MINUTES

48th ANNUAL GENERAL MEETING, APRIL 16-17, 2025

Wednesday, April 16, 2025

President Janet Hazelton brought the meeting to order at 8:27 am and welcomed NSNU members, students, and special guests to the 48th Annual General Meeting of the Nova Scotia Nurses' Union, themed *Dream, Dare, Deliver*. She acknowledged we were in Mi'kma'ki, the traditional ancestral territory of the Mi'kmaq people and offered gratitude to those ancestors of African descent. She then introduced Brian Knockwood, singer and knowledge keeper from the Indian Brook First Nation, to lead the assembly in song and a land acknowledgement. The assembly stood for the playing of our National Anthem.

Moment of Silence

President Hazelton asked the assembly to observe a moment of silence for nurses who passed away since the last annual general meeting and announced a $500 donation will be made in their memory, this year to Feed Nova Scotia.

Introduction of Board, Staff and Guest Speakers

President Hazelton noted the NSNU Board of Directors was introduced the day prior and introduced staff, and proceeded to introduce Jillian Houlihan from Pink Larkin as event Parliamentarian noting Katrin MacPhee from Pink Larkin was also in attendance.

She welcomed fifteen nursing students from Dalhousie University, including the Yarmouth campus, St. F.X. University and several NSCC campuses. She introduced family members in attendance as well as 60 first-time attendees.

CFNU President Linda Silas spoke, saying counterparts are all extremely busy hosting their own meetings or have committed to attending AGMs hosted by other member organizations celebrating their 50th anniversary this year. When other counterpart presidents send regrets, they donate to the CFNU Solidarity Fund on each other's behalf.

Janet Hazelton welcomed the Minister of Health and Wellness, the Honourable Michelle Thompson, to bring greetings.

Guest Speaker

Nova Scotia Minister of Health and Wellness, Michelle Thompson

Minister Thompson, an RN, started her career in long term care. She said it is a privilege to be the Health Minister and that the Premier sends his regards. She got into politics because she was concerned about healthcare and has always been politically aware. It is necessary for nurses to be politically engaged, to have insight, and understand how to advocate for themselves, patients and the system as a whole.

The NSNU AGM theme of Dream, Dare, Deliver is a mantra the government can get behind. The Minister said they have worked hard through investment and listening to healthcare workers. They built the Action for Health plan which has matured over the years, and she encouraged people to review it as it indicates how well the system is functioning. It's important and helpful for people working at the front lines to see if it reflects their experience.

There are and continue to be investments in infrastructure, training, wages, and scopes of practice.

She thanked the assembly for what they do and is grateful for the relationship with NSNU. The government wants a healthcare system with better work environments, where patients get the care they need.

She thanked the assembly for having her.

Q & A with the Minister of Health and Wellness, The Honourable Michelle Thompson.

Question 1

Violence continues to be a major concern for nurses in Nova Scotia. Serious incidents happen on a regular basis, and a recent survey with NSNU nurses highlighted that workplace violence is widespread. More than half of nurses (55%) reported experiencing an incident of workplace violence in the past year, with 32% indicating that they do not report, because they feel reporting is futile. Verbal abuse, physical abuse, and bullying were the top three issues nurses reported, primarily from patients and their families. We believe the safety innovation fund that was negotiated as part of our collective agreement has been key in bringing the importance of funding for violence prevention forward. Given the success of the safety innovation fund, will your government commit to providing additional funds on an ongoing basis? Could similar funds be made available to the healthcare sector at large?

Response – Violence is a significant issue across the healthcare system coming from patients, families and sometimes visitors. They are committed to changing the experience of people working in healthcare. The innovation fund is an important part of violence prevention. Training must take place across the sector to equip people with tools. There are tools needed to detect and recognize danger, and de-escalation skills and nonviolence crisis intervention skills. In long term care, a gentle persuasion approach and bathing without a battle, are required.

NS Health has made investments in security and are committed to changing the culture of violence but need to work on legislation. Collectively, we need to understand where the barriers are, including law allowing to search and seize. When emotions are running high and people are scared or angry, it heightens the response. Nurses to have safety measures in place with legislation. Minister Thompson told the assembly if someone hurts you, report it. The ability to track these incidents enables government to understand the frequency of these occurrences which inform policy and funding.

President Hazelton added that in our last collective agreement, the provincial government provided $7,000,000 for violence prevention in acute care and would like to see some allocated for long term care and VON. She believes this government is serious in dealing with violence in the healthcare system.
President Hazelton added that NSNU encourages nurses to charge patients. The Crown should decide if they are going to proceed; there shouldn't be a choice.

Question 2:

Understaffing and overcapacity are commonplace throughout the healthcare system with one in five nurses reporting it happens on a regular basis. Despite efforts to add more nurses to the system, these issues remain. Requiring a specific number of nurses on each unit through Nursing Hours of Care per Patient Day is a step in the right direction to ensure we know the right number of nurses we need to provide safe care – but how can we ensure enough nurses are actually available? With the internationally educated nurses expedited recruitment stream paused, what is your government's next most important tool to ensure we hang on to the nurses we have and continue to recruit more?

Response – Overcapacity is a challenge. Occupancy in acute and long-term care is at 100%. During respiratory season, there can be an acute care occupancy rate of 130% or more. This nursing shortage was predicted many years ago; we knew the population would age. The two biggest hurdles to cross are workforce and beds. Government is trying to build long term care beds. The alternate level of care patients in hospital is significant. Ideally, hospitals should be running at 85% capacity with an opportunity for people to be admitted and discharged. Overcapacity has predominantly occurred in emergency rooms which leads to other issues. By building the long-term care sector, they alleviated some of the pressures in emerg. They are looking at the Care Coordination Center (C3) in the city where they can see every hospital bed in the province. *Safer F* is a program to mobilize getting people out of hospitals more quickly, which has been effective. C3 can see all patients ready for discharge and why they are not getting out which has saved 29,000 bed days.

Redevelopment is taking place in hospitals across the province such as the building of long-term care, trying to support community-based care and looking at prevention frailty indexes. The new transition to care facility in the Central zone in West Bedford will help in achieving this goal.

Regarding the workforce, they are expanding seats and nurse mentorship programs, changing scopes of practice, adding more nurse prescribers and nurse practitioners particularly in long term care. The infrastructure, recruitment and retaining initiatives show value in keeping people in the system longer.

Minister Thompson took a question from the floor. She was asked what the plan is to protect community nurses, especially in rural areas where there may not be adequate cell phone service, with a slow response time for RCMP.

She responded by saying if you feel unsafe, it's your right to leave but chart the circumstances. The province is working on cell phone tower coverage and policing. If in a

dangerous situation or threatened, the Minister reiterated there must be boundaries in place with that individual or family.

Question 3:

Additional Questions for the Minister

This question is relevant to long-term care, but it also fits within the Department of Health and Wellness. Many of our nurses in long-term care are apprehensive about the push to allow CCAs to administer medications in our facilities. They have concerns about resident safety, workload, interpersonal relations, and liability. The Department of Seniors and Long-term Care has committed to providing information and evidence to justify this change in responsibilities from regulated to unregulated providers, but we have yet to hear anything, amplifying the uncertainty nurses are feeling. As a former long-term care administrator, do you believe these concerns are justified? Should nurses be concerned that similar changes will be implemented in other sectors?

Response – There will be three sites where some CCAs will be trained to explore whether there is potential for designated CCAs to provide medications to long term care residents. Long term care is working with the NS College of Nurses regarding liability. Minister Thompson believes it must be explored and understood. Just because there is a pilot doesn't mean it's going ahead. We need to understand what is in the best interest of residents and of the workforce.

When the scope of practice changed for licensed practical nurses, people were afraid during that time. No one has the expertise on seniors and sees them age in place like those working in long term care; this sector has incredible expertise. She believes in that sector's ability to decide if this is the right way forward. If we reflect on our own careers, duties crept in requiring education and mentorship, and questions about what was safe and what wasn't.

President Hazelton added the Deputy met with 20 nurses involved in the pilot areas who don't think it's safe. Minister Thompson added there are patients suitable for different levels of care. There is an incredible amount of pressure on LPNs and RNs in long term care. Not all CCAs will be giving medication, and not all residents will be able to be under the care of the CCA. She believes in the process but understands the reluctance. She thinks there needs to be a willingness to ask if there is benefit or risk. The exploration of this pilot will be tightly controlled and there will be opportunities to understand the benefits and risks.

Question – Regarding the new 7-day admission system in long term care facilities. How is the government going to support and provide the resources because currently St. Vincents Nursing Home has two RNs, sometimes only one, covering 150 residents. On weekends, there is no physiotherapy, occupational therapy, dietitian, management, rec therapy. The pharmacy cuts them off Thursday at 6 pm. They must put all the medication in the Catalyst and hope they did everything right. They may have a palliative at the same time. What kind of supports and resources may go in place?

Response – Minister Thompson replied she doesn't know and that she would have to check with Minister Adams. She heard the Minister talk about 7-day admissions and that there is an

MOU process happening. She says 7-day admissions are important to move people into available beds and relieve overcapacity in emergency rooms and EHS. Minister Thompson said it's a complex question, but she will try to get some information on how that will work.

President Hazelton thanked Minister Thompson for addressing the assembly. Minister Thompson thanked the assembly.

Housekeeping

Vice-President Donna Gillis announced that for the first time, the NSNU has support-volunteers on site, members able to assist those who may feel prompted by our conversations and debates, asked them to stand and noted they are wearing red buttons. (Lisa Creed, Chanda MacDonald and Amanda Bateman). We also have a quiet zone designated for quiet reflection and personal space. She thanked AGM service providers and sponsors Pink Larkin, Burchell MacDougall and belairdirect for supporting the coffee breaks. She recognized the contributions from belairdirect: swag, a $100 gift card draw and the $1000 belairdirect Education Grant. She announced The Marguerite Centre and Hope House would receive the proceeds from the charity and 50/50 draws and encouraged the assembly to donate dignity products for the Colchester Food Bank.

She reminded everyone that they must abide by a code of respectful conduct.

She noted the following statistics for the record. NSNU has 128 locals and approximately 9000 members. New to the NSNU are Parkland Clayton Park and Shannex Transitional Health Services. There are 139 voting delegates and 86 observers counting the students and 1 spectator in attendance this year.

Donna Gillis announced the scrutineers for the annual meeting as follows: Mila Warren, Central Region; Brooke MacKinnon, Eastern Region; Jessica Gillis, Western Region; Brenda Mingo, Northern Region.

Approval of Agenda

The Agenda was presented and adopted as follows:

Motion #1 – Michelle Lowe – Tammy Jones
That the Agenda be approved and that the order of business be at the discretion of the Chair.
Motion carried.

Approval of Standing Rules

The Standing Rules were presented and adopted as follows:

Motion #2 Jackie Pratt – Chanda MacDonald
That the Standing Rules be adopted as circulated.
Motion carried.

Approval of Minutes

That the Minutes of the 2024 Annual General Meeting be approved. There being no errors or omissions, the following motion was presented:

Motion #3 Tammy Jones – Gerri Oakley
That the Minutes of the 2024 Annual General meeting be approved as posted.
Motion carried.

For Business Arising from the minutes, a member asked that the minutes from this year's meeting be put out ahead of time on either the members only website or a physical copy next year. It was pointed out that the minutes are indeed posted online well in advance of the Annual Meeting.

Introduction of Standing Committees

Vice-President Gillis made the formal Committee and Trustee Introductions as follows:

Finance Committee – Chair Jamie Stewart; Members-at-Large, Jessica Gillis, Brenda Mingo and Janet Hazelton; Staff Resource, Tom Daniels. The report starts on page 23 of the Annual Report.

LTD Trustee – The position is assigned to the NSNU president, Janet Hazelton. The report is on page 42.

NSHEPP Trustee – The position is assigned to the President, Janet Hazelton. The report will be available later this month, at which point it will be posted on the NSNU website.

AGM/Operations and Nominations Committee – Chair, Donna Gillis; Members-at-Large Lisa Creed and Brooke MacKinnon; Staff Advisor, Coleen Logan.

Education Committee – Chair, Tracy d'Entremont; Members-at-Large Misty Hynes, Robert Burrows; Staff Advisor, Chad O'Brien.

Constitution and Resolutions Committee – Chair, Anne Boutilier; Members-at-Large, Vicki Royles and Jayne Fryday. Staff Advisor, Chris Albrecht. The report is found on page 48.

Personnel Committee – Chair, Natalie Nymark; Board representatives, Jamie Stewart, Donna Gillis and Janet Hazelton; Staff Advisor, Chris Albrecht.

Guest Speaker

CFNU Greetings – Linda Silas, President

Linda Silas, President of the Canadian Federation of Nurses' Unions said CFNU has had a big year – they held a summit on nurse patient ratios, the first in North America. They brought in international and Canadian speakers, including President Hazelton. The summit included employers, government, policy experts, nurses' unions and associations. They looked at the

best strategies and the best practices determine how to implement the best nurse patient ratios across the country. They will release a report very soon.

They launched the campaign *All in for Public Health Care*. Our health care system is our security blanket. Federal election candidates need to talk about it and, if not, do not vote for them. CFNU has three asks, including patient safety, be it an Act, a charter, or guarantees. The Federal government gives billions of dollars to the provinces and territories, and we need guarantees that patients will get appropriate and timely care and safe nursing staffing. We need to make sure our seniors are treated properly. The Federal government must ask each province and territory what their health human resource plan is.

Regarding Pharmacare, President Silas said medically necessary prescriptions must be affordable. President Silas has been appointed on the expert committee for national Pharmacare.

CFNU completed a paper on internationally educated nurses with NSNU VP Donna Gillis on their advisory committee. They did a national survey on the challenges facing nursing students; that report will be presented at their convention. Nursing students are struggling financially and shouldn't be expected to work for free.

The Health Ministers' meeting was held in January in Halifax hosted by Minister Thompson. The Premiers' meeting also took place in Halifax. CNFU also launched a campaign on safe long-term care.

CFNU will soon release a report on addressing indigenous specific racism in nursing. At their June convention they will be doing the first national apology for nurses for the harms done to Indigenous people. The 1200 nurses attending the convention will take a pledge to do better. That convention takes place June 2-6 in Niagara Falls.

Linda Silas noted that Nova Scotia stepped up this year in occupational health and safety. Regarding safe staffing models, she noted it's important to have collect agreement language and even more important to follow through. She praised NSNU's negotiations for CBS and VON.

President Silas said she is proud of the work CFNU does for the 250,000 nurses across the country. However, she finds they are trapped in a cycle of trying to fix healthcare with rallies, best slogans, and swag. CFNU also hold summits with premiers and health ministers, write reports and conduct research.

They say there is a shortage of beds, but it is really a shortage of nurses. They're forcing nurses to focus on tasks below our scopes of practice. We ask for respect; they treat us like we are not a part of the healthcare system. Nova Scotia is a bit different as they have the ear of the minister and premier. President Hazelton and NSNU work hard so that they will listen. Linda Silas heard rumours of privatization of healthcare in Nova Scotia which is discouraging.

The Globe & Mail is doing a spread on violence in healthcare. The reporter asked President Silas to explain what violence in the healthcare system means. Why is this question still being asked? Are we part of the problem because we keep accepting it? The theme for the CFNU convention is to say NO more often. Linda encouraged everyone to join her in thinking it's ok to say no.

Nurses need to dream big and share our vision of what the nursing system should be. What is happening to patients and seniors is not ethical and we need to change it.

Anger must be a tool that energizes us; say no to poor working conditions, no to violence in the healthcare sector and go home if you need to. The key to change is not just one nurse saying no. The power of NO must be done as a collective, in unison.

CFNU is changing the way they do things. They've hired experts who will meet with all the member organization Boards before the convention at a leader's summit to discuss how we create a movement and commit as a group to move forward. There will be many surveys and questionnaires, focus groups and discussions. This will build a new style of solidarity, not a labour movement of 60 years ago. Change is scary but we must change. If we don't move together, they will continue dividing us. If we move together, they won't be able to silence or control us.

She asked the assembly to stand up and played the song Stand Up for the Champions.

President Hazelton thanked Linda Silas for her address and said we are going to start saying no.

President's Address

First VP Donna Gillis introduced Janet Hazelton's video address.

President Hazelton thanked everyone for coming and encouraged the assembly to network and have some fun. At the AGM, members will learn what the union is about, how much we care about and respect each other. NSNU is very focused on making sure your work life improves. We are proud of the work NSNU does and we want to hear from and listen to you.

NSNU has hired Heather Matthews in the role of Occupational Health and Safety Advisor. She is working with employers and other unions on issues around violence, health and safety. In the last contract seven million dollars was committed by the government to deal with violence, for metal detectors in emergency departments and consistent practices across the province when it comes to violence and other occupational health and safety issues.

NSNU achieved patient ratios in the last contract. Every nursing unit will have core nurse to patient ratios. Justin Hiltz will work with healthcare personnel across the province in hundreds of nursing units to better understand what this will look like.

There is a nursing shortage, and we must make sure the gaps are not filled by non-nurses. President Hazelton is concerned people will use the shortage as an excuse to transfer some

nursing tasks to others. For example, CCAs administering medication. NSNU and nurses in long term care believe medication administration should be provided by licensed staff. It is important as a union to push back when people try to solve the nursing shortage by taking tasks we do.

President Hazelton posed questions. Why are nurses expected to leave a facility after midnight without proper lighting? Why are community nurses still expected to go into homes that may or may not be safe? Why are we talking about non-licensed staff administering medications in long term care? For nurse practitioners, we need to make sure they don't work alone and that they work reasonable hours.

Work life balance is vital. New grads shouldn't wait five years to get time off in the summer. Nurses should have flexibility and be able to get time off. Working a 24-hour shift is not acceptable. Nurses need work-life balance to spend quality time with family and have vacations.

Optimistically, government is doing a lot with the LPN to RN, CCA to LPN and RN to NP transitions. RN prescribing which will be in the community, long term care and emerg, as well as internal travel nurses are exciting advances. However, if an initiative or program doesn't work, we need to back away; we can't be afraid to make mistakes and admit them. Around recruitment and retention, we are counting on nurses' input to help find solutions.

President Hazelton said, at some point all nurses work under extreme circumstances, i.e. short staffed, heavy workload, excessive overtime - but they persevere. There are more nurses working in this province than ever and there are more opportunities for nurses, such as professional practice and different clinics. Our new grads are not leaving the province in droves, 90% stay and work in our province. Nursing is a very rewarding job.

President Hazelton thanked the assembly, and said she is pleased to be their leader for another two years. It is a privilege to be a nurse and a bigger privilege to represent nurses. She added, she works with an incredible staff and Board of Directors that work hard for you.

Janet Hazelton took questions from the floor which addressed the following topics: Psychological injury; IENs lack of vacation time to visit their families abroad; Safety in Emergency Departments; Lack of Union process to support nurses going to trial; The importance of educating the public about violence against nurses and the possible consequences.

Guest Speaker

Caleb's Courage

President Hazelton welcomed Nicole Forgeron and Mike MacArthur, the parents of Caleb William MacArthur to tell the assembly about their superhero son who, on his third birthday was diagnosed with Stage IV high risk neuroblastoma. Since Caleb's passing, Nicole and Mike have been giving back to the community through their foundation, Caleb's Courage, which provides support for critically ill children in Cape Breton. They spoke of their family,

their son Caleb and his legacy. The assembly raised approximately $30,000 for Caleb's Courage.

VP of Finance Report

President Hazelton introduced the Finance Committee - Jamie Stewart, VP of Finance and Chair, Members-at-Large Jessica Gillis and Brenda Mingo and Staff Advisor, Tom Daniels.

Jamie Stewart noted his presentation will review the Union's 2024 financial statements, starting on page 23 of the Annual Report, and presented the proposed budgets for 2025 and 2026. He read the Finance Committee Report to the assembly.

President Hazelton asked if the assembly would prefer to go into the committee of the whole to discuss the dues increase at this time or tomorrow morning.

Motion #4 Geoff Bennett – Chanda MacDonald
That the assembly go into the committee of the whole.
Motion carried.

NSNU staff and nursing students left the room, the recording of the proceedings was stopped, and a discussion of the dues increase took place during the committee of the whole.

Motion #5 Chanda MacDonald – Amanda Figuary
That the assembly come out of committee of the whole
Motion carried.

Thursday, April 17, 2025

Constitution & Resolutions

Janet Hazelton called upon the Constitution and Resolutions Committee. Committee Chair, Anne Boutilier, came forward as did the Members-at-Large, Vicki Royles and Jayne Fryday and Staff Advisor, Chris Albrecht. The report is found on page 48 of the Annual Report. There is an action review of last year's resolutions starting on page 44.

Resolution #3 – Change in Union Dues
No Constitutional Amendment
Required – Simple Majority

Moved by Jamie Stewart
Seconded by Denise Elms

WHEREAS bi-weekly dues have remained the same for the last 14 years, and although the Union remains financially healthy, in the past 3 years we have had operating losses and have needed to use reserves to cover operating costs;

AND WHEREAS the discussion paper included in the Annual Report, recommends a change to the annual dues, so that revenue covers operating expenses to allow NSNU to maintain its service level and grow, ensuring sustainability for the future;

THEREFORE BE IT RESOLVED that Effective September 1, 2025, union dues will be changed from flat rate to 1.00% of gross salary.

Amendment to the Motion
Shawna MacFarlane – Melissa Humphrey
Amend the motion by substituting the words "union dues will be changed from flat rate to 1.00% of gross salary" to "union dues will increase by $3 for all members". It was clarified that all members will pay an additional $3 bi-weekly/per pay to the RN2 rate of 14 years ago until we make another decision. Adding $3 to the current structure which includes the NP paying the RN2 rate.

Motion to caucus.

VP Finance, Jamie Stewart spoke to the amendment. He stated that a $3 increase is not enough; we would need $5 to get to the proposed amount that we require. A discussion followed.

Amendment to the amendment
Jackie Pratt – Annette Leslie
That the NP pay $3 more than the RN2 rate.
Union dues will increase by $3 for all RNs and LPNs and NP union dues will be equal to their starting rate.
Amendment to the amendment is defeated.

Original amendment to the percentage – adding $3 to the current RN2 rate and LPN rate of 14 years ago, with the NPs paying RN2 rates plus $3, rather than the 1% increase.
Amendment is defeated.

Discussion on the original resolution of 1% increase resumed.

Benedicta Williams – Robin Morrison
Amendment
Effective September 1, 2025, union dues will be changed from the current flat rate to 1% of gross salary to be reassessed at the 2026 AGM and every two years after.
Amendment is carried
Motion carried as amended.

A member suggested the Finance Committee provide more information on what amount NSNU needs. What a flat rate for RNs, LPNs and NPs would look like, an equal number of percentages for next year. Another member suggested that the amendments are shown on the screen, so everyone knows what they're voting on.

Truth and Reconciliation Discussion Paper
St. Martha's member Terry O'Toole briefly discussed a paper distributed to the assembly which are the results of a months' long workshop in Antigonish at the Sisters of St Martha, a justice ministry they started several years ago. The paper discussed strategies and activities you can take to bring about the truth and reconciliation project of making a more harmonious relationship between all citizens and all governments and communities across this country.

Resolution #1 – 35 & Under Acute Care PNC
Constitutional Amendment
Required 2/3 of those who vote

Moved by Anthony Bernas
Seconded by Melissa Humphrey

WHEREAS we are seeing the influx of newer nurses by government and employers;

AND WHEREAS this demographic comes with its own unique set of challenges that needs to be reflected within the collective agreement;

AND WHEREAS our mission has been to include the newer and younger generation nurse, this member at large seat will allow this demographic to have their voices heard and be more involved with NSNU;

THERFORE BE IT RESOLVED that an NSNU nurse who is thirty-five (35) years of age or under OR who has less than 10 years nursing experience will represent a member at large seat on the PNC.

THEREFORE BE IT RESOLVED that the constitution be amended as follows:

10.02 (a) (iii) f. One member at large who is thirty-five (35) years of age or under OR who has less than ten (10) years of nursing experience employed by any Acute Care employer for which the Nurses' Union has representation rights; and,

10.02 (a) (iii) ~~f.~~ **g.** Any remaining Nurses' Union representatives on the Nursing Council shall be members at large and shall be employed by employers in the Acute Care Sector

Motion carried.

Resolution #2 – Flu Campaign
No Constitutional Amendment
Required Simple Majority

Moved by Jennifer Rossetti
Seconded by Anthony Bernas

WHEREAS the flu campaign is a public health initiative and the Nova Scotia Nurses Union (NSNU) is a member organization whose mandate is to uphold and protect the working conditions of nurses;

AND WHEREAS production of a television commercial can cost upwards of $40,000 and the cost of airtime on the major local television networks can be upwards of $20,000;

AND WHEREAS there are many free outlets available that promote the flu, COVID, and RSV vaccine campaigns, including social media, news interviews, and existing federal and provincial government campaigns;

THEREFORE IT BE RESOLVED that the NSNU will stop paying for the production and airtime of the flu commercial.

Financial Implications as provided by the Mover:
Savings between $20,000-60,000

As provided by NSNU:
The cost of this is broken down into production costs and airtime costs. Production costs can vary as noted below, as we often reuse the videos for typically 3-4 years to save money:

Production Costs

- Full agency support for video production – $16k to $20k including talent fees to nurses/extras (once every 2 to 4 years).
- In-house video production – $5k to $8k including talent fees to nurses/extras (once every 2 to 3 years).

Airtime Costs

- Broadcast media buys (digital and standard video combined) – $12 to $20k annually (varies based on airtime and broadcaster availability).

Motion carried

Guest Speaker

NSFL President Danny Cavanagh

Danny Cavanagh brought greetings on behalf of the Federation and stated nurses are the true healthcare heroes. He thanked NSNU members on the NSFL executive – Janet Hazelton, Glenda Sabine and Donna Gillis, who is also the Chair of the Women's Committee.

He encouraged the assembly to follow NSFL on social media and its website to see what issues they are addressing. Workplace violence is high on the agenda. He encouraged the assembly to send letters through their website to elected officials to tell them violence is not part of the job.

Election day is an opportunity to shape the future of healthcare in this country. Nurses are at the forefront of this crucial moment and their role as workers, engaged citizens and voters is more vital than ever. NSFL is actively campaigning on the national Pharmacare program and union workers need to support the party that champions public health care.

He noted that there is increasing privatization in healthcare. Bill 11 was put forward this year. The NSFL is prioritizing safe working conditions and addressing issues of burnout and sufficient staffing to safeguard both patients and nurses. NSFL is committed to preserving the public healthcare system and ensuring equitable access to quality services without financial barriers.

President Cavanagh finished by saying stand together with unwavering resolve to protect our healthcare system and advocate for a brighter future for ourselves, our patients and our communities. He thanked the assembly for their commitment and dedication and wished everyone a great AGM.

President Hazelton announced that President Cavanagh is retiring and thanked him for all he's done for the labour movement in Nova Scotia.

Constitution & Resolutions

Janet Hazelton called upon the Constitution and Resolutions Committee to come forward.

Resolution #4 – Uniform Policy

No Constitutional Amendment
Required - Simple Majority

Moved by Jackie Pratt
Seconded by Annette Leslie

WHEREAS the Nova Scotia Nurses Union (NSNU) has long upheld the tradition of white and black uniforms to improve visibility, safety, and professional image for nurses in acute care - white scrub tops, while intended to enhance visibility, have proven impractical due to staining, fading, transparency, and difficulty maintaining a professional appearance;

AND WHEREAS white scrub tops are highly susceptible to permanent staining from pen ink, bodily fluids, medications, coffee, and other substances, which compromises nurses' professional appearance and shortens their usability, resulting in frequent and costly replacements;

AND WHEREAS white scrub tops not only fade to gray but also yellow or brown over time, particularly when washed in homes throughout rural Nova Scotia, where hard water makes it difficult to keep whites looking crisp and professional;

AND WHEREAS white scrub tops are often transparent, requiring nurses, especially women, to wear additional layers underneath, which can be uncomfortable during physically demanding shifts;

AND WHEREAS black scrub tops are more durable, resist visible stains, and are easier to maintain, allowing nurses to look professional while reducing the financial burden of frequent uniform replacements;

AND WHEREAS many nurses already express dissatisfaction with the current white scrub top policy and have highlighted practical challenges in adhering to the uniform requirements;

AND WHEREAS allowing all-black scrub tops and bottoms would improve nurse satisfaction, increase confidence in their appearance, and maintain a unified professional standard;

AND WHEREAS an all-black uniform policy maintains a professional, unified appearance while addressing the practical concerns of frontline nurses;

AND WHEREAS nurses' visibility and identification can be ensured by continuing to stamp RN/LPN/NP labels on all scrub tops or ensuring that professional insignia remains clearly visible on the uniform;

AND WHEREAS updating the uniform policy reflects the evolving needs of frontline nurses, ensuring that workplace policies support their practical, financial, and professional requirements.

THEREFORE IT BE RESOLVED that the NSNU include the amendment of Article 8.13 in their bargaining priorities for the next contract negotiations, to update the uniform policy to require all-black scrub tops and bottoms, while maintaining professional insignia (RN/LPN/NP) to ensure nurse visibility in the workplace, while allowing nurses to feel confident and professional in their appearance.

Financial Implications
1) $120.00 uniform allowance will remain in effect for the purchase of black uniforms

2) Costs associated with updating previous advertising and promotional materials showing nurses in white scrub tops can be mitigated by using photo-editing technology to digitally change white scrub tops to black in existing images.

3) While nurses may express concerns about the financial burden of replacing their white scrub tops, this will be offset by the longer-lasting and more practical nature of black scrub tops, which are less likely to stain or fade, ultimately reducing long-term costs.

Note: While some pictures could be digitally altered, staff time and resources would need to be factored into this. Any video production could not be digitally altered and would have to be reshot.

Members Anthony Bernas and Shawna MacFarlane brought forward a friendly amendment to require the combination of black & white as follows:

…..to require ~~all black scrub tops and bottoms~~, **a combination of black and white tops and bottoms**…..

The new resolution reads as follows:
That NSNU include the amendment of Article 8.13, the bargaining priorities in the next contract negotiations to update the uniform policy to require a combination of black and white tops and bottoms while maintaining professional insignia RN, LPN, NP to ensure nurse visibility in the workplace while allowing nurses to feel confident and professional in their appearance.

This is a friendly amendment, agreed to by the original mover and seconder.

Motion is carried as amended.

Miscellaneous

Janet Hazelton spoke to the assembly about privacy and confidentiality informing them that the Health Authority is taking an aggressive approach to discipline for privacy breaches up to and including termination. NSH has a very broad view of privacy breaches. If a patient is on your unit but you are not assigned to that patient, you are not permitted to look at that patient's chart. If you are the assigned nurse, but you're checking the patient's medical history that is not relevant to the reason they're there, you are not entitled to look at that information. If NS Health does not consider you to be in the circle of care, they can tell if you're reviewing a chart and if you have no business to look at this, you are flagged, put on LOA immediately with pay and if they determine you weren't in the circle of care, you will be disciplined, be it a warning, suspension or termination. We will put this information in the newsletter. If in doubt, ask your manager.

Constitution & Resolutions

Resolution #5 – Housekeeping Items

Constitutional Amendment
Required – 2/3 of those who vote

Moved by Laurie Forrest
Seconded by Tracy d'Entremont

WHEREAS the first sentence of Article 2.04 of the NSNU Constitution is a repetition of Article 2.02;

AND Whereas Article 4.04(b) is missing the percent sign;

AND WHEREAS Article 10.02 (a) (iii) (e) and 10.02 (g) are missing the text 'one-hundred';

AND WHEREAS Article 10.07(f) is missing the word 'to';

AND WHEREAS Appendix "A" requires clarification of 1st Vice-President;

AND WHEREAS Appendix "F" Part C is a stand-alone article;

THEREFORE BE IT RESOLVED that the NSNU Constitution be amended to correct these inconsistencies as follows:

2.02 The regulation of relations between nurses and other allied personnel and their employers and the negotiation of written contracts with employers implementing progressively better conditions of employment.

2.04 ~~The regulation of relations between nurses and other allied personnel and their employers and the negotiation of written contracts with employers implementing progressively better conditions of employment.~~ The promotion of the knowledge of nurses and other allied personnel in all things related to their social and economic welfare through education and research.

4.04(b) To be eligible for nomination to the position of President, members shall have attended at least forty percent (40**%**) of the member's Local meetings in the twelve (12) months preceding the nominations, or shall have served as any of the following for a minimum of twenty-four (24) months in the four (4) years preceding the nominations:

10.02(a) (iii) (e) One (1) member at large employed as in a small acute care facility defined as a facility of less than **one hundred (**100**)** members by any Acute Care employer for which the Nurses' Union has representation rights; and,

10.02 (g) The one (1) member at large employed in a small acute care facility (defined as a facility of less than **one hundred (**100**)** members) by any Acute Care employer for which the Nurses' Union has representation rights will elect their own representative and alternates to the Acute Care Negotiating Committee.

10.07 (f) In the event that a majority of the members of the applicable sector who vote in a provincial ratification vote **to** reject a tentative agreement, the Board of Directors shall determine the appropriate action.

Appendix "A"

(a) The President, or in the absence of the President or at the request of the President, ~~a~~ **the 1st** Vice-President shall take the chair at the time specified at all Annual General Meetings and Special Meetings. In the absence of both the President and the **1st** Vice-President, a chairperson shall be elected by a show of hands by the delegates present at the meeting.

Appendix "F"

PART C – Selection of Provincial Negotiating Committee Members and Alternates

~~1.~~ A secret ballot vote of the members in the applicable Sector/Region/Bargaining Unit shall be held at such time and under such conditions as determined by the Board of Directors.

Motion carried.

Resolution #6 - Standing Committee Chairs
Constitutional Amendment
Required – 2/3 of those who vote

Moved by Alaine Halliday
Seconded by Kim Williams

WHEREAS the current NSNU Constitution dictates that the chair of the NSNU Standing Committees is limited to one of the five (5) Area Vice Presidents;

AND WHEREAS the NSNU Board of Directors sees the value in extending the opportunity to Chair a Standing Committee to any member of the Board;

THEREFORE BE IT RESOLVED that the NSNU Constitution be amended as follows:

(d) Five Area Vice-Presidents

(i) The Area Vice-Presidents shall carry out generally the objectives of the Nurses' Union and function as members of the Board of Directors. The terms of reference for Area Vice-Presidents are as outlined in Appendix "C".

(ii) In the event that an Area Vice-President ceases to act, the Board of Directors shall appoint the designated alternate Area Vice-President elected at the regional level for the unexpired term.

~~(iii) The Board of Directors shall assign to each of the five Area Vice-Presidents the responsibility to chair one of the following Standing Committees of the Board of Directors and of the Union as set out in Article 5.04:~~

~~(a) Personnel Committee [Standing Committee of the Board]~~

~~(b) Constitution and Resolutions Committee [Standing Committee of the Union]~~

~~(c) Annual General Meeting Operations and Nominations Committee [Standing Committee of the Union]~~

~~(d) Education Committee [Standing Committee of the Union]~~

~~The membership composition and particular terms of reference for these Standing Committees are as outlined in Appendix "G" of the Constitution and the NSNU Policy Manual.~~

APPENDIX "G"

STANDING COMMITTEES

1. Pursuant to Article 5.04 of the Constitution, there shall be Standing Committees of the Union as follows:

   (a) Finance Committee
   (b) Education Committee
   (c) Constitution and Resolutions Committee
   (d) Annual General Meeting Operations and Nominations Committee

2. The Board of Directors shall assign the responsibility of chair to a Board member for each of the Standing Committees of the Union.

~~1.~~ **3.** The members-at-large of the Annual General Meeting Operations and Nominations Committee will be appointed by the Board of Directors after calling for and reviewing expressions of interest. Following their selection, the members of that Committee will review the expressions of interests for the other Standing Committees of the Union and will select the members-at-large of those other Standing Committees. It will make recommendations to the Board of Directors regarding the appointment of the members-at-large of the other Standing Committees.

~~2.~~ **4.** Using the same process, the Board will also appoint alternate members-at-large for each Standing Committee. These alternates will fill the vacancy of a member-at-large for any meeting of a Standing Committee where required or on a permanent basis if the member-at-large ceases to act as a member of the Standing Committee.

~~3.~~ **5.** The term of appointment of the members-at-large to the Standing Committees of the Union shall be the same as that of the Board of Directors.

~~4.~~ **6.** Members-at-large of Standing Committees of the Union (but not alternates) shall have the right to attend Annual General Meetings of the Union at the sponsorship of the Union. These members-at-large shall be observers only and will not have the right to vote.

Motion carried

Resolution #7 – Signing Authority Under the Trade Union Act

No Constitutional Amendment
Required Simple Majority

Moved by Anne Boutilier
Seconded by Glenda Sabine

WHEREAS section 5(d) of the *Trade Union Act*, RSNS 1989, c 475 prescribes who can sign an application to the Labour Board or any notice or collective agreement on behalf of a union; namely, "the president and secretary of the trade union", "any two officers thereof", or "any person authorized for this purpose by resolution duly passed at a meeting of the trade union";

THEREFORE BE IT RESOLVED that the individual noted below is hereby authorized for purposes of the *Trade Union Act* to sign, make, give, enter into and deliver in the name of and on behalf of the Nova Scotia Nurses' Union, any and all applications, notices, or collective agreements, on behalf of the Nova Scotia Nurses' Union, in accordance with the authority in section 5(d) of the *Trade Union Act*:

Name:	Bev Strachan
Position:	Labour Relations Representative, NSNU

Motion carried

Resolution #9 – Travel Policy

No Constitutional Amendment
Required - Simple Majority

Moved by Gerri Oakley
Seconded by Laura Lee Sharpe

WHEREAS NSNU promotes safety for all its members;

AND WHEREAS some NSNU members must travel long distances to attend NSNU sponsored events;

And WHEREAS only travel for one way to attend NSNU sponsored events is approved for salary replacement;

THEREFORE IT BE RESOLVED that travel time for both going to and returning from NSNU sponsored events be covered under Salary Replacement;

THEREFORE BE IT FURTHER RESOLVED that NSNU travel policy reflects the Nova Scotia Health Travel Policy updated September 17,2024:

(article #36)

" When a Team Member is authorized to drive they are not to travel more than the following amounts in the interest of safe driving :
300 km after working a full day
450 km after working a half- day
600 km on a day when the Team Member has not worked"

Financial Implications:
It is difficult to estimate the extensive cost of this, but the 4 major meetings/ events that take place have been reviewed to give an idea of the minimum cost of this:

Event	Assumption	Hourly Rate (RN2)	Cost
ELS	Each local can send one member. Would have to factor a full day salary replacement for members flying back and driving home.	49.9915	$ 46,867.03
CFNU	10 BOD, 2 members & 8 locals for a total of 20 people. Would have to factor a full day salary replacement for members flying back and driving home.	49.9915	$ 18,750.00
AGM	See Detailed Breakdown		$ 43,859.91
COP	Same methodolgy as AGM, but only 1 person per local		$ 30,138.94
			$ 139,615.88

It was suggested to propose an amendment to say the member is not required to stay.

The mover agreed to adjust the resolution that it's not a requirement; it's a person's own decision as to whether or not they want to drive home after a long day.

Jill Houlihan, Parliamentarian, suggested the following wording: When a team member is authorized to drive, they shall not be required to travel more than the following amounts in the interest of safe driving unless they choose to do so. The mover and seconder agreed this was the intention of the resolution.

There was discussion on salary replacement regarding this resolution. It was clarified that if a member chooses to stay the night, and they must work tomorrow, they will get paid for their shift. If they don't have to work tomorrow, they will get mileage to go home. The mover and seconder agreed.

After a discussion with Tom Daniels, Director of Finance & Operations, the Parliamentarian noted this is not a constitutional amendment where you must be very precise about the language. It's quite clear here they've expressed for purposes of the minutes what the intention is in terms of how the kind of paid leave would be treated, which is there be no loss of pay, but you wouldn't be paid a day if you weren't otherwise scheduled to work. If this were to pass, the Board could do what's necessary to tweak the language of travel.

President Hazelton asked the question of all those in favour of the Finance Committee amending our policy to allow people to spend the night and travel home the next day.

Motion carried as amended.

Guest Speaker

Siobhan Vipond, Executive Vice President of the Canadian Labour Congress

Siobhan Vipond, the Executive Vice President of the Canadian Labour Congress (CLC) stated they are a national organization of 55 unions, including CFNU, and represents three million workers. They work on advocacy and political action; they practice solidarity needed to move the needle forward on worker issues. With the upcoming Federal election, their attention is to ensure worker's issues are being discussed and policies are worker centered.

She noted the tariff attack from the US could cause a job loss of one million in Canada. CLC wants to know what the commitment is when it comes to investing in people, looking at our industries and having solutions to this tariff threat. Their campaign, Workers Together is asking questions and offering solutions. She noted the reason we have dental, and a foundation of Pharmacare is due in part to the work of the CFNU and the labour movement.

She said at the bargaining table NSNU is improving working conditions. We need to call out a system that allows agency nursing to happen. There are systemic solutions to this problem. Nurses shouldn't have to become an agency nurse to take a day off. We cannot have two systems, i.e. public/private, nursing/agency nursing.

VP Vipond said we will take care of each other moving forward and make sure we're always worker focused, where workers figure out solutions. She encouraged the assembly to text healthcare to 55255 to get information via text messages about the CLC. She thanked nurses for the work they do in the workplaces and at the convention. She thanked Janet Hazelton for making space for the CLC. She said together we can build a world that is strong, that makes sense for everybody, where nobody falls behind. She finished by saying elbows up and solidarity.

President Hazelton thanked VP Vipond for speaking.

Guest Speakers

Andrea Sheppard, WCB and Shawna Larade, David Pier Consulting

Janet Hazelton introduced Andrea Sheppard, Vice President Return to Work, of WCB NS and Shawna Larade, a Partner at David Pier Consulting, to present a Virtual Reality Training Pilot in Long Term Care and Disability Support Sectors.

Andrea Sheppard said that in 2018, WCB was concerned about health and safety in long term care, homecare and disability support sectors finding far too many people were being injured at work with long recovery times. Together with Labor Skills and Immigration, they

launched an initiative called Workplace Safety Initiatives, talking with leaders, unions and frontline employees to understand what the real safety and health concerns were, with 21 specific recommendations identified.

From 2018 to today, they've been working to make the health sector far less risky and far more productive. They have had the benefit of working very closely as well with seniors, long term care and community services, and they understood how important it was to have a healthy, vibrant workforce.

With training programs through the Safety Association, WCB implemented leadership development and provided backfill for employees to participate in this training. As a result, they have seen a dramatic improvement in OH&S in healthcare sectors. They went from an all-time high in 2018 to the lowest rate of injury in long term care and home care since WCB has been working with nurses.

As a result of this partnership between employees, leaders, union and government, WCB realized there was momentum pertaining to how to train differently. That led WCB to this pilot in using virtual reality to offer learning and development in healthcare sectors in particular.

Shawna Larade explained how virtual reality (VR) helps learners retain information better and allows practice in a risk-free environment. VR is not a replacement but a supplement for other training. With VR you get real time feedback.

This pilot is going to focus on long term care and the disability support program (DSP) and is designed for the frontline clinical staff, RNs, LPNs, CNAs, RCWs, and will launch in four sites. A simulation was presented to the assembly. The learner is guided step-by-step through that simulation for approximately 10 minutes. With this module there are particular learning objectives around detecting the signs of escalating responsive behaviours using verbal techniques to deescalate a situation and support the individual while keeping themselves and other residents safe.

The presenters answered questions from the audience.

NSHC Report – Jennifer Benoit, Provincial Coordinator NS Health Coalition

Jennifer Benoit started her role in September. She gave an update on the coalition which is comprised of health groups, community groups, organized labour students and like-minded individuals dedicated to protecting and strengthening public healthcare, including Medicare, Pharmacare and dental care. That organization operates solely on donations. They have one staff member, an executive board and a board of directors, among them are NSNU's Justin Hiltz and Tracy d'Entremont.

They continue to work with their allies, including the Provincial Health Coalition, the Canadian Health Coalition, Access Now, Migrant Workers Networks, labour partners (like NSNU), the Canadian Council of Canadians and others. They work with various community groups,

including those concerned with rural access to healthcare in Annapolis Valley, and a group of doctors who are concerned about funding models for those professionals.

Jennifer Benoit listed events the NSHC has attended such as the Lucasville Health Fair which focused largely on the African Nova Scotian population and their diverse needs. They co-sponsored a town hall discussion on universal health care in Halifax titled The Many Versus the Money with over 200 participants. They produce an electronic quarterly newsletter with 1600 subscribers. They have disseminated media releases, about the bilateral Pharmacare program offered by the federal government and lack of safety in emergency rooms. They called out the latest for-profit plasma clinic in Halifax. They met with and requested meetings with public officials during the provincial election and after and submitted opposition to Bill 11 which threatens public healthcare and the workers who keep it going. In February, Jennifer Benoit represented NSHC at the SOS Medicare conference in Ottawa, defending Medicare prior to the 2025 federal election.

NSHC's annual general meeting will take place April 26th; she invited the assembly to consider participating to hear more about the organization.

NSHC will continue to advocate for a world class healthcare system, including Pharmacare and dental that offers full coverage and accessibility for all Nova Scotians. The support of the Nova Scotia Nurses' Union has been instrumental in the work the Coalition has done and continues to do. She thanked everyone for the care they provide to Nova Scotians and for supporting the important work of the NSHC.

Miscellaneous

Janet Hazelton gave an update on the funds allocated to address violence in the workplace and recruitment and retention. 7 million dollars was negotiated in the acute care collective agreement to counter violence in healthcare which must be used by the end of October. She and NSNU OHS Advisor Heather Matthews sit on a committee to determine how the fund will be used. They are going to trial an AI metal detector at Colchester or Aberdeen.

Heather Matthews and a representative from the Health Authority will be doing risk assessments in all the emergency departments which includes looking at entrances and exits, and what needs to be done to make the department safer.

President Hazelton has been advocating for in-house security rather than contracted workers. That would entail different levels of security; contracted security for surveillance and those trained to directly engage with patients or family members. She added there is no reason why a nurse must provide their full name. This is a safety issue that we will fight the College.

In the acute care collective agreement, $3 million was negotiated for recruitment and retention. Nurses were asked for ideas on how to allocate the funds, ideas such as comfort carts and funding for training; things that can be done to make nurses' lives a little easier.

President Hazelton answered questions from the assembly.

Scholarship Announcements

President Hazelton announced the Education Committee met to determine the recipients of the NSNU and CFNU scholarships and the belairdirect Grant and read the names of the winners as follows:

belairdirect Grant – Ashley Rumley; NSNU Continuing Education Scholarship – Latitia Pelley-George; NSNU Degree/Diploma Scholarship – Cary-Ann MacKenzie; The Delores Chase Scholarship – Angela Piche; NSNU Family Scholarship for a Nursing Degree program – Ellie McClean; NSNU Family Scholarship for a Licensed Practical Nurse program – Ashley Bowen. CFNU Annual Scholarship – Lacey Risser. The Elizabeth and Brittany MacPherson Annual Scholarship is awarded to Juliana Kirby.

Anne Jamieson, St. Martha's, spoke about NSNU life-long activist Shirley Farrell and presented the first Shirley Farrell Memorial Solidarity & Wellness Grant to the Aberdeen Local, chosen for their commitment to member engagement. The $2000 grant will help fund their annual BBQ family day which hosts approximately 200 participants.

Constitution & Resolutions

Janet Hazelton called upon the Constitution and Resolutions Committee to come forward.

Resolution #10 – Selection of PNC Members

Constitutional Amendment
Required - 2/3 of those who vote

Moved by David Fox
Seconded by Dawn McKenna

Moved by: David Fox
Seconded by: Dawn McKenna

WHEREAS timely preparation for collective bargaining is critical to the success of negotiations and ensuring the best possible outcomes for union members;

AND WHEREAS provincial negotiating team members require sufficient time to familiarize themselves with the issues, priorities, and concerns of their respective sectors and to develop an effective bargaining strategy;

AND WHEREAS delays in the selection of negotiating team members can hinder preparation efforts and weaken the union's position in negotiations;

AND WHEREAS aligning the timeline for the selection process with the expiration of contracts ensures continuity and avoids disruptions in representation;

THEREFORE BE IT RESOLVED that the following amendments be made to the NSNU Constitution to Appendix F to ensure that the selection of provincial bargaining team

members is completed no later than six (6) months before the expiration of the respective Sector/Region/Bargaining Unit's collective agreement:

APPENDIX "F"
PROVINCIAL BARGAINING
PART C – Selection of Provincial Negotiating Committee Members and Alternates

1. A secret ballot vote of the members in the applicable Sector/Region/Bargaining Unit shall be held ~~at such time and~~ under ~~such~~ conditions as determined by the Board of Directors. **The election process must be completed no later than six (6) months prior to the expiration of the Sector/Region/Bargaining Unit's corresponding collective agreement.**

Mover David Fox requested that "and" and "such in section be crossed out, not affecting the motion, as follows:

1. A secret ballot vote of the members in the applicable Sector/Region/Bargaining Unit shall be held ~~at such time and~~ under ~~such~~ conditions as determined by the Board of Directors

Motion carried.

Resolution #11 – Executive Board Vote
No Constitutional Amendment
Required - Simple Majority

Moved by Anthony Bernas
Seconded by Laurie Hirtle

WHEREAS Each nurse is entitled to cast one vote for the executive board. (President, 1st VP, VP Finance);

AND WHEREAS previously demonstrated in voting for the PNC, and Collective agreements;

AND WHEREAS 9000 individual nurses may not be able to attend every voting AGM however they still deserve to be heard;

AND WHEREAS no single delegate will be responsible for the opinion of their peers when it comes to voting for the NSNU executive board;

THEREFORE BE IT RESOLVED that each NSNU nurse will have the right to cast their vote for the NSNU Executive board. (President, 1st VP, and VP Finance);

THEREFORE BE IT FURTHER RESOLVED that the Board of Directors be directed to develop a process to allow for each NSNU member to vote for the NSNU Executive Board (President, 1st VP, VP Finance) and such proposal shall be brought forward at the 2026 AGM for consideration.

Point of clarity from a St. Martha's member (David Fox) – that delegates would be voting for the board to present a resolution on this matter at the 2026 AGM.

Motion carried.

Resolution #12 – Vice President Nurse Practitioners
Constitutional Amendment
Required - 2/3 of those who vote

Moved by Robert Burrows
Seconded by Matt Rizzato

WHEREAS the Nursing Act identifies the nurse practitioner designation as a separate nursing designation from that of registered nurse or licensed practical nurse;

AND WHEREAS the Canadian Federation of Nurses Unions recommends that its constituent members ensure there is opportunity for nurse practitioners to be involved in their processes;

AND WHEREAS through our mission, values, strategic direction, and many previous actions, our union has demonstrated it prioritizes the principles of democracy, inclusiveness and equity;

THEREFORE BE IT RESOLVED that the NSNU Constitution be amended as follows:

4.01 The affairs of the Nurses' Union shall be managed by a Board of Directors which shall be composed of the following:

1. President
2. 1st Vice-President
3. Vice-President Finance
4. Northern Vice-President
5. Central Vice-President
6. Eastern Vice-President
7. Western Vice-President
8. IWK Vice-President
9. Vice-President Long Term Care
10. Vice-President LPNs
11. Vice-President Community Care
12. **Vice-President Nurse Practitioners**

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4.03 (h) **<u>Vice-President Nurse Practitioners</u>**

(i) The Vice-President LPNs shall carry out generally the objectives of the Nurses' Union and shall function as a member of the Board of Directors. The terms of reference of the Vice-President LPNs are as outlined in Appendix "J".

(ii) **In the event that the Vice-President NPs ceases to act, the Board of Directors shall appoint the designated alternate elected by the NP Component for the unexpired term.**

11.02 (f) (d) **The election of Vice-President NPs and designated Alternate shall be as outlined in Appendix "J" – Terms of Reference for Vice President NPs and this article.**

Appendix "J"
TERMS OF REFERENCE VICE-PRESIDENT NPs

1. At the Annual General Meeting when elections are to be held, an NP Component meeting shall take place for the purposes of electing a Vice-President NPs and one (1) Alternate Vice-Presidents NPs.

2. The Vice-President NPs and the designated Alternate must be Nurse Practitioners working in that capacity and must be members in good standing of the Union.

3. Only Nurse Practitioners who are working in that capacity and members in good standing with the Union are entitled to attend an NP Component Meeting and entitled to vote in an election of the Vice-President NPs and designated Alternate.

4. In the event that the Vice-President NPs changes status of employment from being a Nurse Practitioner or for any other reason cease to qualify for membership in the Nurses' Union, such person shall resign forthwith. The designated Alternate Vice-President NPs shall then assume the Vice-President NPs position for the remainder of the term of office.

5. The Vice-President NPs will chair any meetings of the Component.

6. The object of these meetings shall be: (a) to increase communications between Nurse Practitioners; (b) to co-ordinate efforts for a common purpose; (c) to act as a liaison between Nurse Practitioners and the Provincial body.

7. The Vice-President NPs shall have the following limitations and duties: (a) to co-ordinate activities of the Component; (b) to voice the interests of the Component to the Board of Directors; (c) to represent the interests of the Board of Directors to the Component.

8. The NP Component may have the opportunity to meet once a year. The Vice-President NPs shall choose the meeting date and location for the one-day Component Meeting. The locale and place of the meeting(s) will be subject to Board approval and budgeting restraints. Where possible, the Long Term Care Component, LPN Component, and NP Component Meetings shall be held in conjunction with one another.

9. Any recommendations, motions or resolutions made at a Component Meeting must be referred to the appropriate governing body from which the mandate originated, that is the Board of Directors, or the Annual General Meeting.

10. The President of NSNU or designate and/or the Executive Director or designate may attend the entire Component Meeting as observers.

11. Subject to 8, Component Meetings, held in conjunction with the Annual General Meeting, shall include those members who would otherwise be attending the Annual General Meeting. However, any Component member may attend the Component Meeting provided there is no additional cost to the Provincial Union and other policies and/or guidelines are adhered to.

12. The Component cannot: (a) do anything that is contrary to the Constitution or policies; (b) make policies or act in a manner which binds the Nova Scotia Nurses' Union (since the Component is not an autonomous branch of the Nova Scotia Nurses' Union); (c) initiate anything which entails expenditure of monies without approval of the Board of Directors.

13. In the event that the position of Vice-President NPs is vacant and there is no designated Alternate Vice-President NPs, the Board of Directors may appoint a Nurse Practitioner to the position for the remainder of the term of office. The candidate must be a Nurse Practitioner working in that capacity and must be a member in good standing with the Union.

Financial Implications:

Resolution - NP Board Member

Description		Rate		Total Cost
Board Meeting - Salary Replacement (7 meetings)	$	69.5228	$	3,650
Board Meeting - Travel (7 meetings) est 300km	$	0.58	$	1,218
Board Meeting - Meals (7 meetings)	$	69.00	$	483
Board Meeting - Hotel (7 meetings)	$	175.00	$	1,225
AGM and Education Day Attendance (4 days) - Salary Replacemer	$	69.5228	$	2,086
AGM and Education Day Attendance (4 days) - Travel est 300km	$	0.58	$	174
AGM and Education Day Attendance (4 days) - Meals	$	69.00	$	276
AGM and Education Day Attendance (4 days) - Hotels	$	175.00	$	700
Other Meetings (Est 2 total) - Salary Replacement	$	69.5228	$	2,086
Other Meetings (Est 2 total) - Travel est 300km	$	0.58	$	174
Other Meetings (Est 2 total) - Meals	$	69.00	$	138
Other Meetings (Est 2 total) - Hotels	$	175.00	$	350
Education Allowance			$	2,000
Travel to meetings (est at 30 hours)	$	69.5228	$	2,086
	TOTAL		**$**	**16,645**

Motion carried.

Resolution #8 – Improved Childcare Access for Nurses
No Constitutional Amendment
Required - Simple Majority

Moved by Donna Gillis
Seconded by Natalie Nymark

WHEREAS nurses face significant challenges in accessing childcare for children under 18 months, resulting in many taking extended parental leave of 18 months instead of 12 months, which poses financial and systemic burdens;

AND WHEREAS the Employment Insurance (EI) benefits received during parental leave are stretched over 18 months instead of 12 months, reducing monthly income for nurses and their families, and further exacerbating financial strain;

AND WHEREAS many daycare facilities are unable to accommodate children under 18 months due to provincial regulations regarding caregiver-to-child ratios, leaving families with limited or no childcare options for children between 12 and 18 months;

THEREFORE BE IT RESOLVED that The Nova Scotia Nurses' Union (NSNU) actively lobby the provincial and federal governments to implement measures that improve childcare access for children between 12 and 18 months of age, including but not limited to:

1. Expanding subsidies and funding to childcare providers to allow for increased capacity to care for children under 18 months.

2. Reviewing and revising provincial regulations on provider-to-child ratios to address gaps in childcare for children 12 to 18 months old while maintaining safety and quality standards.

3. Encouraging the development and support of workplace childcare programs, particularly in healthcare settings, to better support nurses' needs.

4. Enhancing training programs to increase the childcare provider workforce.

Motion carried.

New Business

NSNU Executive Director, Chris Albrecht gave an update on the Pay Plan Transition Committee. The Committee is actively meeting on a weekly basis and involves all four unions because it is about reclassifying. The committee is developing a tailor-made tool applicable to nurses where jobs can be measured. NSNU LRRs Wendy Johnson and Bev Strachan also sit on the committee as well as members of NSGEU and employer representatives. Work is scheduled to be finished before October 31, 2025.

Acute care nurses may be asked to assist in evaluating the tool. They will compare their job description with the job they are currently doing. There will be a questionnaire for feedback about the tool. Once the tool has been developed, the Committee will evaluate positions.

Chris Albrecht answered questions from the attendees.

Finance Committee (Motion)

Motion #5 Jamie Stewart – Chanda MacDonald

That the 2025-2026 General Fund Budget be approved as presented.

Motion carried.

Approval of President's Report (Motion)

Motion #6 Tammy Jones – Laurie Hirtle

That the President's Report of 2025 be approved.

Motion carried.

Miscellaneous

Janet Hazelton presented an overview of the VON pension fight of six years. Because the plan was super funded, VON was not permitted to pay into it which applies to all pension plans. They also reduced the benefits many years ago. VON had the same as NSHEPP which is 1.5 up to YMPE then 2%. In 2008, they decreased benefits to 1%. This went to arbitration, concluding a few months ago. The VON was ordered to put back all the money that they hadn't paid in and ordered to reinstate the benefits they decreased. This means an increase of approximately 40% in the pension plan for VON nurses. In the arbitration decision, VON must consider putting them in NSHEPP which has indexing.

President Hazelton sits on the board of the NSHEPP pension plan and gave an update. They had a six-billion-dollar surplus, so they improved benefits by adjusting the 1.5% up to the YMPE to 2%. This will put significant money into retirees' and actives' pension plans.

Open Forum with the Board/Old Business/Unfinished Business/New Business

Open Forum with the Board/Old Business/Unfinished Business/New Business addressed the following topics.

Pressing charges against those who commit violence against a nurse and the possibility of bringing the police to talk to the membership about this. How to protect VON nurses from violent clients who were taken off service but are back on service. Janet Hazelton said the issue will be raised again. Benefits coverage, including the role of the Union, and PTSD. President Hazelton sits as a Trustee on LTD Committee and noted that every dime that comes in goes back out and for the first time ever, they gave a cost-of-living increase for LTD. She noted there is also the **path** program which offers counseling, physio, etc. for people before they go on LTD to try to keep people off LTD. PTSD is now covered by WCB.

President Hazelton discussed the importance of reporting violent incidents to the police and to fill out the safety case form on the NSNU website. President Hazelton noted there is Federal legislation (Bill C3) that protects nurses from violence however, none of the police chiefs or HRM knew of this legislation when they met. NSNU is going to work with the Department of Justice to make sure that police are informed of this legislation.

President Hazelton also noted there are now occupational health nurses in acute care who offer confidential support. In long term care and community care, we must refuse to care for a violent resident unless they're medicated.

When asked if the Union was questioned on the CBRH infrastructure redevelopment, President Hazleton said we were not and would have to be invited to do so.

Guest Speaker

Nova Scotia Premier, Tim Houston

Premier Houston was if he would publicly endorse nurses saying NO when it comes to dealing with violence. He said he hopes they see their government take action through investment and different measures that show they do care. He said a nurse who feels unsafe should probably say no. He added we need to find the best way forward.

President Hazelton suggested Premier Houston tell the employer – NSH, IWK, long term care facilities, VON – that if a non-patient, a family member, etc. assaults a nurse in their workplace, they need to be told they're not welcome in the facility. The employer needs to support nurses. The Premier said he'd take this away for further exploration, but he personally agrees with this.

Janet Hazelton said they are appreciative of the seven million dollars negotiated for violence prevention; they are working on weapons detection. Security in rural areas was also brought up.

President Hazelton brought up the issue of childcare. Many nurses can't find childcare. Some nurses are taking extended parental leaves or going casual because they can't get childcare, taking them out of the workforce. The Premier stated Nova Scotia has the worst childcare agreement in the country, and the federal government has been inflexible on making changes to it.

Janet Hazelton asked Premier Houston if he had signed the national Pharmacare agreement; he replied he had not and discussed the reasoning. It was signed on the eve of a provincial election. He wrote a letter to the leader of the Liberals and Conservatives stating what Nova Scotia is interested in. Correcting the childcare agreement was one of the top things on the list. Concerning a national Pharmacare agreement, they are still in discussions with the federal government. They want to understand the moving parts and remarked that generally the Federal government will fund programs for a certain period. Whatever is provided under that agreement, will eventually be inherited by the province to fund 100%. It's important we understand the economics and that we don't get left behind. Other provinces held out longer and got better deals and NS got the worst deal on childcare.

President Hazelton thanked Premier Houston for attending, expressing NSNU's gratitude for the seven-million-dollar investment for violence prevention in acute care but the Nurses' Union would like to see money applied to VON and long-term care as well. She also brought up CCAs giving medications in LTC.

Premier Houston said it was his honour to stop by, saying nurses have a tough job and that Nova Scotians count on them every single day in stressful situations and that government will continue to make sure we get to the better place.

President Hazelton asked about LPNs transitioning to RN designations. When LPNs transition to an RN, they must do 440 clinical hours. During that time, they must use their vacation

and/or lieu time. Government is talking to VON about signing a return of service - to allow nurses to continue their salary while on placement if they agree to work for VON or long-term care for four or five years. She said nurses shouldn't have to use vacation/lieu to complete the 440 clinical hours. She would like Premier Houston to consider this.

Adjournment

There being no further business, President Hazelton called for a motion to adjourn.

Motion #7 Kim Williams – Jackie Pratt

That the meeting be adjourned.

Motion carried.