "Urgent action is needed now to address the problems exposed by this investigation."

The findings highlight major flaws in Canada's approach to public health, and a dangerous and irresponsible outlook on worker safety in response to the pandemic.

"The CFNU commissioned this investigation after government and public health leaders repeatedly ignored the safety concerns of nurses," said Linda Silas, president of the CFNU. "This report tells us what went wrong, what went right, where accountability lies and, most importantly, where we go from here as we prepare for the next waves of this pandemic."

The report makes 50 recommendations to improve worker and public safety and to enhance transparency and accountability. Among the recommendations are urgent measures that enshrine a precautionary approach in Canada's pandemic response.

"As we brace for future waves of COVID-19, Canada's public health agencies and governments must act urgently to fix their systemic failings and learn from other jurisdictions that better protected their workers and more effectively contained the pandemic," concluded Possamai.

The full report of the investigation is available at [www.ATimeofFear.ca](http://www.ATimeofFear.ca).

# ACUTE CARE | PROVINCIAL NEGOTIATING COMMITTEE

In October, acute care members completed the task of electing the NSNU Acute Care Provincial Negotiating Committee (PNC). The acute care collective agreement expired the end of October which puts in motion the bargaining process. These are early days; there's much to accomplish before face-to-face bargaining will commence.

The following nurses were elected to represent the interests of NSNU acute care members on the Council of Nursing Unions team:

## Acute Care PNC

- Janet Hazelton, RN (President)
- Christine Van Zoost, RN (Vice President)
- Dawn McKenna, LPN - St. Martha's Regional Hospital (LPN Representative)
- Janis Ritcey, LPN - Dartmouth General Hospital (Central Representative)
- Donna Gillis, RN - Aberdeen Hospital (Northern Representative)
- Laura Lee Sharpe, RN - Cape Breton Regional Hospital (Eastern Representative)
- Sarah Lace, RN - Valley Regional Hospital (Western Representative)
- Edson Castilho, RN - IWK (IWK Representative)
- Vicki Royles, RN - Aberdeen Hospital (Member-at-Large)
- Dianna Hutt, RN - Valley Regional Hospital (Member-at-Large)
- Alaine Halliday, LPN - Aberdeen Hospital (Member-at-Large)

## Alternates

- Daniel Scott, LPN - Colchester Regional Hospital (LPN and Northern)
- Mitchell Procter, RN - Dartmouth General Hospital (Central)
- Helen Uhlman, RN - HSAS - Fishermen's/South Shore (Western)
- David Fox, RN - St. Martha's Regional Hospital (Eastern and Member-at-Large)
- Michelle Lowe, RN - HSAS - Fishermen's/South Shore (Member-at-Large)
- Jen Thiele, RN - Dartmouth General Hospital (Member-at-Large)

We wish to thank those who put their names forward as candidates, congratulate those who are moving forward as Committee members and alternates, and thank everyone who participated in the election by casting a ballot.

# NSNU Launches 2020 Flu Campaign

## Be a Flu Fighter!

This year, it's more important than ever that health care workers get the flu shot.

A spike in COVID-19 cases could add pressure to our already strained healthcare system. Compounding that reality is the threat of a potentially difficult and prolonged flu season.

As nurses, you understand that every precaution must be taken to stay healthy, especially during a pandemic. It's critical that nurses are provided with appropriate personal protective equipment and that we avoid risk in both our personal and professional lives.

Unfortunately, approximately 50% of healthcare workers did not get the shot in 2019. Getting a flu shot may give us an advantage as we navigate COVID-19. A flu shot can help us stay healthier while also protecting others – our loved ones, co-workers, friends and neighbours.

As nurses, you are well informed, but sometimes we all need a little encouragement and support to get through difficult times. This flu season could be one of those times. If you do become sick, take care, stay home and get the attention you need.

Let's do our best to stay strong and healthy this flu season. Be Flu Fighters so that we can continue to care for others.

### The Campaign

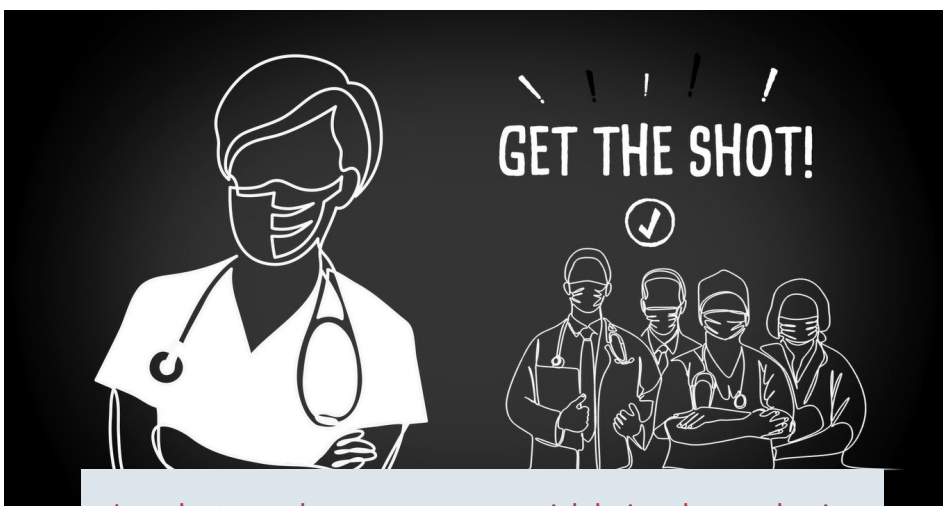
The NSNU runs an annual campaign encouraging all Nova Scotians to get the flu shot. This year's campaign slogan is "Be a Flu Fighter!" which shows the value of getting vaccinated not only as a personal measure, but in service of the greater good. The more people who vaccinate against the flu, the less chance it has to take hold in our communities. We should all aim to be

Flu Fighters, especially in the midst of a global pandemic.

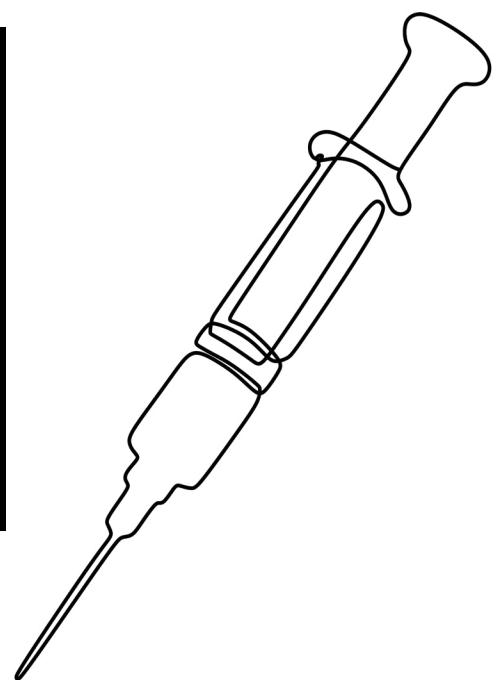
The 2020 flu campaign consists of a new commercial, which began airing on CTV, CBC and Global on October 26th, alongside digital ads on the CTV and CBC websites. Our advertising campaign is supplemented by social media posts, shareable content and media interviews with NSNU president Janet Hazelton.

Visit [nsnu.ca/flu](https://nsnu.ca/flu) to view the new commercial and a message for members from Janet. Please be sure to like and share NSNU flu content on social media using the hashtag #GettheShotNS and #FluFightersNS.

Although most flu clinics cannot go ahead this year, the flu shot is still widely available at pharmacies and family practices across the province. Be a Flu Fighter – make an appointment to get your shot today.



In order to produce a new commercial during the pandemic, the NSNU relied on a cast of animated characters to represent nurses, patients, the flu shot and COVID-19. Shareables featuring all of these illustrations will be seen on NSNU social media during flu season.





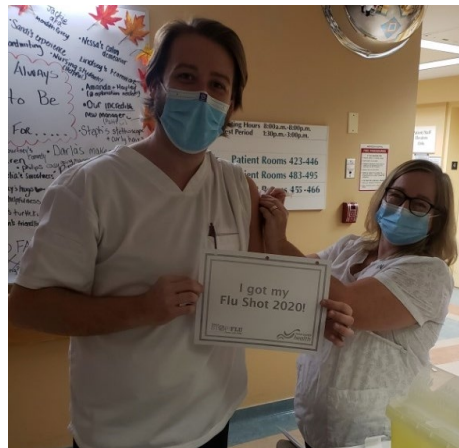
# Remind Your Friends and Family Why It's Important to Get the Flu Shot

## Why is it so important for everyone, not just immunocompromised Nova Scotians, to get the flu shot this year?

With both influenza and the COVID-19 pandemic at large, there is the chance that there could be co-infections, which could have serious consequences. People may also think they have the flu and disregard their symptoms, when in fact they might have COVID, and vice versa. People are starting to become complacent, they have COVID-19 fatigue, they want to see loved ones and get back to some sense of normal – all these things can contribute to us letting our guard down which could lead to the spread of the flu and COVID-19.

## What impacts could a “twindemic” (simultaneous flu and COVID activity) have on the healthcare system?

If Nova Scotia was to experience an outbreak of COVID-19 during the flu season, the impact could be devastating. In a regular flu season, our emergency departments are overcrowded, and getting an



appointment to see a primary care provider can be a challenge. Additional stress on the system and our health care workers could be catastrophic.

## What should people do to continue to protect themselves this flu season?

Masking, physical distancing and good hand hygiene will continue to be very important. Getting the flu shot is extra protection. We do not know how COVID-19 will present and we do not know the extent to which co-infections will occur. Getting the flu vaccine can help keep many Nova Scotians, not just high-risk individuals, healthier this flu season.

## How can you tell if you have the flu or COVID?

Well, it might be difficult to tell. They can both present with fever, muscle pain, sore throat, and non-productive cough. Without a COVID test it might be difficult to determine which you have. In any case, getting the shot may eliminate the worry of wondering if you have COVID or the flu. And, if you do become ill, stay home until you're feeling better.



## If we all comply to COVID safeguards (masking, good hand hygiene, physical distancing) and get the flu shot, could this be a year with less illness and hospitalizations?

In some areas of the world, Australia for instance, there appeared to be less influenza, likely because of safeguards and flu shots. That's good news for everyone.

## We're hearing that getting a shot this year may present some challenges – how so?

There may be a surge in people wanting to get the shot, and because of protocols put in place for physical distancing, it could take longer to get an appointment with your pharmacist or primary care provider. Best to call ahead to book an appointment. The province is already running low on high-dose vaccines.



Pictured: Nurses at the Aberdeen roll up their sleeves for the flu shot

# AGM 2021

## Dates & Details

NSNU is preparing to host an in-person Annual General Meeting in 2021. COVID-19 restrictions imposed on the hospitality industry and organizational gatherings have greatly impacted event planning, forcing necessary modifications.

Given the current conditions, the provincial limit for an indoor gathering such as our AGM is 200 maximum capacity. Our venue, the Best Western Glengarry Hotel in Truro, can accommodate 180 at best.

Based on the current guidelines, the NSNU Board concluded that only voting delegates (no observers) can attend, and only a few guests will be invited. There will be no small local observer draws this year. Committee members (AGM Nominations and Operations, Finance, Education, and Constitution and Resolutions) will attend as observers for reporting purposes and to act as scrutineers.

Due to safety concerns, we will not be able to host the hospitality get-together, banquet and dance, or the charity auction. There will be no exhibitors on site, no buffet or banquet-style dining, and no merchandise sales. Attendees, guests and staff will be required to wear masks when not seated in the theatre-style meeting rooms (chairs without tables) and will be accommodated with single-occupancy hotel rooms.



### 2021 AGM Tentative Schedule

#### Sunday April 18

Board of Directors Meeting

#### Monday April 19

**9 am – 12:30 pm:** Component & Regional Meetings

**1:30 pm – 4:30 pm:** AGM Business

#### Tuesday April 20

**8:30 am – 4:30 pm:** AGM Business

#### Wednesday April 21

**8:30 am - noon:** AGM Business

In the event of another lockdown, the NSNU will host a virtual meeting in place of the face-to-face conference. Contingency planning for the virtual environment is concurrent with our in-person planning to enable staff to quickly transition if gathering restrictions are again tightened.

Unfortunately, we will not be able to accept applications for Honorary Members this year or formally celebrate the Year of the Nurse as organized in 2020.

For the same safety reasons, our annual in-person Education Day will not take place in 2021, but options will be made available to members once a curriculum is established. We will share that information as it is made available.

These decisions were not easy but necessary. The AGM is less than six months away and many logistics must be addressed in order to be prepared. A firm directive was required. We regret that our observers and many guests will not partake in 2021 and that some of our favourite assemblies cannot go ahead. We hope that 2022 will see a return to our former schedule.

More information will be featured in the December 2020 issue of the newsletter, emailed in Campaigner e-memos and posted online at [nsnu.ca](http://nsnu.ca).





### Registration Deadline

More information will be distributed to locals in the coming months. However, please note the deadline to register for the AGM and Regional and Component Meetings is March 12th. Registration will be live online starting Wednesday, February 10th.

Once again, one representative from your local (likely a member of the local executive) will be responsible for the online registration of all your delegates. Individual registration will not be possible.

### Expression of Interest for Standing Committees

All Standing Committees are due for selection in 2021. Expression of Interest forms can be found on our website, [www.nsnu.ca](http://www.nsnu.ca). The deadline for the Expression of Interest on Standing Committees is Wednesday, January 20th.

### Resolutions

Resolutions submitted in 2020 will stand and the NSNU will continue to accept additional submissions. Locals are encouraged to submit resolutions to assist the Board and leaders within the organization in making informed decisions on behalf of the membership. For guidance on how to prepare your submission, please visit the NSNU Members' Only page and click AGM 2021 - Forms and

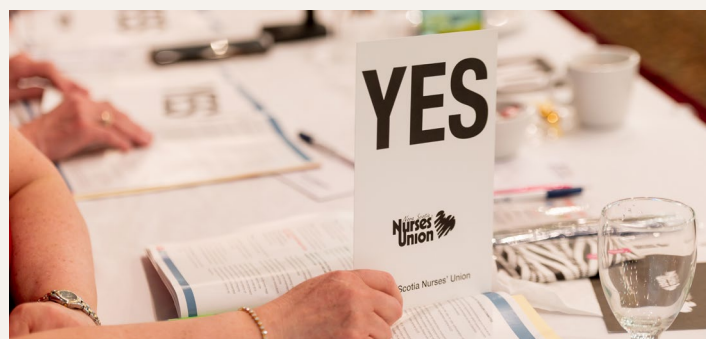
Deadlines to see "How to Write a Resolution". Submissions are due Wednesday, January 20th, 90 days prior to the commencement of the AGM.

### Scholarship Applications

NSNU offers various union scholarships. Annual \$1,500 awards include the 'Dolores Chase Scholarship', 'Nursing Degree or Diploma Scholarship', 'Certificate Program Scholarship' as well as the \$1,000 'Elizabeth and Brittany MacPherson Scholarship'. For family members of NSNU nurses there are two (2) 'NSNU Family Scholarships' of \$1,000 each. There is also a CFNU scholarship for \$1,000.

Scholarship Applications can be found on the NSNU website at [nsnu.ca](http://nsnu.ca). The deadline for submissions is Wednesday, March 24th.

All forms can be found on the Members' Only page.



# Nurses “Sick and Tired” of Employers Denying Them PPE, Violating Provincial Deals

Source: CFNU, October 2020

*As cases of COVID-19 ramp up across Canada and around the globe, it is more important than ever that nurses and other health care workers adhere to safety protocols, especially their use of personal protective equipment. Recent reports indicate that as the international demand for PPE grows, employers continue to safeguard supplies, potentially putting workers and patients in further jeopardy.*

*A recent report from Quebec indicated that nearly 25% of infections were health care workers. In Nova Scotia, we have a low rate of the disease but a greater risk of complacency. We cannot let our guard down.*

*NSNU's long term care survey from this past summer clearly highlighted a fear amongst nurses in that sector when it comes to access to PPE and other requirements.*



**A**s consensus grows that COVID-19 is airborne, some employers across Canada are still refusing to provide health workers the personal protective equipment they need to prevent infection, in violation of provincial deals. This is according to reports received by the Canadian Federation of Nurses Unions from unions in most provinces.

“I am shocked to hear reports from across the country that health employers are still refusing workers’ requests for the equipment they need to stay safe,” said Linda Silas, president of the CFNU. “This is a violation of provincial PPE agreements and is inexcusable as more and more people accept that COVID 19 is airborne.”

Several provincial governments have signed agreements with their respective health care unions, enshrining workers’ rights to be provided with the minimum level of protection they request, based on their own assessment of the risk they face when caring for a patient. Currently all provinces, except for **Nova Scotia** and Quebec, have such agreements.



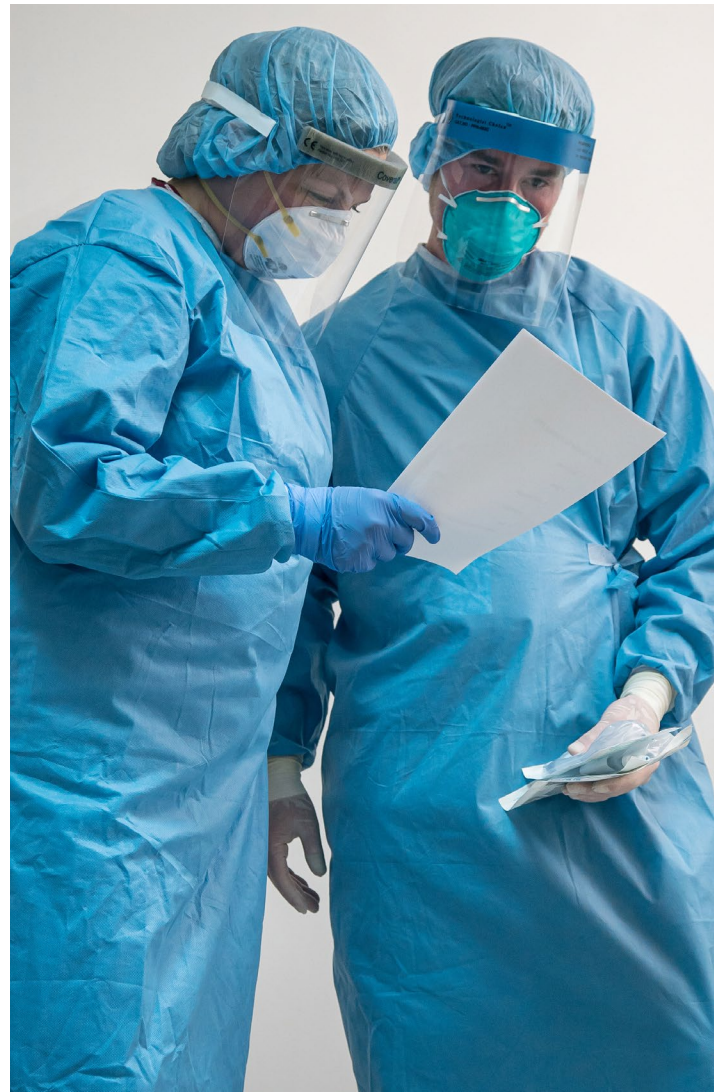
"Employers have no right to violate provincial PPE agreements and risk the lives of health care workers. Provincial governments need to rapidly enforce agreements when workers report employers are violating their rights," said Silas.

Health care unions in most provinces have received reports from frontline members citing a range of issues accessing PPE, especially fit-tested N95 respirators, to prevent airborne infection. These issues include: absence or limited PPE supply; lack of training and proper respirator fitting (rendering them less effective); coercion to not use certain PPE; and employers' outright refusing to provide PPE requested by workers. The most common concern employers have cited to unions is supply.

"We know supply remains a concern, but it is indefensible for employers to risk the lives of frontline workers by rationing PPE. We need to work together to ensure the availability of N95s and offer higher levels of approved protection," said Silas.

Earlier this fall, the CFNU released a report, *A Time of Fear*, revealing Canada's systemic failure to protect health workers from COVID-19. Health workers make up about 20 per cent of Canada's infections and 24 per cent of Quebec's.

"Nurses and health care workers have been asking for 10 months now simply to have the basic PPE we need to stay safe. We are sick and tired of excuses. Being a health care worker during a pandemic should not be a death sentence," concluded Silas.



## PPE Preparedness

- Employers have a legislated responsibility to protect the health and safety of health care workers, and should be prepared to provide appropriate PPE, including fit-tested N95 respirators.
- Nurses have a responsibility to use PPE appropriately, ensuring that those caring for patients, residents and clients have access to the level of PPE they require. Protecting all nurses protects those in their care.
- Based on professional and clinical judgement, nurses conduct point of care risk assessments to determine the appropriate level of PPE required when providing care. Employers must respect this clinical judgement.
- If your employer disregards your assessment, or you feel your workplace is unprepared, reach out to your NSNU labour relations representative for consultation and assistance.





## Member Login Issues

### *Troubleshooting Tips That Might Help*

How many usernames and passwords do you have? Likely, far too many to count or remember off hand. One for e-banking, Netflix, Facebook, online shopping accounts, your cell, NSCN, email and computer logins! The list goes on. Then there are your union credentials.

The NSNU has both an App (MyNSNU) and an extranet (Members Only website) that require a unique login so members can securely access online voting, surveys, and other content intended for your-eyes-only. One username and password to access both platforms may not seem like a lot to recall, but in a world chockablock with codes, it can be overwhelming.

During a recent online vote, NSNU recognized similar patterns or stumbling blocks that seem to prohibit some members from having a stress-free login experience. To assist members in accessing the App and the extranet with greater ease, we've compiled the following checklist.

#### ***Troubleshooting Tips to Consider:***

- First time attempting to use the NSNU App or Members Only website? New members or members who have changed their personal information (email, names, etc.) should contact the Nurses' Union to have their info added or updated in database. This info is critical to success.
- Is the event time sensitive? If you are trying to vote or register for an event, test your credentials or login well in advance of the event so your participation is assured.
- What information are you seeking – registration, voting, collective agreements, educational materials, contract, content on Members' site, App, etc. Some information may not require a login.
- Are you trying to contact the NSNU ([nsnu.ca](http://nsnu.ca)) or NSCN ([www.nscn.ca](http://www.nscn.ca))?
- What problem is occurring – error message, etc. If you can, send a screenshot of the error message to NSNU for staff to review.
- Do you know your username? It's usually your last name followed by your initials (i.e. smithja). Your username appears in your password reset email, and can also be given to you by an NSNU staff member.
- Reset password – If staff send you a password reset, the token emailed to you will expire or time out after 12 hours and will have to be sent again.
- Forgot password? You can follow the reset flow without having to contact NSNU at a time that's convenient for you. Follow this link: [www.nsnu.ca/user/password](http://www.nsnu.ca/user/password).
- Captchas (a series of photos or misshapen numbers and letters) provide an extra layer of validation and security, but they can also be cumbersome. The NSNU

has modified that process and added written online instructions to better ensure a successful login.

- If there is an event on the Members Only site (registration, vote, survey), you should completely log-out of the website if you've remained logged in for an extended period, then sign back in to reset the activity.
- Clearing your cache (pronounced "cash"), aka the space in your computer's hard drive and in RAM memory where your browser saves copies of previously visited web pages, can improve your computer's functionality. Deleting the cache data helps to troubleshoot, decreases the loading time of web pages and improves the overall performance of your computer. Search online for instructions on clearing your cache.
- After five failed website login attempts you will receive an error message indicating that you have been blocked – another security feature. Try again later. We are working to reduce the wait time and will provide that information to members when it is available.
- Take caution when typing or inputting usernames and passwords. The login is no longer case sensitive which should help avoid missteps.
- No resolution – NSNU staff will refer the matter to our IT consultants. It may take anywhere from a few hours to a few days to resolve the problem. Another great reason to test your credentials well in advance of a vote, registration or survey.

We want members to have a positive user experience when visiting the Members Only website or MyNSNU App. Please contact us if you have any comments or suggestions regarding this article – email us at [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca).



## NSNU Online and App Voting

The NSNU is pleased to offer online and app assistance to locals who wish to conduct polls, surveys and voting. This is a convenient option for locals in a time when meeting in person, while also providing appropriate physical distancing, can be difficult to achieve.

Locals wishing to use the online tools are asked to contact the NSNU ([nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)) to establish a timeframe for the use of the modules (starting and ending during NSNU business hours), provide questionnaires and methodology, and grouping specifics. Once we determine which process (MyNSNU App or Members Only website) is best for the job at hand, we can set the wheels in motion.

Staff are happy to input the information, monitor the status of the poll, make modifications with appropriate notice, and provide locals with their results. We can also help promote your activity if you need help doing so.

VON Colchester recently held a single-question poll which provided them with the information they needed to glean from nurses in their local.



## BC Nurse's Book is Both a Cautionary Tale and Prescription for Action on Mental Injury

T.C. Randall has written a remarkable book. The first-time BC author, writing under a pseudonym, worked as an emergency room nurse for 14 years before being diagnosed with post-traumatic stress disorder two years ago. *The View From the Wrong Side of the Day* was published to further Randall's self-declared crusade to educate health-care workers about the dangers of emotional trauma in the workplace.

Randall is no longer employed as nurse. The book describes in detail the author's unsuccessful attempts to return to non-ER work after being diagnosed with PTSD, where they discover that working on the wards would still trigger the acute anxiety that drove them out of the work they loved, and where every Code Blue felt like "gunfire in the distance."

The writing process likely served a therapeutic purpose for Randall, but all readers will benefit from their story. The book is a brutally honest – and often humorous – first-hand account of Randall's journey. It begins with their decision to enter nursing as a second career and experiences as a nursing student. It then moves on to an account of the author's relationship with the profession and the process of self-discovery that led them to the emergency room.

ER nurses will appreciate Randall's description of the unique challenges and rewards of this stressful work. Nurses working outside the ER will gain fresh insights into delivering

care in an ER from a colleague who also happens to be a very talented writer.

The author goes to great lengths to conceal their exact geographic location and health employer and uses made-up acronyms for the names of the agencies they dealt with during their career. But any nurse who reads the book would almost immediately know where, when and with whom Randall worked.

The book is also a cautionary tale. Anyone considering a career in nursing – especially ER nursing – should read this book first. Randall cites the metaphor of the frog that dies in a pot of slowly heated water to describe how nurses are affected by mental injury. There is a normalization of stress before the breaking point is reached – a breaking point that, despite the warning signs, is often difficult to avoid because of a nurse's obligations to their patients and co-workers – but

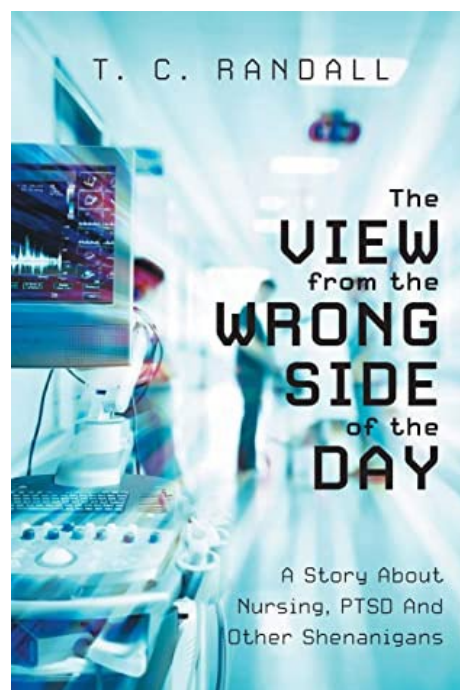
when it comes it is often sudden and totally debilitating.

This book is a must read for all frontline health-care workers. It will also speak to anyone working in any high-risk profession or who has a family member working in one. The serious subject matter is leavened by Randall's accessible prose and mordant humour. Despite their injury and diagnosis, Randall remains a nurse with an opinion and an engaged attitude. The telling of their own story serves as an ideal vehicle to demystify and deromanticize the provision of acute care, critique health-care management and explain nurses' relationship to other health-care workers (as well as ER nurses' relationship to other nurses).

An entire chapter is devoted to a detailed account of Randall's efforts to receive workers' compensation, and the tortuous process they faced when attempting to file a claim in the wake of a breakdown that sent them off the job and into the grip of depression.

The book is a passionate appeal for a profound shift in the way we all regard and treat workplace stress and mental injury and illness. Randall's is one more in the growing chorus of voices calling for mental health safety to be given the same level of consideration as physical safety. Otherwise, they argue, nothing will change.

Randall's own experience with mental injury and years on the ER frontline means they have no shortage of ideas for moving us the right direction. These include providing mandatory debriefing sessions after every critical incident, expanding staff education on appropriate stress management and rotating nurses out of critical care areas using job sharing programs with nurses in other sectors.



*The View From the Wrong Side of the Day* can be ordered through Friesen Press.



# Social Media Dilemma

## Strom vs Saskatchewan Registered Nurses' Association

On October 6, 2020, the Saskatchewan Court of Appeal issued its decision in the appeal of Carolyn Strom. Ms. Strom is a Registered Nurse who was disciplined by the Saskatchewan Registered Nurses' Association – the nursing regulator in Saskatchewan – for comments she made on social media. The Court of Appeal set aside the discipline. The case dealt with questions about professional regulation in relation to a nurse's private life, social media, and the guarantee of freedom of expression under s. 2(b) of the Canadian Charter of Rights and Freedoms.

At the time of the events giving rise to the discipline, Ms. Strom lived and practiced nursing in Prince Albert, Saskatchewan. In January 2015, her grandfather died at St. Joseph's Health Centre, a nursing home in a town about 350km away.

In February 2015, Ms. Strom, who was on maternity leave, posted comments on her Facebook page about the care her grandfather had received at the nursing home. She included a link to an article about end-of-life care. She then used Twitter to tweet the posts to Saskatchewan's Minister of Health and the Saskatchewan Opposition Leader.

A Registered Nurse who worked at St. Joseph's reported Ms. Strom's posts to the RN Association. A discipline committee of the Association found Ms. Strom guilty of professional misconduct. The discipline committee gave her a reprimand, a fine of \$1,000, and ordered Ms. Strom to pay costs of \$25,000. It also ordered her to review the standards of practice, review and complete training on the code of ethics, and write two self-reflective essays.

Ms. Strom successfully appealed the decision. The Court of Appeal found that the discipline committee was wrong to find Ms. Strom guilty of professional misconduct.

First, the Court found that the posts did not constitute professional misconduct, when the tone, content and purpose of the post as a whole were properly taken into account.

Second, the Court found that the decision unjustifiably infringed Ms. Strom's right to freedom of expression under the Charter. In its analysis, the Court emphasized



the need for proportionality between the goals of a regulator and a nurse's interest in privacy and personal autonomy. The Court summarized the issue this way:

Nurses, doctors, lawyers and other professionals are also sisters and brothers, and sons and daughters. They are dancers and athletes, coaches and bloggers, and community and political volunteers. They communicate with friends and others on social media. They have voices in all of these roles. The professional bargain does not require that they fall silent. It does, however, allow the regulator to impose limits. The question as to whether it has imposed excessive limits is the proportionality question.

In Ms. Strom's case, the Court found the regulator's actions were not proportional and had a serious impact on Ms. Strom's freedom of expression. In reaching its decision, the Court took into account the following factors:

- Ms. Strom posted as a granddaughter who had lost one grandparent and was concerned for the future of another.
- Although she identified as a nurse and an advocate, she was not and did not purport to be carrying out her duties as a nurse.

- She was on maternity leave and spoke to the quality of care provided by a distant facility with which she had no professional relationship.
- The private aspect of the posts was made clear and was significant.
- The posts were not shown to be false or exaggerated and, on the face of it, would appear to be balanced.

The Court also found that the role of nurses in raising concerns with the healthcare system, and long-term care in particular, was of critical public importance:

Criticism of the healthcare system is manifestly in the public interest. Such criticism, even by those delivering those services, does not necessarily undermine public confidence in healthcare workers or the healthcare system. Indeed, it can enhance confidence by demonstrating that those with the greatest knowledge of this massive and opaque system, and who have the ability to effect change, are both prepared and permitted to speak and pursue positive change. In any event, the fact that public confidence in aspects of the healthcare system may suffer as a result of fair criticism can itself result in positive change. Such is the messy business of democracy.

The Saskatchewan Court of Appeal's conclusions do not mean that nurses can never be disciplined by their regulator for comments they make online. The outcome will depend on the facts in each case. The decision, however, should send an important message to regulators. When they receive complaints about a nurse's statements or conduct outside of work, regulators should proceed with caution and ensure they adequately consider the nurse's interest in privacy, autonomy and freedom of expression.



Carolyn Strom

HARASSMENT & VIOLENCE AT WORK SURVEY

# RESPECT *at work*

## National Survey on Harassment and Violence at Work in Canada

Canada's unions have launched a new national survey on workplace violence and harassment, encouraging members, activists, and allies to participate in the survey by sharing your thoughts on these issues.

The survey, which is being conducted by the Canadian Labour Congress (CLC) in collaboration with researchers at Western University and the University of Toronto, is the first-ever survey on violence and sexual harassment in the workplace with a national reach in Canada.

All workers of every gender, whether or not you have experienced or witnessed workplace violence or harassment, are encouraged to participate in the survey in order to provide Canada's labour movement with a clearer picture of workers' perceptions of and experiences with violence and harassment in workplaces across the country.

The results of the survey research will also inform policy and education initiatives on workplace violence and sexual harassment for the CLC and its affiliates, of which NSNU is one.

The National Survey on Harassment and Violence at Work in Canada is open to all workers 18 years of age or older and takes approximately 10 to 30 minutes to complete. All respondents will remain anonymous, and you are welcome to share the survey with your friends, family, colleagues, and social networks.

To take the National Survey on Harassment and Violence at Work in Canada, go to [tinyurl.com/y3obtqky](https://tinyurl.com/y3obtqky)

# IN THE NEWS

## Some Alberta Nurses Worry Proposed Social Media Policy Would Muzzle Health Advocacy and Criticism

Global News | October 2020

The United Nurses of Alberta (UNA) has concerns with proposed rules its governing college has drafted regarding social media standards for nurses.

The College and Association of Registered Nurses of Alberta (CARNA) says one of its jobs — under the Health Professions Act (HPA) — is to produce standards of practice to help members in different work situations.

“CARNA supports the HPA process that invites regulated members, stakeholders such as AHS, Covenant Health, unions and the public to provide their insight on the drafts,” Kay explained in an email to Global News.

But the union, which represents more than 30,000 registered nurses, registered psychiatric nurses and allied workers in Alberta, has raised several issues with the proposed social media standards.

UNA strongly opposes them and is worried about their impacts on nurses’ freedom of speech and the ability to advocate for good health policy - arguing the new standards are “an intrusive overreach.”

The draft policy reads, in part, that when using social media during online conduct, the member must:

- Post only professional and ethical content;
- Not post opinions, comments or information that could harm a client, person, employer, another health professional, colleague or organization;
- Review past online presence and remove any posts that could be considered unprofessional, controversial or problematic;
- Not post opinions, comments or information that could harm their reputation or that of a member, the college or the profession;
- Direct any complaints about a client, person, employer, another health colleague, organization,

regulated member, the regulatory college or the profession through appropriate channels;

- Cease any online activity and remove any online content that could negatively impact the public’s perception of or trust in the regulated member or the profession.

The UNA says the social media rules would likely “place a chill on the willingness of nurses to lend their knowledge and experience to be advocates within public discourse on policies surrounding health and the socioeconomic determinants of health [that are] not in the public interest.”

“The draft social media standards conflict with the right of nurses to freedom of expression, a right that was recently affirmed by the courts in the Strom decision,” UNA said.

A few weeks after her grandfather’s death in 2015, Carolyn Strom, a registered nurse from Prince Albert, Sask., wrote on Facebook that some unnamed staff at his long-term care facility in Macklin, Sask., were not up to speed on delivering end-of-life care. Strom made the post as a private citizen but the Saskatchewan Registered Nurses Association found her guilty of professional misconduct.

However, on Oct. 6, 2020, Saskatchewan’s highest court overruled the disciplinary decision and the \$26,000 fine levied against Strom. The judge ruled that criticism of the health care system is in the public interest and when it comes from frontline workers it can bring positive change.

In a letter to CARNA, the union shared its “serious concerns with the draft standards,” saying they “inappropriately extend into the personal lives of nurses to restrict their freedom of expression” and would “severely restrict the ability of nurses to fulfill their duty to advocate for quality practice environments and meet the professional obligations set out in the foundational practice standard indicators and CNA code of ethics.”

UNA suggests that the social media standards are unnecessary given that unprofessional conduct can already be addressed through existing practice standards.

“Given that nurses have a professional obligation to question health policy, advocate for improvements to practice environments and have a charter right to express themselves, barriers to these must be carefully avoided.”





# COVID-19 is Changing the Way Men and Women Split the Risk in the Workplace

CBC News | October 12, 2020

In Canada, the most dangerous occupations — from logging and fishing to farming and construction — have always been, and remain, male-dominated.

Female roofers, truck drivers, ironworkers and miners exist, of course, but they're still rare. Women are over-represented in indoor jobs that tend to be considerably safer.

In 2018 — the last year for which we have full statistics — 1,027 Canadians died on the job. All but 30 of them were men.

But thanks to a pandemic that has made many female-dominated jobs and professions much more dangerous, the outdoors is suddenly the safer place to work.

Service-oriented trades that tend to employ a lot of women — such as health care, education and retail — also involve a lot of interaction with the public.

That means a heightened risk of exposure to the virus that causes COVID-19. That heightened risk may be showing up in the caseload statistics now.

## Unequal threats

In every age demographic but one (60 to 69 years), the number of women being diagnosed with COVID-19 slightly exceeds the number of male victims.

The demographic with the largest number of COVID diagnoses in Canada is women aged 20-29 — 15,177 cases, or 51.3 per cent of the total. And although the disease is generally thought to be more severe in men, more than half of those under the age of 40 being hospitalized with COVID-19 in Canada are women.

But it's still not clear — and it may never be — how many of those infections came from work.

No field of work is more exposed to the risk of infection than the health care sector, which is about 80 per cent female.

Women make up over half of all family doctors and general practitioners and 90 per cent of all nurses in Canada. Six out of every ten pharmacists, seven of ten psychologists and eight out of ten physiotherapists in Canada are women.

Not only is the health care sector dominated by women, it's also the only field of work where women run a higher risk of workplace injury than their male colleagues, according to the federal government's Canadian Centre for Occupational Health and Safety.

## Health care workers at risk

A study released by the Canadian Federation of Nurses' Unions (CFNU) revealed that 13,000 workplace injury

claims relating to COVID-19 exposure have been filed already by Canadian health care workers.

“Nationally, health care workers comprise almost 20 per cent of all COVID-19 infections in Canada, about double the global health care worker infection rate,” says the report.

The report describes what it calls a series of over-confident and erroneous assumptions by senior medical staff and administrators that led to health care workers lower down the chain being left under-protected.

The irony is obvious — especially when you recall that Linda Silas, president of the CFNU, questioned early on the assumption being made by many health officials that COVID-19 spreads through droplets but not aerosolized particles.

“When we do not know, we have to go for the best precautions for workers,” she said in mid-February. It would be months later before all health care workers began to receive the personal protective equipment (PPE) they needed.

### **Who gets defined as a health worker?**

Canada’s official count of health care workers who have died of the novel coronavirus stands at 12, although unions place the number at 16.

COVID fatality rates for health workers might be higher “if we had a better definition of who they are,” said Ivy Bourgeault, a research chair in Gender, Work and Health Human Resources at the University of Ottawa’s Telfer School of Management.







## 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).

## Update on 2021 Nurse Planners

The 2021 Nurse Planners will be here soon. However, due to pandemic-related delays, the planners will arrive later than usual. The staff at Efficom, the Quebec company that produces the Nurse Planner, are working diligently to ensure the project is shipped soon, and we appreciate their efforts during these difficult times to develop a product for NSNU members to put to use.

Once the NSNU has received the Nurse Planners, they will be sent to each local for distribution.

In the meantime, here's a sneak peak at the cover of the 2021 Nurse Planner, which celebrates nurses and the important roles they play in all healthcare settings.



Nova Scotia  
**Nurses' Union**





## Get Holiday-Ready with NSNU Merchandise

The leaves are gone. It's getting darker earlier. There's a nip in the air.

It must be time for the holidays.

The NSNU is here for you with gifts and apparel for the NSNU activist in your life – and for yourself! Warm up with branded fleece blankets, warm socks, and barrel mugs perfect for that long-awaited cup of hot cocoa. Looking for something else? The NSNU has all kinds of options that work well as gifts and stocking stuffers, including keychains, sweatshirts, jackets, pens, lanyards, ballcaps and more.

A sample of our merchandise is available to view online at [nsnu.ca/merchandise](https://nsnu.ca/merchandise). To see more, make an appointment to view our inventory in-person.

Please note, the following COVID-19 guidelines have been put in place by the NSNU for the protection of members and staff when dealing with merchandise requests and sales:

- Members wishing to shop at the NSNU Boutique at 150 Garland Avenue in Burnside must do so by appointment only – Bookings can be made by contacting [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca)
- In person shopping will be restricted to one member/ one staff in the NSNU Boutique at a time
- All members and staff will be required to wear a mask while on the NSNU premises for a merchandise transaction
- Cash or cheque only for in-person shopping – NSNU does not have debit or credit services on site
- Members requesting that merchandise be sorted and mailed to their local by NSNU staff must understand that return policies will vary depending on the purchase (broken item, sizing issues) and some shipping fees may be applied depending on the size of the order
- Locals will be invoiced for merchandise purchases, which must be paid by cheque or by cash

The NSNU is happy to assist members in obtaining NSNU branded items. However, some requests may take longer to address due to COVID-19 restrictions and demands on staff. Clothing that has been tried on or returned for whatever reason will be held back from inventory for a period of 48 hours in accordance with provincial retail guidelines.



## Thank You 89.9 The Wave!

A special shout out to NSNU's executive director, Chris Albrecht for contacting 89.9 The Wave on October 1st on behalf of our thirsty and caffeine-addicted staff – a great way to ring in a new month.

The gesture brought hot joe and donuts to the NSNU office in Burnside where staff happily greeted the radio station's own Jamie Patterson as he arrived in the coffee cruiser.

What better way to celebrate International Coffee Day than dropping off java to their hardworking, wonderful, and appreciative listeners. Thanks for selecting the NSNU, 89.9. We had a welcomed break; a perfect acknowledgement of ICD 2020!

## NSNU Masks Are Comfy and Cool

The Nova Scotia Nurses' Union was happy to provide members with a personal, non-medical face mask back in September. So far, they seem to be a hit. Nurses are finding them soft, comfortable and cool (as in they don't make you sweat profusely).

Masks were mailed or delivered in person to facilities with local executive distributing them at their work sites. NSNU staff have been hard at work trying to capture info on members who did not receive one - new hires, nurses returning from LOA and LTD, and others who may have been missed.

Once we have reconciled our lists, and all active members have received a mask, we will be selling them

to locals, individual members and friends of the NSNU who wish to purchase one at just \$5.00 per.

Allison Wheaton, an RN at Windsor Elms, passed along a big thank you from her local for the "awesome NSNU face mask," saying they're very comfortable. Thanks for the great endorsement Allison. That's the general sentiment amongst members.

We're glad you like them. If your local wishes to purchase more, please send a request to [nsnu.office@nsnu.ca](mailto:nsnu.office@nsnu.ca). NSNU accepts cheques and cash only.

Remember – most superheroes wear masks.



Allison Wheaton perfectly pairs her mask with pearls



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**Mask On**  
**Wash Your Hands**  
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**Keep Your Distance**  
**Get the Shot**

[nsnu.ca/flu](https://nsnu.ca/flu)



**Janet Hazelton**



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150 Garland Avenue, Dartmouth, NS B3B 0A7

