FRONT LINES

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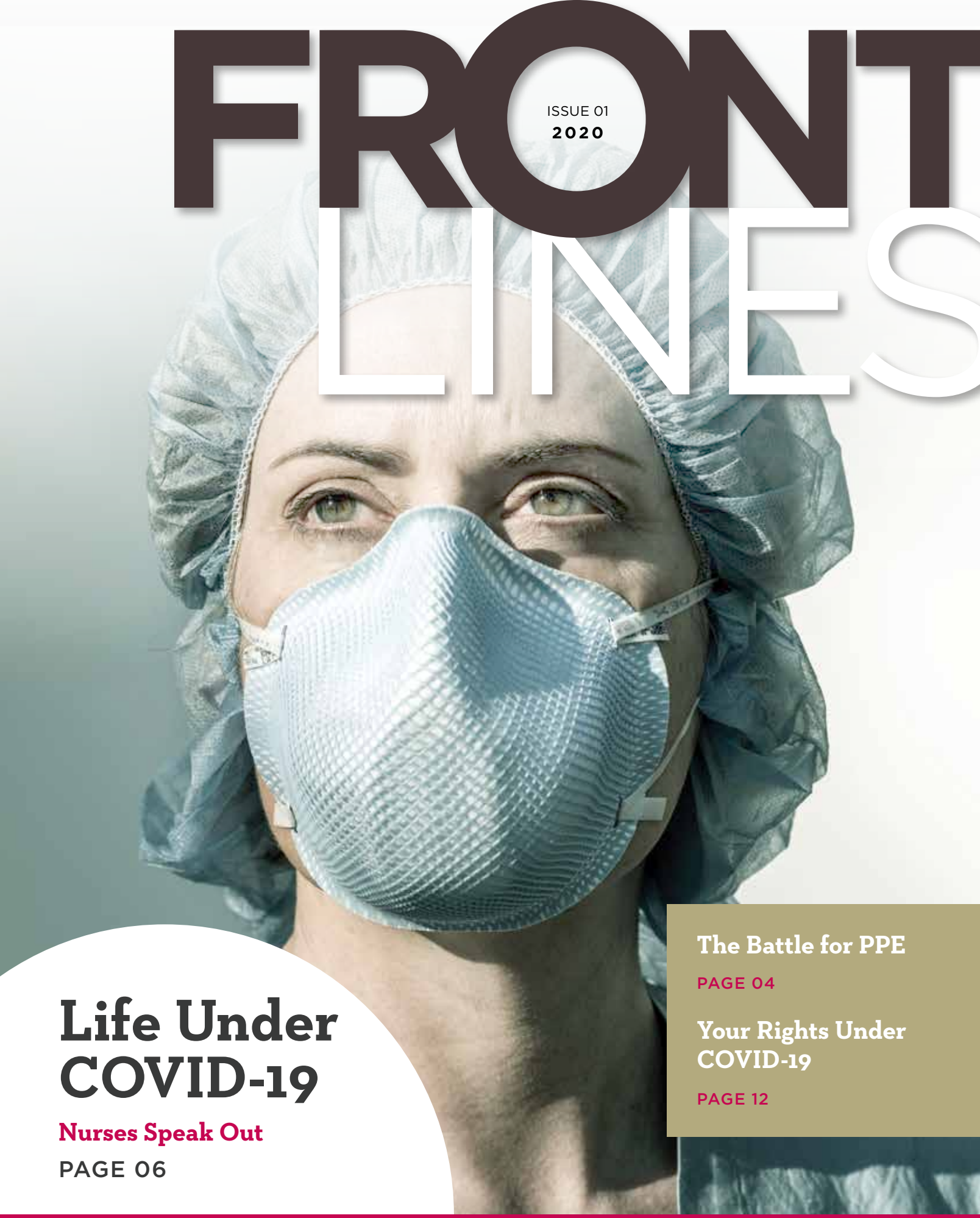

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THE MAGAZINE FOR NURSES BY THE MANITOBA NURSES UNION

Message from the President

Nurses have fought many battles over the past six months—for adequate PPE and accommodations, for your rights as unionized employees governed by a collective agreement, and for the right to bargain collectively.

A few of our major victories include:

- Nurses have better access to PPE and other health and safety controls, after a number of grievances filed by MNU led to the signing of a Memorandum of Agreement (MOA) and Joint Statement with Shared Health.
- Nurses have access to a work disruption allowance and other benefits in the event that they are temporarily redeployed as a result of the COVID-19 pandemic.
- The Court of Queen's Bench reaffirmed in June that the Pallister government's *Public Services Sustainability Act* (Bill 28) is a "draconian" piece of proposed legislation that violates collective bargaining rights. The ruling was an important win not just for the rights of workers in Manitoba, but bolstered similar fights taking place in other provinces. Although the Pallister government has decided to appeal this decision to the Manitoba Court of Appeal, rest assured that MNU, along with the other public sector unions targeted by this wage freeze bill, will continue to fight this appeal, and advocate for the rights of workers under the Charter.

It's important to remember these victories, even as we face uncertainty ahead.

It's difficult to predict how the fall and winter will unfold as we continue to fight COVID-19. With the economy reopening, school in session, and respiratory season upon us, nurses know that adequate staffing, resources and bed capacity will be key to withstanding this public health crisis. For more insight on the pandemic response to date, read through the many articles featured in "Life Under COVID-19," as well as "The Battle for PPE."

In spite of delays and complications caused by COVID-19, MNU has notified the employer that we are ready to bargain. The employer has responded and central table bargaining is scheduled to start October 15. For more on bargaining and legal matters, check out our feature article "Unions Overturn Wage Freeze Bill."

As outlined in "Commemorating Front Lines Magazine," MNU is shifting to digital content to better meet the needs of members. This is the final issue of Front Lines. That means that if you haven't done so already, **please provide your email address to MNU by contacting membership@manitobanurses.ca**, or by updating your contact information through the Membership Portal at **portal.manitobanurses.ca/online**. This will ensure that you receive The Pulse e-newsletter and other email communications. And please check **manitobanurses.ca** for the latest news and information.

As we all face this most uncertain fall and winter season, I want to thank members for their dedication to nursing on the frontlines. A robust public health care system is the best defense against the coronavirus. We know MNU will fight many battles ahead. Your working conditions, and continued health and safety, are absolutely critical to fighting this pandemic. Together, nurses will face the challenges ahead and continue to advocate for the delivery of safe, quality patient care.

In Solidarity,

Darlene Jackson
MNU President

Front Lines is published by the Manitoba Nurses Union (MNU). Founded in 1975, MNU continues to be an active member-driven organization dedicated to meeting the needs of its members. More than 12,000 nurses province wide belong to MNU. That's 97% of unionizednurses in Manitoba.

Editor
Michelle Lancaster

CONTACT US
MNU Communications Department
301 – 275 Broadway
Winnipeg, Manitoba R3C 4M6
(Tel) **204.942.1320**
(Fax) **204.942.0958**
(Toll free) **800.665.0043**
www.manitobanurses.ca
Email: **info@manitobanurses.ca**

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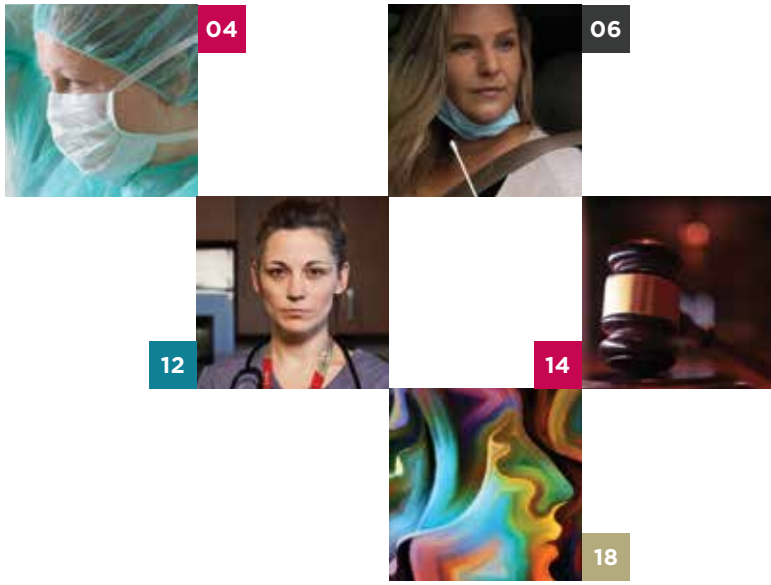
Manitoba Nurses Union
301 – 275 Broadway
Winnipeg, MB R3C 4M6
Email: **info@manitobanurses.ca**

Manitoba nurses Union

A COMMITMENT TO CARING

FRONT LINES



The Battle for PPE

After months of PPE advocacy and a looming arbitration case, nurses finally won a major victory in the fight to protect nurses and patients from the spread of COVID-19.

On July 14, MNU signed a joint statement and Memorandum of Agreement (MOA) with Shared Health detailing greater access to and decision-making around PPE use, the creation of a joint PPE committee, adherence to the precautionary principle, and restored accommodation rights for pregnant and immunocompromised nurses.

"This settlement was reached because our position was indisputably grounded in fact, and was focused on protecting the health and safety of nurses and patients," explains MNU President Darlene Jackson. "Every nurse has a right to a safe workplace, and this agreement is a big step in the right direction."

Since the onset of the pandemic, nurses have raised concerns about the reuse and extended use of surgical and N-95 masks, limited access to other PPE, and constantly changing and confusing guidelines. Shared Health has produced more than 250 individual documents or updates to PPE guidelines since March.

A survey of MNU members indicates that **appropriate access to PPE is the number one concern of nurses (59%)**, followed by access to adequate health and safety resources and controls (23%).

When nurses and other health care workers began to fall sick with COVID-19 or self-isolate due to possible exposure in the workplace in early March, Health Minister Cameron Friesen blamed staff and refused to improve health and safety measures. In response, MNU reiterated its call for better protections and launched a letter-writing campaign calling on the Pallister government to improve PPE protections for health care workers and to allow nurses to use their professional and clinical judgement to determine the level of PPE they need to keep themselves and their patients safe. Thousands of nurses and supporters sent letters to their elected officials.

As of September 12, the province has recorded 86 COVID-19 infections among health care worker, including 23 nurses. Those numbers are likely to rise as the pandemic wears on.

MNU has filed more than 90 COVID-19-related grievances since March.

Shared Health and HSC finally agreed to settle a series of grievances just days before they were set to go to arbitration. Those cases involved denied accommodation requests and concerns over access to adequate PPE. At the time, Occupational and Environmental Safety and Health (OESH) was being provided with the exceptional authority to overrule the advice of primary care providers. Shared Health had also instituted a one-mask-per-shift policy in most care settings that was widely opposed by nurses.

The win has paved the way for similar gains for other health care workers throughout the province.

Highlights of the settlement include:

- Nurses treating suspected or confirmed COVID-19 patients will be provided with appropriate PPE, including access to a fit-tested N-95 mask upon request.
- The unsafe one-mask-per-shift policy is being rescinded by Shared Health. All nurses will be provided with a minimum of two surgical/procedure masks per eight-hour shift (or three per 12-hour shift) going forward, with a goal of increasing this allowance to a minimum of four masks (or more) as circumstances permit.
- Nurses will now be able to use their own professional and clinical judgement to determine whether a higher level of PPE is necessary to safely treat patients by employing Point-of-Care Risk Assessments.
- Pregnant or immunocompromised nurses who require accommodations based on the professional advice of their primary care providers will have their rights restored.
- MNU representatives will sit on a joint PPE committee that will employ the precautionary principle in making recommendations on PPE use, monitoring PPE supply levels and procurement efforts, engaging in contingency planning, reviewing new evidence on the transmission of COVID-19 and emerging technology, discussing engineering and administrative controls, and monitoring COVID-19 exposure and cases among nurses. Where the PPE committee is unable to reach consensus, MNU will have the ability to refer the matter to arbitration and hold the employer to account.

With these gains, Jackson says nurses and patients will be better protected at work. "I want to thank the nurses who signed their names to grievances and helped drive our cause forward. Everyone who took action helped amplify this issue in the eyes of government and the public," she says.

The PPE committee held its first meeting on July 31. To read the Joint Statement or MOA, visit **manitobanurses.ca/covid-19.**

TIMELINE

At MNU, the battle for PPE started early.

FEBRUARY 3. MNU advises members to ensure they have been fit-tested for an N-95 mask within the last two years.

FEBRUARY 14. MNU sends letter to Chief Provincial Public Health Officer Brent Roussin and Chief Nursing Officer Lanette Siragusa calling for a greater level of protection for health care workers.

FEBRUARY 28. MNU joins CFNU in calling for the use of the precautionary principle when selecting PPE to protect health care workers from a new pathogen whose transmission pathways aren't yet understood. CFNU's position statement advocates for the use of N-95 respirators and other airborne precautions.

MARCH 11. *The World Health Organization declares the coronavirus a global pandemic.*

MARCH 12. *The first presumptive case of the coronavirus is announced in Manitoba.*

MARCH 20. *The province declares a State of Emergency, giving them sweeping powers to address the pandemic.*

EARLY MARCH. A nurse performing nasopharyngeal swab tests for COVID-19 exercises her right to refuse unsafe work under section 43 of *The Workplace Safety and Health Act* when her request to use an N-95 mask is denied in place of a surgical mask. Workplace Safety and Health performs an investigation and denies that request later that month.

MARCH 23. MNU adopts CFNU's updated position statement on COVID-19, reiterating that the best respiratory protection for health care workers at risk of exposure remains a fit-tested N-95 respirator or greater, and recommending that nurses perform Point-of-Care Risk Assessments (PCRA) to determine the appropriate level of PPE required based on their own clinical and professional judgement.

MARCH 26. The province expands COVID-19 testing to health care workers showing respiratory symptoms.

APRIL 1. A number of nurses and other health care workers contract COVID-19 or are forced into isolation following work-related exposures to COVID-19. MNU calls on the province to enhance access to PPE for health care workers, and reiterates a call for PCRAs, pointing to other jurisdictions, including Alberta and Ontario, where joint agreements between health care unions and provincial governments have allowed for PCRAs and the joint monitoring and planning of PPE supplies.

APRIL 2 AND 3. Health Minister Cameron Friesen sends letter to MNU and the Manitoba Association of Health Care Professionals (MAHCP) placing blame for recent outbreaks at Winnipeg hospitals on frontline health care workers. MNU and MAHCP release a joint statement rejecting this characterization and calling on the Health Minister to support and better protect frontline workers.

APRIL 4. MNU launches a letter-writing campaign calling on the Pallister government to provide better access to PPE for all health care workers.

APRIL 9. MNU calls for transparency in PPE supply levels.

APRIL 13. In early April, Shared Health announces universal PPE requirements for all direct patient, client and resident interactions. The guidelines, set to come into force across the province by April 13, are focused on droplet and contact precautions, including surgical/procedure masks, eye protection and gloves. Shared Health recommends extending the use of the same procedure mask across multiple patients, violating basic infection control procedures. Shared Health also starts collecting gently used N-95 respirators for re-use.

APRIL 14. The province announces paid leave for asymptomatic health care workers exposed at work. MNU outlines concerns for symptomatic health care workers and the need for presumptive Workers Compensation Board (WCB) coverage.

APRIL 17. CFNU releases a position statement calling for transparency regarding PPE levels across Canada to protect health care workers.

APRIL 18. Shared Health announces that they will not be accepting medical notes from staff requesting COVID-19-related accommodations, sidestepping the advice of primary care providers and undermining the basic rights of health care workers.

APRIL 21. MNU launches letter-writing campaign for presumptive WCB coverage for nurses who contract COVID-19.

APRIL 21. Shared Health announces the creation of a COVID-19 zoning system to guide PPE use in place of the universal guidelines. Staff working in a red zone (containing a known COVID-19 case) have access to higher levels of PPE protection than those working in orange (suspected case) or green zones (no suspected case). Green zone staff are subject to **a one-mask-per-shift policy.**

LATE APRIL THROUGH MAY. MNU proceeds with a number of COVID-19-related grievances. Shared Health continues to resist significant movement to address PPE issues and accommodate immunocompromised nurses.

MAY 11. After MNU signals an intent to proceed to expedited arbitration, Shared Health and MNU agree to bring all PPE and accommodation-related grievances before a single arbitrator. The hearing is scheduled for June 8 to 10.

MID MAY. As arbitration looms, Shared Health indicates a willingness to engage in discussion to resolve the grievances. Progress is minimal and hearing preparations continue. MNU retains medical experts to provide evidence in support of its position at hearing.

EARLY JUNE. From June 2 to 5, MNU and Shared Health engage in intense dialogue over pending arbitration case. Shared Health signals a willingness to address MNU's concerns.

JUNE 5. MNU and Shared Health agree to adjourn the arbitration hearing date set to begin on June 8, as meaningful progress is being made to resolve COVID-19-related grievances.

JULY 14. Nurses win personal protective equipment settlement, rescinding the one-mask-per-shift policy, allowing for PCRAs and greater access to N-95, restoring accommodation rights based on the advice of primary care physicians, and creating a joint PPE committee to oversee PPE use, supplies, new evidence, and COVID-19 cases among nurses.

JULY 31. The PPE committee holds its first bi-weekly meeting. For the latest developments, visit **manitobanurses.ca/COVID-19**

LIFE UNDER COVID-19

Nurses are facing unprecedented challenges in the face of COVID-19.

MNU asked a number of Manitoba nurses to share their COVID-19 stories. While these stories are by no means a comprehensive representation of everything that's happened in health care recently, they do provide some insight into the frontlines of nursing during the worst pandemic in a century. Out of an abundance of caution, we are protecting their identities.

Public Health, Primary Care and Home Care

One public health nurse with two decades in the field and extensive experience working with nurses in public health, primary care and home care, says workload, staffing, frozen budgets and access to PPE have been some of the biggest issues they have faced so far during the COVID-19 pandemic.

Case Crunch

She says that up to 12 public health nurses have been conducting COVID-19 positive case investigations for the Winnipeg Regional Health Authority (WRHA) as part of a dedicated COVID-19 team. This means determining, if possible, how the client became infected, and vigorous contact tracing to determine who else may have been exposed so they can self-isolate, monitor for symptoms, and get tested if they become symptomatic. Nurses also undertake active daily monitoring, or checking up on clients every day—in person if needed—to monitor their case and make sure they are self-isolating as instructed.

The nurse compares the work to an air traffic controller—it's high stress and lives are at stake. "From the beginning, they were under the gun," she explains. "If transmission is happening, their questioning needs to be so refined....[so that] they are getting all the information needed to prevent the transmission of COVID-19."

During H1N1 in 2009, 20 public health nurses were added to staff immunization clinics.

"There has been no increased funding to deal with COVID," she says. Being forced to work within their existing budget has meant pulling public health nurses out of community health offices, putting pressure on the remaining staff.

"Staff get drained and you're looking at workload issues to do basic public health work like pre- and post-natal care for moms and babies, as well as conducting investigations around communicable diseases such as hepatitis, syphilis and other STIs."

While the July lull in COVID-19 cases gave public health nurses a bit of a breather, case counts increased throughout August, leading to concerns about a second wave and the implications for workload going into the fall.

On August 20, the Pallister government announced a request for proposals (RFP) to contract-out COVID-19-related public health work to private call centres in the event of case surges. Public health nurses sent a letter to the Premier and Health Minister expressing "grave concern" about the move, citing a lack of expertise in public health and the potential for cases to slip through the cracks.

MNU President Darlene Jackson called the move shortsighted, advocating for public dollars to be spent hiring nurses within the public system and training health care providers or students in communicable disease control to assist when needed.

"We believe the workload is going to get bigger, but I firmly believe to do that contact tracing and to mitigate the spread of the virus in our communities, we have to have the skilled, trained individuals doing the contact tracing," Jackson said in an interview with the Winnipeg Free Press.

Testing Limits

The public health nurse says those working at COVID-19 testing sites are faced with difficult circumstances.

Many of these nurses, mainly from primary care, stand outside for their entire shift swabbing clients for COVID-19. Over the summer, a lack of shade protection has led to some cases of heat stroke. MNU is pressing the employer to address heat risks, along with ergonomic issues resulting from standing all day on concrete.

Looking ahead, nurses have also expressed concern that the employer has made no plans yet to mitigate extreme winter cold.

Long lineups at testing sites have led to workload concerns, missed breaks and staff shortages. Some public health nurses and home care nurses have been picking up shifts to help out, but the employer has also begun redeploying nurses—mostly primary care nurses—to cover the shortfall. With no additional funding to go around, this has put pressure on clinics to make do with less staff.

MNU President Darlene Jackson would like to see the employer post positions at the testing sites instead.

"The provincial government needs to take a look at staffing and workload issues and come up with a concerted plan," says Jackson. "We have a second wave coming and we have a nursing shortage. As cases go up, how are we going to staff that?"

At the time of writing, and due in part to ongoing MNU advocacy, the WRHA has signaled that five additional term nursing positions will be posted at the COVID-19 testing sites. While Jackson applauds the move, she says more is needed. "Five positions will help but it may not be sufficient to accommodate the spikes in testing that we may see over the fall and winter."

Looking ahead, nurses have also expressed concern that the employer has made no plans yet to mitigate extreme winter cold.

Trouble at Home

Home care nurses are facing challenges as well. As health care professionals that travel from one client's home to the next, access to PPE and finding time for increased infection control procedures have been their biggest challenges so far.

Like many other nurses, they were subjected to Shared Health's one-mask-per-shift policy. But if their masks became soiled or damaged, accessing a new one on the road was difficult.

"They were running back during lunch and breaks to get equipment," says the public health nurse.

In July, MNU signed a Memorandum of Agreement on PPE with Shared Health rescinding the-one-mask-per-shift policy. Home care nurses can access more if their masks become wet or soiled, but they have to ask.

In April, the WRHA reduced or suspended certain "non-essential" home care services, citing the need to conserve PPE and reduce exposure for vulnerable clients. While the WRHA began resuming some of these services in July, home care nursing never really shut down, with essential services and support for isolated seniors continuing throughout the pandemic.

But things are not back to normal. With additional cleaning and infection control measures in place, the nurse says home care nurses need more time to don and doff their PPE and clean equipment between clients. "They need to have realistic scheduling and workloads."

Staff shortages are also a concern, especially among palliative home care nurses. The WRHA is increasingly using agency nurses in an attempt to fill the gap, leading to concerns about consistent, quality care for vulnerable, isolated clients.

Whether public health, primary care or home care, she says nurses need to be consulted to effectively deal with the second wave. "Please work with us," she says. "We know the realities that we're facing on the frontlines."

Long-Term Care

As a long-term care nurse and advocate for almost two decades, one nurse MNU spoke to says COVID-19 has created new struggles unique to her sector, and made some long-standing issues in personal care homes worse.

Providing quality, compassionate care to residents is always at the top of her mind, especially during COVID-19.

Many of her residents have dementia and other memory challenges. New admissions are supposed to stay in their room for two weeks, but they keep coming out and she feels badly for them.

“Most of them are not staying in their room for an hour,” she says.

The masks they are supposed to be wearing come off too.

“It’s not because they’re trying to be difficult,” she says with a note of patience and care for her residents. “They honestly have no idea that we just told them to stay in their room and there’s nobody to stand guard or to help them or keep them engaged in their room so they don’t feel like they need to come out and find out what’s going on.”

And it’s not just new admissions that staff struggle with in light of COVID-19.

“The wanderers are the wanderers, that’s why we have them. That’s why they’re in the home,” she explains.

But wanderers risk spreading the virus.

“In spite of all our cleaning and our measures, one person with dementia who wanders around room, to room, to room, touching things, will be spreading this virus like crazy if it gets in. We don’t have enough staff to keep people totally separated,” she says.

Some residents are hard of hearing, and struggle to understand what workers are saying under their masks because they can’t watch their lips.

“I have a resident constantly tell me to take off my mask, ‘I can’t hear you,’ and I say: ‘I have to wear it for the virus,’ and I explain again.”

She says it’s been hard to watch some of her residents decline in response to the lockdown on visitors in March. Restrictions began easing in late May. “We’ve watched deterioration happen during this social isolation where they couldn’t see their loved ones,” she says. “This is not an easy situation in any stretch.”

But the pandemic has made long-standing problems worse—like staffing and workload.

“Care homes are struggling with staffing. When there are sick calls and they can’t replace them, we’re working below the minimum guidelines,” she explains.

Manitoba’s personal care home guidelines require 3.6 paid care hours, per resident, per day. But research shows those guidelines fall short of addressing the increasingly complex care needs of residents in long-

term care, and include administrative duties like filling out paperwork. As a result, care suffers and patient outcomes deteriorate. MNU's own report recommends 4.1 direct care hours, per resident, per day. (To read the full report, visit **manitobanurses.ca/longtermcare**).

Since COVID-19, the demands on staff have also increased. From extra cleaning, to meeting social distancing requirements, to handling increased communication needs with families.

"You would think that when they increased workload, they would increase staffing, but government really has not stepped up to that plate," says MNU President Darlene Jackson. "There's been no increase in funding for care homes in 10 years. It's been a problem for a long time. Now COVID-19 is only making it harder."

> **"My fear is that by the time we know that one is infected, there will be more."** LTC NURSE

While nurses are supposed to oversee care plans, medication, treatment and assessments of patients, they get pulled into everything from housekeeping, to transporting and transferring patients, to overseeing the building.

"We're always covering everybody who's not there," explains the long-term care nurse. "The fact that nurses carry out many non-nursing roles throughout their day, and are still expected to finish all their nursing duties, it's a difficult thing."

In May, Shared Health brought in a single-site order limiting personal care home staff to a single facility. While MNU supports the intent of the order—to reduce the potential transmission of the virus from facility to facility—nurses did object to the Pallister government's approach to unilaterally impose an order that suspended many nurses' rights in the process. MNU hosted a telephone town hall with affected local presidents to answer questions in late April and continues to monitor the implementation of the order. MNU will defend nurses' rights wherever issues arise.

The long-term care nurse believes the order has helped to protect staff and patients, but still worries about an outbreak.

"If even one person tested positive, we would need additional staffing just to monitor, engage and keep them in their rooms," she says. "My fear is that by the time we know that one is infected, there will be more."

In August and September, the province declared outbreaks at care homes in Brandon, Steinbach and Winnipeg, triggering new restrictions at those facilities.

Anxiety remains high.

The long-term care nurse says screening helps, but it's not foolproof. Personal protective equipment (PPE) was introduced early, but the extended use and reuse of surgical masks doesn't meet infection control guidelines or airborne precautions.

That's why MNU has pushed hard to address PPE and other health and safety issues throughout the pandemic. After significant pressure, nurses were successful in negotiating a Joint Statement and Memorandum of Agreement with Shared Health in July that, among other things, struck down the unsafe one-mask-per-shift policy. (Find more details at: **manitobanurses.ca/media-release-ppe-settlement-covid-19**).

Despite the added precautions, the long-term care nurse still has real concerns for patient safety. "I'm working with an incredibly vulnerable population," she says. "It keeps me cautious when I'm out and about in the world. It keeps me not engaging as everything loosens. I'm not loosening up at the same rate because I want to keep my residents safe."

New Bill Would Improve Long-Term Care Hours

In May, the Official Opposition introduced a piece of proposed legislation that, if passed, would greatly improve the care seniors and other vulnerable Manitobans receive in long-term care homes.

Bill 212, *The Health Services Insurance Amendment Act (Personal Care Home Guidelines)*, provides a target of four direct care hours, per resident, per day. It also holds the Health Minister accountable for meeting this target, while requiring facilities to report their direct care hours.

MNU has long advocated for improved direct care hours for long-term care residents. As explained in MNU's 2018 report, *The Future of Long-Term Care is Now*, research shows that increased care hours will improve care quality and outcomes.

"As our population ages, care needs are becoming increasingly complex, and therefore direct care hours must be protected by law to ensure all Manitoba seniors, regardless of income or location, receive high quality care," says MNU President Darlene Jackson

To support MNU's call to improve care hours, visit **putpatientsfirst.ca/longtermcare**.

Acute Care – Emergency

MNU interviewed four anonymous nurses representing emergency departments across Winnipeg to get a sense of how acute care is holding up in the wake of the pandemic, and what could improve the situation going into the fall and winter.

Breathing Room

Lack of space is a big concern at three of four Winnipeg emergency departments (ED).

"Our ER is extremely small. We can't properly socially distance," says a nurse at St. Boniface Emergency. "We only have certain spaces with proper HEPA filters in place. So, if we have multiple patients that require AGMPs [aerosol-generating procedures], then we run out of space to put these people in."

In December 2019, the Pallister government announced it was moving forward with a previously promised expansion of the St. Boniface ED. As one of the three adult EDs left standing in Winnipeg after a major consolidation process, they needed the space. But she says renovations are still in the planning stages, so staff have to make do.

"We have to really juggle and we are worried about other patients," she says.

At Children's Emergency, nurses would also like to see more floor space in their waiting room.

At the beginning of the pandemic, COVID-19 suspect patients were isolated in rooms. But as the economy reopened, screening procedures changed, allowing potential cases to stay in the waiting room and wear a surgical mask.

"We'd like to increase the capacity of the waiting room in preparation for the spikes we typically see in cases of the flu, asthma and respiratory syncytial virus, but we aren't able to do that," says a Children's Emergency nurse. "This is really putting us to the test with being able to find ways around that."

At HSC Emergency, an attempt to add more chairs to accommodate patients was put on ice this summer when staff realized they couldn't meet physical distancing requirements. "We've outgrown our footprint," says an HSC Emergency nurse.

Staff had to push stable patients to other satellite areas of the hospital, where they continued to wait for care.

Grace Emergency is the exception. During consolidation, the facility was upgraded to a tertiary ED, specializing in shortness of breath and sepsis. The facility was renovated and expanded to 37,000 square feet. But one nurse with experience at Grace Emergency says that while their volume of patients has increased, their staffing has stayed the same.

"We see huge amounts of patients. But we aren't staffed like a tertiary hospital," she says. "We don't even have a dedicated resuscitation nurse. We have to pull from the floor."

Staffing and Beds

Safe, quality, patient care is paramount to all four nurses. But staffing levels, workload, and a lack of beds is impacting patient care. With a second wave of COVID-19 and respiratory season on the horizon, nurses are sounding the alarm.

At St. Boniface Emergency, nurses worry about a lack of in-patient beds available throughout the system. "If we don't have anywhere to move people forward, then they stay in our department and that's a system-wide problem," says the St. Boniface nurse. "Occupancy constraints is a big concern moving forward."

While staffing levels at Children's Emergency are relatively stable, Children's Hospital is currently experiencing high nurse vacancy rates, mandatory overtime and an inability to maintain baseline staffing needs.

"We are in a pandemic and we have high vacancies in some areas," says the Children's nurse. "How is that going to work in the fall when it's expected that things will be worse and you haven't resolved [current] staffing issues?"

HSC Emergency and Grace Emergency are bursting at the seams.

Wondering about PPE?
Check out *The Battle for PPE* on page 04.

"Busy. Full. Sick people. Understaffed, overworked, exhausted." HSC EMERGENCY NURSE

"Busy. Full. Sick people. Understaffed, overworked, exhausted," explains the HSC nurse. "It's been very bad for a long time."

As the province's major trauma centre, HSC Emergency deals with a spike of gunshot wounds, stabbings and major accidents over the summer. "That doesn't change because of a pandemic," she says.

In August, St. Boniface closed its satellite neurology program. Those patients are now coming to HSC Emergency, putting more pressure on staff.

The HSC nurse says most shifts were short of nurses throughout July and August. It led to countless missed breaks, and longer wait times for patients. Once admitted, patients linger in Emergency waiting for a bed to open up throughout the hospital.

"I don't think the hospital is equipped to deal with this now let alone with COVID and flu season," she says. "The beds aren't there. There's no flow within the departments."

At Grace Emergency, forced overtime is a big problem. "Mandating is huge," says the Grace nurse.

Hard hit are the junior nurses, many of whom nab eight-hour shifts right out of school. When they are immediately forced to work a double under a crushing workload, many struggle and don't make it.

"Nothing prepares you for the workload," she explains. "We have a lot of vacancies. A lot of people leave. They don't want to be mandated anymore."

Patient loads can also spike quickly.

Grace Emergency is divided into four areas based on acuity. Each area also has additional care zones equipped with recliner chairs. When the ED fills up, staff move the more stable patients into their corresponding care zone. But care zones don't always come with extra staff, and nurses lack sightlines to these patients.

When a nurse is called away for resuscitation, a remaining nurse can be left caring for eight to 10 patients.

"You're even further down the bunny hole then," she says. "You're just pouring water on fire anywhere you can."

Frontline Feedback

The St. Boniface nurse says that while physicians have spent countless hours coming up with the best possible techniques and scenarios to address COVID-19, a lack of in-patient beds is causing a backlog in Emergency.

"It was much better during the [early part of] the pandemic, but it's creeping up again," she says. "There should be more resources and support going to direct, hands-on patient care in the health care system."

The Children's nurse says there is a need to involve nurses in decision-making. "I think in general there is this unease of what's to come and will we be safe," she says. "We just don't know if we're prepared."

The HSC nurse points to beds, staffing and patient flow. "They need to make more beds somehow. Open back up the COVID-19 contingency beds," she says.

The Grace nurse says the hospital should hire a resuscitation nurse, provide more frequent training opportunities so nurses can increase their levels, and hire more staff. "We didn't get a staffing increase. That's what's hurting our staff, and mandating," she says.

MNU President Darlene Jackson says listening to the frontlines is key. "Tap into the knowledge that nurses have and tap into what they believe the solutions would be," she says. "This virus is going to be around for some time. A robust public health care system is key to fighting the pandemic."

Five Things
YOU SHOULD KNOW ABOUT YOUR RIGHTS UNDER COVID-19

1 **If you have been temporarily redeployed due to the pandemic response, you have access to a work disruption allowance and other benefits.** Your work disruption allowance covers unanticipated costs associated with reassignment and only applies to days worked. It is treated as income and should be found on your pay cheque (though it doesn't attract benefits or accruals). The allowance ranges from $10 per work day if you travel less than 49 kilometres above your normal commute, all the way up to $150 per work day if you travel 150 kilometres or more above you regular commute. If your redeployment lasts more than seven days, your allowance will increase by $30 daily. That allowance will be bumped by a further $30 per day if you are reassigned to a federal jurisdiction. These benefits were the result of a Memorandum of Agreement signed by multiple health care unions including MNU and the employing authority in March. For more information about the MOA, visit: **manitobanurses.ca/moa-redeployment-covid-19**.

2 **If you are required to self-isolate and self-monitor for COVID-19 symptoms due to exposure at work, you are eligible for 14-days of paid administrative leave.** While MNU fought hard for paid leave, we are disappointed that it leaves out symptomatic workers. In other words, if you develop COVID-19 symptoms, you are forced to use up your sick time or other banks, which may not be sufficient or available to cover your time away. MNU also encourages symptomatic nurses to apply as soon as possible for WCB coverage (for more information, visit: **manitobanurses.ca/documenting-exposure-covid-19**). If you support paid leave for symptomatic workers, support our letter-writing campaign at: **putpatientsfirst.ca/paidleave**

3 **If, in your professional judgement, you believe an N-95 mask is required to perform a nursing task, you should get one.** This is a hard-fought right that MNU gained for members this past July as part of a signed Memorandum of Agreement and Joint Statement with Shared Health. Nurses treating suspected or confirmed COVID-19 patients will be provided with a fit-tested N-95 upon request. As well, nurses are able to use their own professional and clinical judgement to determine whether a higher level of PPE is necessary to safely treat patients by employing Point-of-Care Risk Assessments and cannot be unreasonably denied. The MOA also rescinds the unsafe one-mask-per shift policy, and nurses should be provided with a minimum of two surgical/procedure masks per eight-hour shift (or three per 12-hour shift), with a goal of increasing this allowance as circumstances permit. If you notice your employer is not following these policies, please contact your LRO or local/worksite president. For more information about this major win for nurse and patient safety, visit: **manitobanurses.ca/message-to-members-ppe-settlement-announcement**.

4 If you believe a concern has not been adequately addressed by management, you have a right to bring your concern to your Workplace Health and Safety Committee, Joint Union Management Committee or Nursing Advisory Committee.

Under the provincial *Workplace Safety and Health Act*, there are three steps associated with addressing health and safety issues. **Step 1:** Involve your manager/supervisor. **Step 2:** Approach your Workplace Safety and Health Committee. **Step 3:** Involve the Manitoba Workplace Safety and Health Division and a provincial Workplace Safety and Health Officer will conduct an investigation. The right to refuse unsafe work is covered in Section 43 of *The Workplace Safety and Health Act* and states that workers have the right to refuse work that they reasonably believe constitutes a danger to their health and safety, or that of another person should they perform the task. Please note that you must make the decision to refuse. MNU will offer support but cannot make representations on your behalf. For more information, visit: **safemanitoba.com/topics/Pages/Right-to-Refuse.aspx**. Members can bring concerns associated with workload and staffing, as well as nursing professional practices, standards, functions and physical planning and the layout of facilities to their workplace Joint Union Management Committee or Nursing Advisory Committee. For more information, review your collective agreement or contact your local executive or LRO.

5 If you have been subject to a single-site order, you still have a right to file a grievance.

This includes grieving violations of your collective agreement not covered by the single-site order, and violations of the single-site order itself in areas where it supersedes your collective agreement. For example, if you aren't being paid overtime for shift extensions, you have a right to grieve. While the employer has a right to change your schedule or shifts based on needs arising from the single-site order, they must, at minimum, meet your rates of pay and honour OT provisions based on your equivalent EFTs at the facilities where you worked prior to the single-site order. Further, the order requires that schedule or shift changes must be reasonably necessary at the time to comply with the purpose of the operator's staffing and work deployment plan. For more information, visit: **manitobanurses.ca/PCH-order-questions-answers**.

Unions Overturn Wage Freeze Bill

PALLISTER GOVERNMENT DRAGS PROCESS INTO UNNECESSARY APPEAL

After a three-year legal battle that ended with a strong ruling from the Court of Queen's Bench that the province violated charter-protected rights to collective bargaining when it imposed but never enacted Bill 28, *The Public Services Sustainability Act* (PSSA), the Pallister government has decided it would rather drag out the fight against public sector workers.

On August 13, the government filed a Notice of Appeal to the Manitoba Court of Appeal on the grounds that the lower court erred in ruling the PSSA unconstitutional.

MNU is part of the Partnership to Defend Public Services (PDPS)—the coalition of several public sector unions led by the Manitoba Federation of Labour—that continues to aggressively challenge this union-busting legislation.

"It's a disappointing development," says MNU President Darlene Jackson. "Unfortunately, through their reckless approach to health care cuts and consolidation, and their total disregard for the advice of nurses and other experts, the Pallister government has repeatedly, consistently demonstrated that they intend to make your working life more difficult, and they are willing to use every tool available to them for implementing their austerity agenda."

In a statement, MFL President Kevin Rebeck points out that "working families deserve better from this government."

"Over 120,000 have been impacted by this unconstitutional law, and many of them have been working with expired contracts while stepping up for all of us during the COVID-19 pandemic," he says.

In her 230-page decision on June 11, Court of Queen's Bench Justice McKelvey ruled strongly against the Pallister government. "I have concluded that the PSSA operates as a draconian measure that has inhibited and dramatically reduced the unions' bargaining power and violates s.2(d) associational rights," she writes. "The PSSA has made it impossible for the Plaintiffs to achieve their collective goals and limits the right to freedom of association."

The court ruling was applauded by labour groups fighting similar anti-union legislation across the country.

"...through their reckless approach to health care cuts and consolidation, and their total disregard for the advice of nurses and other experts, the Pallister government has repeatedly, consistently demonstrated that they intend to make your working life more difficult..." **MNU PRESIDENT DARLENE JACKSON**

"The Manitoba decision clearly shows that what [the Ontario Nurses' Association] and other public-sector unions have alleged in our own Charter challenges is true," says Ontario Nurses Association (ONA) President Vicki McKenna in a press release.

In December 2019, ONA launched a Charter challenge against Bill 124, the Ford government's public sector wage-suppression legislation.

While MNU remains disappointed by the Pallister government's decision to appeal, nurses are proud partners in the PDPS and will continue to help steer the coalition's actions in this critical and nationally significant case.

United Front

Challenging the Pallister government's unconstitutional wage freeze bill was no small feat. It involved the collaboration of 28 unions headed up by the Manitoba Federation of Labour. **By sharing the burden of legal costs, these unions have been able to stave off an erosion of the rights of working people in Manitoba, while setting an important precedent for labour groups in other provinces facing similar austerity-minded government tactics**. The following unions are taking part in the Partnership to Defend Public Services:

- AESES
- CUPE
- General Teamsters Local 979
- IBEW 2034
- IBEW 2085
- IBEW 435
- Operating Engineers of Manitoba Local 987
- LALA
- MAHCP
- MGEU
- MNU
- MTS
- PIPSC
- UA Local 254
- PSAC
- UFCW 832
- UMFA
- UNIFOR
- USW 7106
- USW 7975
- USW 8223
- USW 9074
- UWFA
- WAPSO IFPTE Local 162
- BUFA
- IATSE Local 63
- UBC Local 1515
- PCAM

Bargaining Date Set

Despite delays and complications caused by COVID-19, MNU has continued to engage the employer to set a bargaining date. In July, MNU sent notice to the employer requesting that bargaining begin this fall. **We are pleased to report that the employer has responded and central table bargaining is expected to start October 15.**

MNU is fully prepared to bargain. We also know that the Pallister government has both a history of delaying the collective bargaining process, and significant powers at its disposal to continue to do so. We have seen this through the unnecessary union representation votes last August, and Bill 28—the proposed wage freeze bill—that they are currently dragging through an unnecessary appeal process.

Internally, we are planning logistics for virtual bargaining sessions, and the Provincial Collective Bargaining Committee (PCBC) is updating its package of bargaining proposals based on the new bargaining structure established in the wake of the union representation votes. MNU will continue to keep members updated about the appeal process, and what impact it may have on bargaining.

Throughout the pandemic, Manitobans have been counting on nurses more than ever before. Nurses deserve a fair deal, and we will continue to fight for one this fall.

For more information and the latest updates on bargaining, visit: **manitobanurses.ca**.

Commemorating Front Lines Magazine

MNU Focuses on Digital Platforms

From a black and white newsletter, to a full-colour glossy magazine, to today's online news and social media, keeping members informed has been a priority since nurses unionized across Manitoba in 1975.

But as more and more members access their information online, MNU is changing with the times. This current edition will be the final issue of MNU's Front Lines magazine.

Wes Payne is the Director of Communications and Government Relations for MNU. He said it wasn't an easy

45 YEARS
OF NURSING NEWS

1975 The Manitoba Staff Nurses Council sign a historic Collective Agreement and change their name to the Manitoba Organization of Nurses' Association (MONA). A publication titled "Newsletter" is quick to follow.


MANITOBA ORGANIZATION OF NURSES' ASSOCIATIONS

NEWSLETTER

The New Organization

MANITOBA ORGANIZATION OF NURSES' ASSOCIATIONS

NEWSLETTER

"1979 NEGOTIATIONS"

Money Talks. *A January 1979 issue dishes on tentative bargaining details.*

1983 By 1983, MONA has added a splash of colour to its reimagined member communication vehicle—Pulse—a name that members still see today via MNU's e-newsletter.


mona Pulse

manitoba organization of nurses' associations

PRESIDENT'S MESSAGE

OPERATION SOLIDARITY

WE SUPPORT


mona Pulse

Our New Home

New Digs. *This 1989 issue features an artist's drawing of what would become Union Centre, where MNU Provincial Office is currently located in Winnipeg.*

1994 By 1994, MONA is the Manitoba Nurses' Union (nurses changed the name in 1990). Pulse is now Union Pulse and displays a full-colour treatment.

1997 By 1997, the newsletter gets yet another reboot, this time reverting to its former name and switching to a softer look.

decision to retire the print publication, given its proud history and place of prominence within the union over 45 years.

"The fact is information just travels too quickly to rely on print these days. In recent years we've grown our email list to the point where we are able to communicate far more effectively with members online, while readership and interest in our magazine has declined," he says.

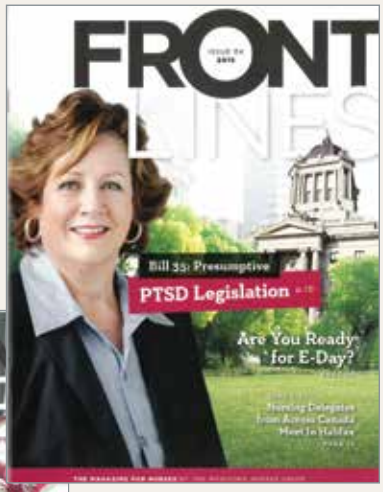
While members give MNU high marks for keeping them informed, a 2020 membership poll indicates that only 5.5% prefer to have information mailed to their homes. Over 90% prefer email and other online sources.

Payne says the move will allow MNU to focus on vehicles like The Pulse e-newsletter and other online communications tools including social media to keep members informed. "Timely access to relevant and accurate information will continue to be a cornerstone of our communication efforts. We'll still make use of print materials when we need to, but this change will help us focus on the tools members would like us to use to keep them informed."

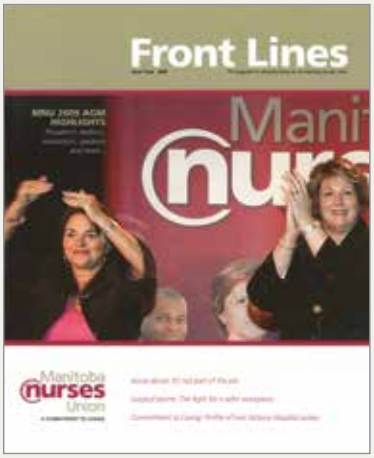
2002 Pulse becomes Front Lines magazine. The masthead features a yellow ribbon—a symbol of nurses' willingness to stand together in support of each other, patient care advocacy, and strong union activism.

A Long-Standing Concern. *In this 2007 issue, MNU showcases their report into long-term care. That work helped establish the current guidelines of 3.6 paid hours of care per resident, per day.*

2015 Front Lines is revamped into its current form.



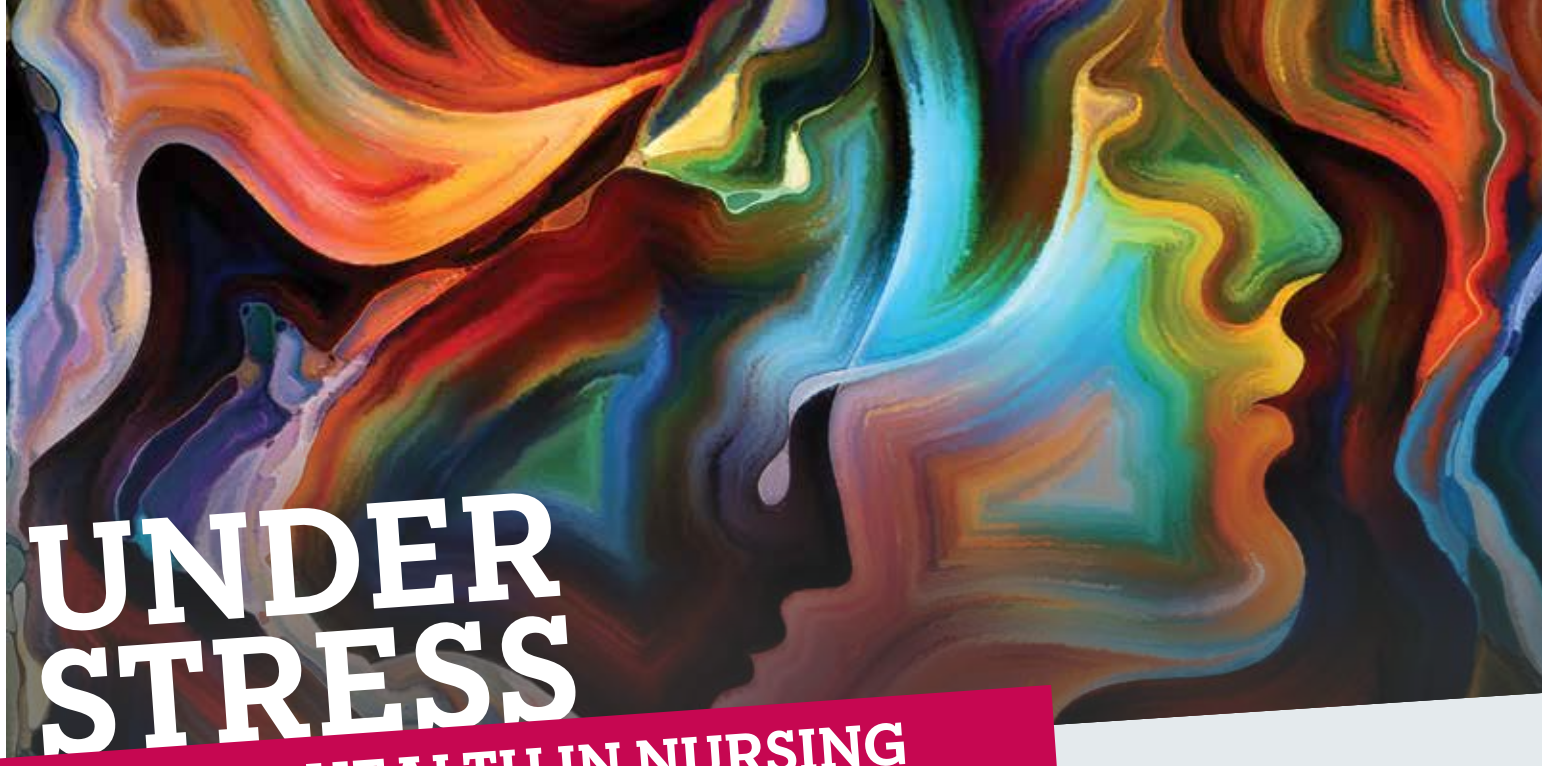
Won't Back Down. *Under a new era of cuts and closures in health care, MNU fights back for safe, quality patient care in this 2017 magazine issue.*



2009 Front Lines gets a revamp after MNU changes its logo to the now familiar burgundy and gold.

PPE Fight. *In this 2009 issue of Front Lines, MNU highlights concerns emanating from the H1N1 influenza pandemic response in Manitoba, like access to N-95 masks and proper fit-testing.*

2017 MNU launches The Pulse e-newsletter, following the MNU Board's strategic decision to prioritize member engagement and online resources in 2016.



UNDER STRESS

MENTAL HEALTH IN NURSING

PTSD, anxiety, depression and burnout. These are some of the conditions outlined in a new study on the state of mental health among Canada's nurses.

Mental Disorder Symptoms Among Nurses in Canada is the first cross-Canada snapshot of the mental health of nurses, and the results are not good.

Of the 7,358 regulated nurses (RNs, LPNs, RPNs, and NPs) that participated in the study:

- One in three screened positive for depression,
- More than one in four screened positive for anxiety and clinical burnout,
- Almost a quarter (23%) screened positive for PTSD,
- One in five tested positive for Panic Disorder, and
- One in three nurses reported having suicidal thoughts (17% reported planning suicide, and eight per cent reported attempting suicide in their lifetime).

These numbers are higher than those found in the general population, and in some cases higher than a similar study of public safety personnel including firefighters, paramedics and correctional workers.

Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU), calls the rates "disturbing."

"We can only imagine how much more severe they would be now as nurses shoulder the stress of fighting COVID-19," she says.

So what could be contributing to these high rates? The study points to a number of factors, including high-stress and exposure to trauma.

STRESS

Nurses reported a number of factors contributing to workplace stress, including: inadequate staffing, unpredictable scheduling, lack of support from management, workload, and being forced to juggle non-nursing duties. Nurses also cited dealing with violent or abusive patients, working through breaks, watching patients suffer, and being held accountable for things over which they have no control as "extremely stressful."

And it's having a big impact on their health and well-being.

63% of nurses reported some symptoms of burnout. Even more concerning, 29% screened positive for clinically significant levels of burnout, meaning that their burnout is so bad that they should be receiving medical attention.

Burnout is described in the report as a "syndrome resulting from chronic workplace stress that has not been successfully managed."

According to the World Health Organization, workers experiencing burnout may feel depleted and exhausted, they may feel distant from their occupation, or have negative or cynical feelings about work, and may suffer from "reduced professional efficacy."

In other words, if nurses are overstretched to the point of burnout, patient care may suffer along with them. 83.4% of participants said regular staffing levels are not sufficient to meet the needs of their patients.

TRAUMA

Nurses are exposed to many different types of potentially traumatic events at a much higher frequency than the general public.

According to Dr. Nicholas Carleton, chief investigator and Professor of Clinical Psychology with the University of Regina, the general population generally experiences one to three traumatic events over the course of their lives. This could include things like physical or sexual assault, a natural disaster or fire, accident, injury, illness or death.

Nurses, on the other hand, report an average of over 13 *different types* of traumatic exposures, which they then may experience multiple times.

"I don't believe that the general population necessarily understands the rates and the frequency of the exposures we're talking about," says Carleton.

When presented with a list of 20 possible traumatic events, nurses most frequently sited physical assault, followed by the death of an individual after extraordinary efforts were made to save their life, and death of someone who reminded them of a friend or family member.

> **...if nurses are overstretched to the point of burnout, patient care may suffer along with them.**

Exposure could mean directly experiencing the event, witnessing the event, or learning about the event.

Nearly half of nurses (46.4%) reported exposure to physical assault 11 or more times. The same frequency of exposure applies to nurses that lost an individual or patient after extraordinary efforts were made to save their life (40%), and experiencing the death of a patient that reminded them of a friend or loved one (18.6%).

According to the report, repeated exposure to potentially psychologically traumatic events is associated with mental health disorders.

That could be why nearly a quarter of nurses screened positively for PTSD, which is similar to rates seen in public safety personnel but 15% higher than the general public. Nurses also reported higher levels of depression, anxiety and panic disorder than both the public and public safety personnel.

"The study results suggest cumulative exposures to potentially psychologically traumatic events and other work stressors are problematic for nurses. The results highlight a significant need to direct more attention to the well-being of Canadian nurses, including their mental health," says Carleton.

Looking for mental health supports? Visit manitobanurses.ca/mental-health-and-wellness

GETTING HELP

While over half (55%) of nurses reported receiving formal mental health training or education to support others, only a third (32%) reported receiving formal training for their own mental health.

Over half cited discussing problems with a friend (55.8%) or family member (50.1%), while about a third (35.5%) sought the help of a family doctor or nurse practitioner (35.5%), or co-worker/supervisor or boss (32.5%). A quarter didn't seek any help (25.6%), and numbers connected with professional counsellors, social workers or therapists (17.4%), psychologists (13.8%), and psychiatrists (8.6%) were even lower.

Paradoxically, nurses that chose not to seek help cited a preference for managing their mental health on their own (50%), while simultaneously admitting that they did not receive enough help.

Other top barriers included being too busy (24%), and interference from their job such as workload, hours of work, and lack of cooperation from supervisor (22%).

According to CFNU President Linda Silas, the first step to turning things around is measuring the problem.

"You have to have the information to fix the problem, and that's why we went to [Nicholas] and his team," says Silas.

The report calls for multiple interventions and supports across the system, including addressing staffing shortages, reducing stigma by educating managers and employees, increasing supports following a critical incident, and providing greater access to mental health training.

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

To read the full report, visit **nursesunion.ca/osi**.

Did you know? In 2015, MNU released a comprehensive report detailing high levels of PTSD among Manitoba's nurses. In response to the study, legislation came into effect in early 2016 that recognized PTSD as an occupational disease, meaning that a nurse in Manitoba diagnosed with PTSD could obtain presumptive WCB coverage.

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