

To: All Hospital Bargaining Unit Presidents



From: Erin Ariss, RN, Provincial President, Ontario Nurses' Association (ONA)

Date: September 24, 2025

Re: **Ending Unpaid Transfer of Accountability Time**

C: Board of Directors, Local Coordinators, all staff

We are writing this memo to ensure that members are following the collective agreement, that you are not working for free, and that your right under our Hospital Provincial Collective Agreement to be paid for all the invaluable time you spend working is respected by participating hospitals.

Transfer of Accountability

Some 50 years ago, an interest arbitrator mandated that nurses give 15 minutes of free labour after the end of each shift for reporting purposes under the *Hospital Labour Dispute Arbitration Act*. This was not freely bargained or agreed to by nurses. Arbitrators imposed this on nurses based on outdated reasoning that you are professionals, and this is part of your professional responsibilities.

This requirement disrespected our members and is a heavy-handed solution which fails to recognize this vitally important work nurses perform, or their equal value to other professions.

Hospital employers have argued extensively over the years that this expectation of free time should continue, and that it is a professional obligation. The reality is, based on the Ontario Hospital Association's (OHA) own numbers, ONA nurses have been giving 2.6 per cent of total compensation, or \$203 million dollars a year. Last year alone this Transfer of Accountability (TOA) resulted in more than \$135 million in unpaid labour from ONA members. Hospitals have profited off the backs of nurses.

Interest Arbitration Award

At the latest provincial hospital interest arbitration before Arbitrator Sheri Price, ONA vigorously argued to take out this archaic language and to simply treat work performed at the end of the shift, including to report, like any other work. ONA argued that nurses' time and work should be paid, full stop. Arbitrators had essentially codified sexism in our collective agreement against a predominantly female workforce by requiring nurses to work for free. We also argued that no

other health-care union has this untenable language in their agreement, which ONA would never have agreed to in free collective bargaining.

Arbitrator Price recognized this as a problem in her decision:

The fact of the matter is that nurses are paid an hourly rate for their scheduled hours of work, but not for up to 15 minutes, after their shift has ended, engaged in the exceedingly important work of transferring accountability for their patients to the oncoming shift. As the rights arbitration cases demonstrate, this is a patently unfair practice, which flies in the face of prevailing norms in society at large.

... As for other Hospital employees who transfer authority for patients, such as regulated health professionals under the OPSEU or SEIU collective agreements, the Union submits and the Participating Hospitals do not dispute that there is no provision equivalent to the one in art. 13.01(a) requiring reporting time to be unpaid. We see no reason why other Hospital employees who engage in TOA as part of their professional responsibilities should be paid for that work, but RNs should not.

The recent arbitration decision covering the Hospital Provincial Collective Agreement alters this practice by compensating work for reporting at the end of the shift, but at lesser rates than other work. ONA does not agree that this goes far enough and continues to discount this vitally important work. Instead of treating reporting time like any other work, Arbitrator Price created a new special category of work that is paid less even if nurses qualify for overtime pay based on the number of hours worked.

The new language, noted below, provides that a nurse is to be paid for **any time spent reporting** beyond the end of the shift **at the same rate as the tour that has just been worked**:

- 13.01 (a) The normal daily tour shall be seven and one-half (7½) consecutive hours in any twenty-four (24) hour period exclusive of an unpaid one half (½) hour meal period, it being understood that at the change of tour there may be additional time required for reporting. Any time spent reporting beyond the end of the normal daily tour for a period of up to fifteen (15) minutes duration will be paid at the same rate as the tour that has just been worked. Should the reporting time extend beyond fifteen (15) minutes, however, the entire period shall be considered overtime for the purposes of payment under Article 14.

Why is this Important?

The new language clearly states that payment is for time spent reporting beyond the end of your shift. As noted, the provision pays you at the rate of the shift you

were working, therefore a straight time shift would pay the 15 minutes at straight time even if the threshold for overtime hours is reached when you factor in this additional reporting time. As in the past, any time spent beyond the 15 minutes is overtime.

It is critical that nurses track the amount of time spent reporting beyond the end of their shift and document it in their own personal records.

We know that hospitals are not currently recording the time that you work as they are required to under the *Employment Standards Act*. We do not know if hospitals will develop reliable methods of recording or whether they will erect barriers or otherwise make it difficult for our members to claim this additional compensation for reporting time. We need to be vigilant.

It is also gravely important that nurses claim every minute of this work for as long as it takes. If the hospital gives our members a hard time, refuses to pay for this work, or flagrantly disregards the collective agreement, ONA will be filing grievances. There is no amount of time that is too small or not worth the value of being paid. For over 50 years, nurses have been expected to donate millions of dollars in unpaid work to hospital employers. They should not, under any circumstances, be expected to donate a penny more.

The failure to pay for this work allows hospitals to engage in death by a thousand cuts and results in both an individual and collective loss to our members. This is not only contrary to the collective agreement but manifestly unfair and unjust.

Furthermore, if a member is providing patient care beyond the end of their shift, the provisions of the collective agreement on compensation including overtime should apply. In other words, the reduced rates of being paid at straight time if you work a straight time shift under Article 13.01 is based on time spent reporting and not doing other types of nursing work such as patient care. Not only should nurses get paid for their time, but it should be at the correct rate.

It is common practice for members to report early to their shift, and the reasons and rationale for doing so are varied, however it should be noted that those practices will not result in payment under Article 13.01. However, it is ONA's position that members should be compensated for any time working before their scheduled shift where the hospital or managers request or direct members to come to work early.

It is up to members, but they do not need to volunteer to come into work early and donate their time for free.

When does this take effect?

This change regarding Transfer of Accountability becomes effective 60 days from the date of the decision, which is November 2, 2025. The current rule is that if you

spend more than 15 minutes on reporting, you are entitled to claim overtime for the full 15 minutes. This continues after November 2, 2025.

With respect to other types of work performed before or after the end of your shift, all the rules of the collective agreement still apply. If you are required to work earlier or after your shift performing other nursing duties, you may be entitled to overtime.

Our rights in the collective agreement cannot come to life without diligent application by ONA and its members as a unified force. We need every member to stand up and exercise their rights in workplaces across the province. ONA will support our members to ensure they are not short changed and they get all compensation to which they are entitled.

The Cost of Reporting off Shift

While the arbitration decision does not go far enough to correct the longstanding wrong of unpaid work, the benefit of this change is significant, particularly when looked at over a one-year period. The average full-time nurse who works 140 shifts per year would be entitled to the following additional compensation for their time spent reporting:

Fifteen minutes of TOA on every shift at straight time over a one-year period:

- Year 1 rate (\$40.24) = \$1,408.40
- Year 8 rate (\$57.68) = \$2,018.80

If half of those TOAs take 20 minutes, thereby becoming 1.5x:

- Year 1 rate (\$40.24) = \$2,113.00
- Year 8 rate (\$57.68) = \$3,028.78

Fifteen minutes of TOA on an existing premium shift:

- Time and one-half shift (1.5x)
 - Year 1 rate (\$40.24) = \$15.09
 - Year 8 rate (\$57.68) = \$21.63
- Double time shift (2x)
 - Year 1 rate (\$40.24) = \$20.12
 - Year 2 rate (\$27.68) = \$28.84

Our members work hard, with increasing workloads and patient assignments. Clearly, this is significant compensation, and these hard-earned dollars should go into our member's pockets in an era of economic uncertainty and rising cost of living, rather than being accumulated as "costs-savings" to employers.

What steps do you need to take?

- It is up to members to decide when they arrive at work and there is no obligation to come in early prior to your scheduled shift.

- All members should ensure that as of November 2, 2025 they are being paid appropriately for reporting time beyond the end of their shift.
- Members should ensure that the time is documented or recorded in your own personal records and according to the process that your employer will identify prior to that date.
- If members are directed by the employer to come in before their shift, this time is deemed to be overtime and members should request appropriate compensation.
- Members who are denied any of these rights, should reach out to their Bargaining Unit President to seek assistance.