

## **COLLECTIVE AGREEMENT**

Between:

**ONTARIO NURSES' ASSOCIATION**  
(Hereinafter referred to as the "Union")

And:

**SUNNYBROOK HEALTH SCIENCES CENTRE**  
(Hereinafter referred to as the "Hospital")

**Expiry: March 31, 2025**

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**APPENDIX 3 – SALARY SCHEDULE**

Classification - Registered Nurse – All Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$37.93	\$39.07
1 Year	\$38.88	\$40.05
2 Years	\$39.86	\$41.06
3 Years	\$41.65	\$42.90
4 Years	\$43.52	\$44.83
5 Years	\$45.70	\$47.07
6 Years	\$47.98	\$49.42
7 Years	\$50.38	\$51.89
8 Years	\$54.37	\$56.00

Classification - Infection Control – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$40.96	\$42.19
1 Year	\$41.96	\$43.22
2 Years	\$42.90	\$44.19
3 Years	\$44.80	\$46.14
4 Years	\$46.76	\$48.17
5 Years	\$49.03	\$50.50
6 Years	\$51.43	\$52.97
7 Years	\$53.97	\$55.59
8 Years	\$58.24	\$59.99

Classification - Charge Nurse- Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$39.32	\$40.50
1 Year	\$40.22	\$41.43
2 Years	\$41.16	\$42.40
3 Years	\$43.02	\$44.31
4 Years	\$44.87	\$46.22
5 Years	\$47.15	\$48.56
6 Years	\$49.45	\$50.93
7 Years	\$51.94	\$53.50
8 Years	\$56.07	\$57.75

Classification - Clinical Care Leader, Clinical Coordinator – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$39.61	\$40.80
1 Year	\$40.71	\$41.94
2 Years	\$41.85	\$43.11
3 Years	\$43.68	\$44.99
4 Years	\$45.60	\$46.97
5 Years	\$47.84	\$49.27
6 Years	\$50.17	\$51.68
7 Years	\$52.67	\$54.25
8 Years	\$56.85	\$58.55

Classification - Coordinator Supportive Care Services, \*Patient Care Coordinator – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$40.22	\$41.43
1 Year	\$41.19	\$42.43
2 Years	\$42.21	\$43.48
3 Years	\$44.09	\$45.41
4 Years	\$46.10	\$47.49
5 Years	\$48.40	\$49.85
6 Years	\$50.80	\$52.32
7 Years	\$53.34	\$54.94
8 Years	\$58.33	\$60.08

Classification - Coordinator – Pain Program, Dialysis Access Clinician, Nurse Clinician, Developmental Pediatric Clinician, Operations Coordinator, Patient Flow Specialist – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$45.42	\$46.79
1 Year	\$46.97	\$48.38
2 Years	\$47.85	\$49.29
3 Years	\$49.84	\$51.34
4 Years	\$51.74	\$53.30
5 Years	\$53.51	\$55.11
6 Years	\$55.41	\$57.07
7 Years	\$57.44	\$59.16
8 Years	\$61.29	\$63.13

Classification - Clinical Nurse Specialist – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$53.15	\$54.75
1 Year	\$54.96	\$56.61
2 Years	\$55.97	\$57.65
3 Years	\$58.21	\$59.96
4 Years	\$60.55	\$62.37
5 Years	\$62.60	\$64.48
6 Years	\$64.84	\$66.79
7 Years	\$67.23	\$69.25
8 Years	\$71.71	\$73.86

Classification - Cardiovascular Coordinator/Patient Liaison, Cardio Catheter Triage Coordinator – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$40.22	\$41.43
1 Year	\$41.19	\$42.43
2 Years	\$42.21	\$43.48
3 Years	\$44.09	\$45.41
4 Years	\$46.10	\$47.48
5 Years	\$48.40	\$49.85
6 Years	\$50.80	\$52.32
7 Years	\$53.34	\$54.94
8 Years	\$58.33	\$60.08

## Classification - Research Assistant

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$42.08	\$43.34
1 Year	\$43.50	\$44.81
2 Years	\$45.63	\$47.00
3 Years	\$46.08	\$47.46
4 Years	\$47.94	\$49.38
5 Years	\$49.58	\$51.07
6 Years	\$51.32	\$52.86
7 Years	\$53.23	\$54.83
8 Years	\$56.78	\$58.48

## Classification - Diabetes Nurse Educator, Educator, Nurse Educator, Spinal Cord Program Nurse, Registered Nurse First Assist – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$49.20	\$50.68
1 Year	\$50.83	\$52.36
2 Years	\$51.79	\$53.35
3 Years	\$53.87	\$55.49
4 Years	\$56.02	\$57.71
5 Years	\$57.96	\$59.70
6 Years	\$60.00	\$61.80
7 Years	\$62.19	\$64.05
8 Years	\$66.36	\$68.35

## Classification - Nephrology Access Coordinator – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$46.65	\$48.05
1 Year	\$48.22	\$49.67
2 Years	\$49.13	\$50.61
3 Years	\$51.08	\$52.61
4 Years	\$53.15	\$54.75
5 Years	\$54.96	\$56.61
6 Years	\$56.90	\$58.61
7 Years	\$58.99	\$60.76
8 Years	\$62.93	\$64.82

## Classification - Permanent Team Leader – Bayview and Holland Campus

	<b>April 1, 2023</b>	<b>July 20, 2023</b>	<b>April 1, 2024</b>
Start	\$39.79	\$42.00	\$43.26
1 Year	\$41.29	\$43.29	\$44.59
2 Years	\$42.44	\$44.44	\$45.77
3 Years	\$44.29	\$46.29	\$47.68
4 Years	\$46.19	\$48.19	\$49.64
5 Years	\$48.43	\$50.43	\$51.94
6 Years	\$50.77	\$52.77	\$54.35
7 Years	\$53.27	\$55.27	\$56.93
8 Years	\$57.42	\$59.42	\$61.20

## Classification - Team Coordinator – St. John's Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$41.74	\$42.99
1 Year	\$42.65	\$43.93
2 Years	\$43.50	\$44.81
3 Years	\$45.30	\$46.66
4 Years	\$47.12	\$48.54
5 Years	\$49.31	\$50.79
6 Years	\$52.12	\$53.68
7 Years	\$54.00	\$55.62
8 Years	\$57.98	\$59.72

## Classification – Clinical Nurse Specialist – St. John's Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$59.28	\$61.06
1 Year	\$61.68	\$63.54
2 Years	\$62.58	\$64.46
3 Years	\$66.15	\$68.14
4 Years	\$71.23	\$73.37
5 Years		
6 Years		
7 Years		
8 Years	\$71.23	\$73.37

## Classification - Infection Control Practitioner – St. John's Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$47.86	\$49.30
1 Year	\$49.63	\$51.12
2 Years	\$50.82	\$52.35
3 Years	\$53.27	\$54.87
4 Years	\$55.88	\$57.56
5 Years	\$58.43	\$60.18
6 Years	\$61.25	\$63.09
7 Years		
8 Years	\$61.78	\$63.63

## Classification - Infection Control Nurse – St. John's Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$45.31	\$46.67
1 Year	\$46.47	\$47.87
2 Years	\$46.98	\$48.39
3 Years	\$48.53	\$49.99
4 Years	\$50.12	\$51.63
5 Years	\$51.58	\$53.13
6 Years	\$53.06	\$54.65
7 Years	\$55.10	\$56.75
8 Years	\$55.67	\$57.34

## Classification - Patient Educator Coordinator - St. John's Campus

	<b>April 1, 2023</b>	<b>April 1, 2024</b>
Start	\$46.99	\$48.40
1 Year	\$48.52	\$49.98
2 Years	\$49.36	\$50.85
3 Years	\$51.30	\$52.84
4 Years	\$53.31	\$54.91
5 Years	\$56.11	\$57.79
6 Years		
7 Years		
8 Years	\$56.40	\$58.09



## **APPENDIX 4 - SUPERIOR CONDITIONS**

### **Re: Sick Leave Plan In Existence Prior To November 1, 1981 (Full Time Only) – Sunnybrook Campus**

Pay for sick leave is for the sole and only purpose of protecting the employee against loss of regular income when they are legitimately ill and unable to work.

- i) Sick leave will be allowed for sickness for employees after completion of their probationary period on the basis of one-and-one-half (1-1/2) days per month of employment to a total of eighteen (18) days sick leave after one year's service.
- ii) No sick leave will be allowed during the employee's probationary period. Should the employee remain in the employment of the Hospital their entitlement shall be back to the last date of hire.
- iii) All unused sick leave may be accumulated to the credit of the employee to a maximum of one hundred and twenty (120) days.
- iv) The employee may be required to produce proof of sickness for any absence in the form of a medical certificate.
- v) Employees shall not be entitled to sick leave for sickness or accident compensable by Workers' Compensation Board.
- vi) No payment for sick leave credit shall be payable to an employee during a period of vacation or leave of absence. The Hospital will give consideration to rescheduling an employee's vacation in the event that the employee is hospitalized during their vacation and such time shall be counted as sick leave.
- vii) An employee who returns to full-time service from part-time service shall have reinstated any sick leave credits accumulated during previous full-time service, provided that their employment with the Hospital has remained unbroken since the time of full-time service.

### **Re: Educational Bonus Full Time And Part Time**

1. An employee who successfully completes a post-graduate course in their specialty recognized by the Hospital who is working in that specialty will be paid a bonus of \$15.00 per month. This bonus is not to be pyramided.
2. An employee who successfully completes a Bachelor's Degree in Nursing which is recognized from an accredited university will be advanced one step on the salary grid. This bonus is not to be pyramided.
3. (i) Such payments will be effective from the date on which the employee presents to their Patient Care Manager proof of successful completion of the post-graduate course.

- (ii) It is understood that where the part-time employee has no earnings for any monthly period, the education allowance for that period will not be payable.

## **ARTICLE A – RECOGNITION**

A.1 All Registered and Graduate Nurses employed by Sunnybrook Health Sciences Centre in the Municipality of Metropolitan Toronto engaged in a nursing capacity save and except those positions listed in Appendix “A” attached hereto, managers and those above the rank of manager

Note: For purposes of clarity the parties agree that the above provision reflects the agreement provided in the Memorandum of Agreement dated March 11, 2014 with regard to specific excluded positions and are listed as follows:

Positions Excluded From The New Bargaining Unit – Bayview/Orthopaedic and Arthritic Sites:

Lactation Consultant, Nurse Practitioner, Professional Practice Leader, Return to Work Coordinator, Hospital Coordinator, Clinical Trials Coordinator (Odette), Advanced Practice Nurse, Clinical Practice Leader, Anaplastologist Process Coordinator, Coordinator Imaging Research, Coordinator Ontario Drug Distribution Monitoring, Operations Director, Patient Care Manager, Coordinator Childbirth and FLP, Nursing Director, Research Assistant, Sr. Research Coordinator, MIRU, Genetic Counsellor, Infection Control Coordinator, Manager, Infection Control, Pre-Hospital Care Program Coordinator, Palliative Care Coordinator, Research Assistant, Osteoporosis Program, Coordinator Pacemaker, Epidemiologist, Child & Youth Worker, Senior Research Coordinator, Manager MIRU, Administrative Coordinator Systems, Patient Care Coordinator, Systems Nursing Coordinator Aging Program, Research Assistant, Anaesthesia, Shift Manager, Coordinator Medical Outpatients, Pacemaker Technician, Coordinator Patient Relations, Process Improvement, Perfusionist.

A.2 The word "employees" when used throughout this Agreement shall mean Registered and Graduate Nurses included in the above described bargaining unit.

## **ARTICLE B – MANAGEMENT RIGHTS**

B.1 The Union recognizes that the management of Hospital and the direction of working forces are fixed exclusively in the Hospital and shall remain solely with the Hospital, except as specifically limited by the provisions of this Agreement, and without restricting the generality of the foregoing, the Union acknowledges that it is the exclusive function of the Hospital to:

- (a) maintain order, discipline and efficiency;
- (b) hire, assign, retire, discharge, direct, promote, demote, classify, transfer, lay-off, recall and suspend or otherwise discipline

employees, provided that a claim of discharge or discipline without cause may be the subject of a grievance and dealt with as hereinafter provided;

- (c) determine in the interest of efficient operation and highest standards of service, job-rating or classification, the hours of work, work assignments, methods of doing the work and the working establishment for the service;
- (d) generally to manage the operations that the Hospital is engaged in, and without restricting the generality of the foregoing, to determine the number of personnel required, methods, procedures and equipment in connection therewith;
- (e) make and enforce and alter from time to time, reasonable rules and regulations to be observed by the employee, not inconsistent with the provisions of this Agreement. The Hospital will advise the Union of any change of rules and regulations, through the Hospital/Association meetings.

B.2 These rights shall not be exercised in a manner inconsistent with the provisions of this Agreement.

## **ARTICLE C – COMMITTEES AND REPRESENTATIVES**

### C.1 Union Representatives

The Hospital recognizes the Union's right to represent its members. There may be two (2) Union representatives recognized from each area where members work. There may be two (2) representatives or a shared representative position in areas of more than 50 nurses.

### C.2 Negotiating Committee

There shall be up to twelve (12) employees on a Negotiating Committee.

### C.3 Grievance Committee

There shall be a grievance committee comprised of up to six (6) Union members. There shall be at least one (1) representative from each site on the Committee. No more than three (3) representatives shall be absent from work being paid by the Hospital at any one (1) time for the purpose of attending Grievance Committee meetings.

### C.4 Hospital Association Committee

There shall be equal numbers of management and Union representatives on the Committee as determined by the terms of reference and each campus shall have representation on the Committee. The Hospital will endeavour to respond to issues raised prior to the next meeting.

The Hospital agrees that committee members who are to be paid for attendance at these meetings pursuant to Article 6 of the Collective Agreement will advise the Hospital at the Hospital Association Committee Meeting. The Hospital co chair of the Committee will advise the appropriate manager that the committee member is to be compensated for attendance at the meeting.

C.5 Scheduling Committee

There shall be up to five (5) representatives of the Hospital and five (5) representatives of the Union on the Scheduling Committee.

C.6 Union Interview

For the purpose of interviewing newly hired employees the Union interview shall take place during the orientation period. The Hospital agrees that the Union shall be allowed a period of one (1) hour during which this interview shall be conducted.

The Hospital will issue to the Local Executive the annual schedule of planned orientation sessions. The Hospital will provide the Local Executive on the day of the session, a list of the names of the employees scheduled to attend, the employees' status and the unit to which the employee has been hired. The Hospital will endeavour to provide this information to the Local Executive in advance. The Hospital will confirm to the Union the list of actual attendees at each orientation session. The Hospital will discuss with the Union ways to attempt to schedule non-attendees at a future orientation session.

C.7 Re: NGG Mentorship

The Union agrees to utilize any existing Collective Agreement provisions to address any concerns regarding NGG Mentorship. The Hospital agrees to notify the Union of any Mentorship arrangements that include the name of the assigned Mentor for the NGG in accordance with the Letter of Understanding regarding Supernumerary positions.

C.8 Leave for Union Business

- (a) The Union will normally provide two (2) weeks notice of Leave of Absence requests. Such requests shall not be unreasonably denied.
- (b) Replies to requests for leaves of absence shall be given within two (2) calendar weeks of receipt of the request.

C.9 Professional Development Committee

As per Article 9.02(a) of the Central Collective Agreement, the committee shall be composed of representatives of the Union and an equal number of representatives from the Hospital. Each party may have alternatives to replace a member from time to time.

C.10 Bargaining Unit President Leave

1. The Bargaining Unit President is to be on full-time leave from their home unit to work as the Bargaining Unit President with the annual salary split equally between the Hospital and the Union.
2. The Union agrees that it will provide replacement coverage for the Bargaining Unit President's absences including vacation, sick leave and other leaves provided for in the collective agreement. Except in the case of attendance at meetings where the central agreement requires the Hospital to pay the cost of attendance the cost of such replacement coverage will be borne by the Union.
3. The Union agrees that the Bargaining Unit President will endeavor to allocate 50% of their time in a week for Union business with the Hospital and for this purpose will advise the Hospital of their availability on a regular basis.

**ARTICLE D – SCHEDULING – HOURS OF WORK – BAYVIEW AND HOLLAND CAMPUS**

D.1 The Local Co-ordinator/President of Local 80 will be scheduled to work days Monday to Friday for the period of their term.

On completion of their term of office, the Local Co-ordinator/President shall return to their previous position on the nursing unit.

D.2 Pursuant to Article 13 of the Collective Agreement the parties agree to adhere to the following process when implementing Extended Tours, Self Scheduling, 2 Day 2 Night and 2 Day 2 Evening Scheduling, Ten (10) Hour Tours, or any other scheduling initiatives as may be applicable:

(1) Implementation

Scheduling initiatives will be implemented for trial when:

- (i) The Hospital agrees to implement one of the above scheduling initiatives.
- (ii) The Hospital agrees that this agreement shall not be withheld in an unreasonable or arbitrary manner.
- (iii) Seventy percent (70 %) of the employees in the unit so indicate by a secret ballot conducted by the Union; and
- (iv) The Hospital agrees to provide the Union with space on the unit to conduct the vote.
- (v) With the exception of Self Scheduling, any employee who does not wish to participate in the scheduling initiative will

make this known to their manager who will continue to schedule the employee on their existing schedule as provided for in the Collective Agreement.

- (vi) The Hospital agrees to conduct joint Hospital and Union meetings with the employees prior to the secret ballot to explain both the process and the implications of the scheduling initiative.
- (vii) The parties agree to establish principles for conducting the vote.

(2) Trial Period

There shall be a trial period of sixteen (16) weeks. The scheduling initiative will be evaluated jointly halfway through and at the end of the trial period. It is understood that the scheduling initiative may be terminated during the sixteen (16) week trial period if deemed to be unsatisfactory by the parties.

(3) Continuation

The scheduling initiative will be continued provided seventy percent (70%) of the employees in the unit indicate so by a secret ballot conducted by the Union. This vote will be conducted at the end of the trial period.

(4) Discontinuation

The scheduling initiative may be discontinued in the units when seventy percent (70%) of the employees in the unit so indicate by secret ballot or by the Hospital for reasons of:

- (i) Adverse effects on patient care; or
- (ii) Inability to provide a workable staffing schedule; or
- (iii) Where the Hospital wishes to do so for other reasons which are neither unreasonable nor arbitrary.

When notice of discontinuation is given by either party in accordance with the above, then:

- (i) the parties shall meet within two (2) weeks of the giving of notice to review the request for the discontinuation; and
- (ii) where it is determined that the scheduling initiative will be discontinued, affected employees shall be given six (6) weeks' notice before the scheduling initiative is discontinued.

### D.3 Regular Tours and Extended Tours

- (a) The Scheduling Committee shall meet to discuss and provide satisfactory resolution for the development and approval of master unit schedules. It is understood that master unit schedules, new or revised, will proceed through the Scheduling Committee.

Scheduling shall be done on an individual unit basis. In the event of an individual problem related to scheduling the employee and failing resolution, the Union will discuss any difficulties with the Patient Care Manager. If such discussions fail to provide a satisfactory resolution, then the matter shall be reduced to a grievance and lodged at Step No. 2 of the Grievance Procedure with the Director of Operations or designate.

- (b) Continuation or discontinuation of master schedules will be determined on a unit by unit basis as follows:

- i) Where a master schedule is not currently in effect on a nursing unit, one shall be initiated where seventy percent (70%) or more of the employees voting in the unit so indicate by secret ballot. A master schedule shall be submitted to the Scheduling Committee for a review.

Where a master schedule is currently in effect on a nursing unit, it may be discontinued where seventy (70%) of the employees voting in the unit so indicate by secret ballot.

- ii) All master schedules shall be filed with the Scheduling Committee once every twelve months. Specific master schedules shall be audited at the discretion of the Scheduling Committee.
- iii) Where there is a new or revised master rotation proposed, the following process shall be used to seek the input and approval of the employees:

- (A) For a four (4) week period the Manager shall solicit feedback from the employees by posting the proposed master rotation and a feedback sheet for input and comments to be given by all full time and regular part time employees on the unit. The feedback sheet shall be created and provided by the Scheduling Committee. Employees' participation in this process shall be encouraged. All feedback, the existing schedule, and proposed schedule shall be provided to the Scheduling Committee when the final schedule is reviewed for approval.

- (B) The following four (4) week period shall be utilized to conduct a vote by the Scheduling Committee. The Committee Co-Chairs shall provide the ballots for the vote. These ballots shall be available to all full time and regular part time employees on the unit. The purpose of these ballots is to indicate agreement or disagreement to the proposed master rotation. The ballots will indicate the identity of the employees to ensure a proper vote has taken place. These votes shall be cast into a locked ballot box that shall be maintained by the Scheduling Committee Co-Chairs.
- (C) All ballots cast shall be counted by the members of the Scheduling Committee. Implementation of the proposed master rotation requires a seventy percent (70%) vote in favour and shall take place no less than four (4) weeks from the date of the Scheduling Committee's declaration that the votes in favour meet the seventy percent (70%) requirement.

D.4 An employee will be scheduled off work for not less than five (5) consecutive days at either the Christmas or New Year's season, except in areas which are not normally required to work on weekends and holidays. Scheduled consecutive days off work at Christmas will include December 24th, December 25th and December 26th. Scheduled consecutive days off at New Year's will include December 31st, January 1st. It may be necessary to waive the scheduling requirements during this period of time, however, the Hospital will continue to meet as many requirements as possible.

An employee will be scheduled to work at either Christmas or New Year's season unless they request to work both. Part-time employees may request to work both.

The Patient Care Manager will canvass preferences for time off at Christmas or New Year's from September 8th to October 8th prior to posting the schedule for that period. The schedule for that time period will then be posted on November 8th of each year.

An employee who requests and is scheduled off for both Christmas (December 24, 25, 26) and New Year's (December 31, January 1) may not receive five consecutive days off at either season.

In cases of conflict where employees request the same holiday period off, seniority shall govern.

Employees who have not indicated their preference by the stated deadline will have their time off assigned at the discretion of the Hospital.

D.5 A permanent Team Leader will be allowed one (1) weekend off in two (2).



## D.6

Regular Part-Time Commitment

- (a) Regular part-time nurses must be available for work on the following basis:
- (i) to be available to work their hired commitment per pay period minus their individual vacation requests and approved leaves of absence;
  - (ii) to rotate regularly on two (2) shifts unless mutually agreed.
  - (iii) Regular part-time nurses will not be required to work their full commitment in any pay period where a week of vacation is scheduled.

(b) Casual Part-Time

- (i) Casual nurses will advise their Patient Care Manager of the dates and tours of which they may be available to work for a period of four (4) weeks in advance of the six (6) week schedule (timely availability).
- (ii) A casual part-time nurse who becomes available for work shall notify their Patient Care Manager as soon as a change in circumstances becomes known (late availability).
- (iii) Casual nurses will not be called or scheduled to work until all available hours have been offered to regular part-time nurses who do not incur a premium.

(c) Part-Time Scheduling

- (i) All available prescheduled shifts shall be scheduled among the regular part-time nurses in each unit up to their commitment over a posted schedule, based on seniority.

(d) After the Schedule Has Been Posted

Additional available shifts will be offered to nurses in the following sequence:

- (i) where there are Nursing Resource Teams (program or unit specific), nurses from the Nursing Resource Teams up to their hired commitment;
- (ii) regular part-time nurses from the unit who have provided timely availability by seniority;

- (iii) casual part-time nurses from the unit who have provided timely availability by seniority;
- (iv) regular and casual part-time nurses from the unit who have provided late availability based on the date they made themselves available;
- (v) if authorized by the Patient Care Manager, overtime according to unit overtime scheduling guidelines.

The guidelines must be posted in the scheduling binder where all staff may be aware of the guidelines.

The Hospital will distribute shifts above the regular part-time commitment amongst regular part-time employees within each unit. This will be determined on the basis of seniority for those employees who have indicated four weeks in advance their availability for each six week schedule. Remaining available extra shifts will then be offered to casuals on the basis of seniority, who have indicated four weeks in advance their availability for each six week schedule.

#### D.7 Weekend Premium

For the purpose of paying the weekend premium referred to in Article 14 of the central collective agreement, the weekend is defined as commencing at 23:30 hours Friday and concluding forty-eight (48) hours later on Sunday at 23:30 hours. This clause does not apply to what is considered the definition of a weekend for the purpose of scheduling time off on weekends.

#### D.8 Regular Tours

- (a) The weekend is defined as commencing at the completion of the day tour Friday and concluding not less than sixty (60) hours later. The commencement time will vary in the event an employee works on a permanent tour.

At least two (2) weekends off in every four (4) consecutive weekend periods. This clause is not to be construed as the maximum allocation for weekends off, and where possible, employees will receive as many weekends off as staffing permits, and where they receive additional weekends, the definition may not apply to either those employees that rotate or work permanent tours.

An employee will receive premium payment in accordance with Article 14.03 for all hours worked on any weekend scheduled in excess of two (2) weekends in every four (4) consecutive weekend, save and except where:

- 1) Such weekend has been worked by the employee to satisfy specific days off requested by such employee; or

- 2) Such employee has requested weekend work; or
  - 3) Such weekend is worked as a result of an exchange of shifts with another employee; or
  - 4) Such weekend is worked at the employee's request in order to accommodate that employee's vacation request.
- (b) Final schedules will be posted no less than twenty-eight (28) days in advance.
  - (c) No split shifts;
  - (d) Single days off will be kept to a minimum.
  - (e)
    - i) Employees will not normally be scheduled to work more than seven (7) consecutive days. Whenever possible, single tours on duty will not be scheduled. Where possible, schedules with less than seven (7) consecutive tours will be implemented and where seven (7) consecutive tours are required, every attempt will be made to schedule a change in tour midway through the seven (7) consecutive tours. Approval for these schedules will not be unreasonably withheld.
    - ii) An employee will be scheduled for a minimum of two (2) consecutive days off after working scheduled night tours.
    - iii) Where an employee is scheduled to work more than seven (7) days in a row, they will be paid at premium rates for the eighth (8th) and subsequent day until a day off is scheduled.
    - iv) Regular part-time employees shall not normally be scheduled to work more than four (4) consecutive tours, unless agreed otherwise by the employee.
  - (f) Full-Time

No less than two (2) consecutive tours shall be scheduled off between tour changes. Where this does not occur premium payment as per Article 14 will be paid for the next scheduled tour.
  - (g) An employee who normally rotates shall not be required to work more than two (2) consecutive weeks on either of the evening or night tours.
  - (h) For employees who rotate regularly within a Unit, the Hospital will normally schedule evening and night tours of duty equitably.
  - (i) An employee shall not normally be scheduled to change to night/evening tour more than once in any two (2) week period unless agreed to by the individual employee in writing.

- (j) Employees may request that they be scheduled to work either permanent nights or evenings. Requests will not be unreasonably denied. Normally, the Hospital may schedule an employee for not longer than a period of two (2) weeks at a mutually agreeable time to work the day shift with four (4) weeks notice, if required by the employees, for performance review or education.

It is understood that the Hospital may extend this two (2) week period for an additional two (2) weeks where necessary. The Hospital agrees that a second four (4) week notice period applies.

- (k) Part-time

An employee will be scheduled a minimum of two (2) consecutive days off after working scheduled night tours.

- (l) Casual part-time employees will advise their Patient Care Manager of the dates and tours for which they may be available to work for a period of four (4) weeks in advance of the six week schedule.

#### D.9 Regular and Twelve Hour Tours

The parties recognize the principle of scheduling so that the number of shifts (E/N) worked does not exceed the number of day shifts worked unless mutually agreed to by the employee and their Patient Care Manager. The parties recognize that:

- (a) Days off will not be counted as days worked.
- (b) The achievement of this principle will be over the length of the schedule.
- (c) This principle applies on an individual employee basis.

#### D.10 Twelve Hour Tours

- (a) Full-Time

Employees on extended tours will not normally be required to work more than three (3) consecutive extended tours. If an employee is required to work four (4) consecutive tours, then they shall receive a minimum of two (2), preferably three (3) days off.

- (b) (Includes Ten (10) Hour Tours)

Every second (2nd) weekend will be scheduled off unless otherwise agreed upon between the Hospital and the individual employee, or fifty percent (50%) of weekends (i.e., over a month, two (2) out of every four (4) will be scheduled off if agreed upon by the Hospital and a group of employees.

- (c) An employee shall not normally be scheduled to change to night tour more than once in any two (2) week period.
- (d) (Includes Ten (10) Hour Tours)  
  
An employee will receive premium pay in accordance with Article 14.03 for all hours worked on a second (2nd) consecutive and subsequent weekend save and except where:
  - i) such weekend has been worked by the employee to satisfy specific days off requested by such employee, or
  - ii) such an employee has requested weekend work; or
  - iii) such weekend is worked as a result of an exchange of shift with another employee; or
  - iv) such weekend is worked at the employee's request in order to accommodate that employee's vacation requests.
- (e) The provisions (b), (c), (d) (e ii), (f), (g), (i), (j), (k) and (l) of D.8 apply to the extended tour (including ten (10) hour tours).

D.11 Where an employee is attending courses directly related to the employee's employment at the Hospital and they are working an extended tour, the Nursing Manager will endeavour to schedule them for a regular tour on the day that the employee attends their classes.

D.12 Ten (10) Hour Tours

The parties agree that all the terms of the Collective Agreement as outlined in the Central Document and Local Provisions shall apply, save and except those provisions modified by this article.

(1) Hours of Work

- (a) For employees working ten (10) hour tours, a regular tour shall be 9.375 consecutive hours in any twenty-four hour (24) period, exclusive of a total of thirty-seven and one-half (37 1/2) minutes unpaid meal time.
- (b) Employees shall be entitled, subject to the exigencies of patient care, to relief periods during the tour of a total of thirty-seven and one-half (37 1/2) minutes.

For the purposes of payment as referred to in Article 13.01 (d), the meal period on the night tour shall be scheduled during the first five hours of the tour.

(2) Shift Premium

Employees working ten (10) hour tours shall be paid shift premium for all hours worked between 1530 and 0730 hours.

(3) Overtime (Article 14)

For employees working ten (10) hour tours, overtime shall be paid at the rate of time and one-half (1 1/2) the employee's regular straight time hourly rate for all work performed in excess of 9.375 paid hours in a twenty-four hour period, it being understood that at the change of tour, there will normally be additional time required for reporting, which shall be considered as part of the normal daily tour, for a period of fifteen minutes duration. Should the reporting time extend beyond fifteen minutes, however, the entire period shall be considered overtime for the purposes of payment under Article 14.

(4) Paid Holidays

An employee working the ten (10) hour tour shall be paid as per Article 15, noting that the employee working ten (10) hours shall receive twelve (12) days off to consist of seven and one-half (7.5) hours each (applies to full-time only).

(5) Vacations

Vacation entitlement for employees working ten (10) hour tours shall be converted as follows:

Current Week Entitlement	Working Days Off	Equivalent Paid Hours
3	12	112.5
4	16	150.0
5	20	187.5
6	24	225.0
7	28	262.5

(equivalent paid hours applies to full-time only).

(6) Scheduling Objectives

The following scheduling objectives contained in the Collective Agreement shall apply to all employees working ten (10) hour tours as follows:

- (a) Employees shall not normally be scheduled to work more than four (4) consecutive 9.375 hour tours. If an employee works five (5) consecutive tours, they shall receive a minimum of two (2) preferably three (3) days off.

- (b) At least 14 hours time off will be scheduled between tours.
- (c) The weekend is defined as commencing at the completion of the day tour Friday and concluding not less than sixty-two (62) hours later. The commencement time will vary in the event an Employee works on a permanent tour.
- (d) Schedules will be posted no less than twenty-eight (28) days in advance of the start date of the new schedule.
- (e) Requests for changes in posted time schedules must be submitted in writing and co-signed by an employee willing to exchange days off or work tours.

(7) Full-Time

Sick Leave and Long Term Disability

Sick leave as provided for in Article 12 shall be as follows: 75 days 7.5 hours = 562.5 hours.

In accordance with the HOODIP Plan, short term coverage will be sixty (60) ten (10) hour tours. Sick time utilization shall be based on the number of hours absent according to the work schedule.

D.13

Part-Time - Four Hour Tours

1. No part-time employee will be required to work four (4) hour tours without their consent.
2. A four (4) hour tour will consist of four (4) paid hours which shall be inclusive of one (1) fifteen (15) minute paid meal break.

Where an employee is scheduled to work less than a scheduled tour (7.5 hours), Article D in its entirety applies except as amended by the following:

3. No part-time employee will be required to work less than 7.5 hour tours without their consent.
4. The Hospital will endeavor to keep the number of tours comprised of less than 7.5 hours to a minimum.
5. Employees working shifts comprised of less than 7.5 hours shall be granted a paid rest period.
6. No part-time employee will be scheduled fully on tours which are comprised of less than 7.5 hours in any pay period, except where such arrangements are requested by the employee.

D.14 Self Scheduling

1. When a unit adopts self scheduling all employees on the unit will be required to participate.
2. Employees on self-scheduling units shall be responsible for scheduling their hours including paid holidays and lieu days.
3. The completed schedules shall be submitted to the Manager for review and approval, to ensure that appropriate coverage is maintained, at least two (2) weeks in advance of the required posting time. The Manager's approval of the schedule shall not be unreasonably withheld.
4. Self-scheduling, including scheduling guidelines, shall comply with all the provisions of the Collective Agreements in all respects.
5. The parties agree that they will discuss guidelines regarding self-scheduling prior to implementation of self-scheduling.

D.15 2D – 2N and 2D – 2E Scheduling

The scheduling provisions contained in Article D are applicable save and except ~~D.14~~ **D.10** (a), (b), (c), (d) and F.3. The Hospital will endeavour to ensure that employees working this schedule are scheduled to work full time hours in each calendar year.

D.16 Time Off in Lieu of Overtime Payment

Pursuant to Article 14.09 of the Collective Agreement, an employee may bank up to one hundred and fifty (150) hours as lieu time off for overtime worked. Any hours above one hundred and fifty (150) shall be paid out at the appropriate hourly rate. This provision will apply to both full time and regular part time employees. Lieu time resulting from overtime worked shall be taken at a mutually agreeable time.

D.17 Pursuant to Article 13.03 the parties agree to discuss innovative schedules proposed by either the Union or the Hospital. The parties will document the arrangement including any amended collective agreement provisions in a Letter of Understanding.

D.18 Shift Changes

Requests for changes in posted time schedules must be submitted in writing and co-signed by an employee willing to exchange days off or tours, and requests will not be unreasonably denied.



## D.19 Unit Weekend Worker Schedules

Pursuant to Article 13.04 of the Collective Agreement the parties agree that the Unit Weekend Worker Schedule will be implemented as follows:

### Introduction and Discontinuation of Unit Weekend Worker Schedule

1. The voting process, trial period, and continuation vote will be held in accordance with the provisions contained in Article D.2 of the Collective Agreement.
2. The Hospital shall develop a schedule that accommodates the Unit Weekend Worker schedule and further agrees to provide this schedule to the Scheduling Committee for approval prior to conducting the initial vote above.
3. New or vacant weekend worker positions posted to accommodate the Unit Weekend Worker Schedule will be posted on the Unit and filled by seniority from amongst the full time employees on the unit.
4. Positions not filled by #3 above will be posted and filled in accordance with Article 10 of the Collective Agreement.

### Discontinuation

5. Employees in the Unit Weekend Worker positions may discontinue the weekend schedules with thirty (30) days notice to the Hospital. Such position will then be posted in accordance with # 3 above. If there are no applications the position will then be posted in accordance with # 4 above. If there is no applicant the weekend schedule will be discontinued and the Unit will return to the method of scheduling in place prior to the introduction of the weekend worker.
6. Either party may discontinue the Unit Weekend Worker Schedule provided the employees affected are given at least six (6) weeks notice of the discontinuation. The parties agree to meet to discuss the discontinuation prior to giving notice to the affected employees.
7. If the Unit Weekend Worker schedule is to be discontinued it is agreed that the unit affected will return to the scheduling method in place prior to the introduction of the weekend worker.
8. Should the Unit Weekend Worker Schedule be discontinued, the employees in these positions will revert to their previous positions.

### Averaging of Hours

9. The Unit Weekend Worker Schedule shall provide a full time employee with a weekly average of thirty (30) hours but must include two (2) 11.25 hour tours scheduled on each weekend. The remaining

7.5 hour tour shall be scheduled in accordance with Article D of the Collective Agreement.

10. Notwithstanding the above, the parties agree that it is permissible for the employee to work four (4) 11.25 hour tours over each six weeks rather than six (6) 7.5 hour tours.
11. The scheduling provisions of the Collective Agreement will apply, except as modified by this letter. The scheduling and premium provisions relating to consecutive weekends off shall not apply.
12. Vacations will be scheduled in accordance with the Collective Agreement.
13. Any issues or concerns regarding the Unit Weekend Schedule may be discussed at the Hospital Association Committee meetings.

#### **ARTICLE D – SCHEDULING - HOURS OF WORK – ST. JOHN’S CAMPUS**

*D.20 The Hospital will endeavor to provide the following scheduling objectives, but it is recognized by the Association that it may not always be possible to attain these objectives:*

*(a) Master Schedule*

*All full-time and regular part-time nurses will be on a master schedule unless another form of scheduling is in place under the Collective Agreement. A copy of the master schedule shall be provided to the Union President. Shift schedules for nurses shall be posted for two (2) weeks in advance, and shall cover a four (4) week period. Prior to implementing a change in the master schedule, a meeting of the Scheduling Committee will be called. Where a master schedule is changed, rotations will be awarded on the basis of seniority.*

*Individual lines on a master schedule may be changed with prior discussion between the employee affected and their immediate supervisor, provided that the change does not impact other individual lines on the master schedule. Changes to the individual lines on the master schedule will be provided to the Bargaining Unit President at the regularly scheduled Scheduling Committee meetings.*

- (b) A full-time employee will be scheduled off at least four (4) days in any two (2) week period with at least one (1) period of two (2) consecutive days off.*
- (c) For employees, one (1) weekend off in two (2) unless consent is given by the employee.*
- (d) No split shifts.*

- (e) *No nurse will be scheduled to work more than six (6) consecutive tours in a row without their consent. Should a nurse be scheduled by the Hospital to work in excess of six (6) consecutive tours, they will be paid in accordance with Article 14.03 for those tours in excess of six (6) consecutive tours.*
- (f) *An employee shall not be required to change tours of duty more than once during the work week.*
- (g) *An employee shall be scheduled off at least sixteen (16) hours between shifts.*
- (h) *A weekend off consists of fifty-six (56) consecutive hours off work during the period following completion of the evening shift on Friday unless mutually agreed otherwise.*
- (i) *Requests to work permanent evening or night shifts will be granted, if possible. Where a permanent evening or night shift is granted, the opportunity to work a permanent day line will be offered to RN's on the unit in order of seniority. If a nurse working the permanent requested shift terminates, transfers, or changes status, the affected lines will revert to the original master rotation.*
- (j) *The Hospital will schedule full-time and regular part-time employees to work 50% shift and weekends.*
- (k) *An employee will be scheduled off work for not less than five (5) consecutive days at either the Christmas or New Year's season, except in areas which are not normally required to work on weekends and holidays. Scheduled consecutive days off work at Christmas will include December 24<sup>th</sup>, December 25<sup>th</sup> and December 26<sup>th</sup>. Scheduled consecutive days off at New Year's will include December 31<sup>st</sup>, January 1<sup>st</sup>. It may be necessary to waive the scheduling requirements during this period of time, however, the Hospital will continue to meet as many requirements as possible.*

*An employee will be scheduled to work at either Christmas or New Year's season unless they request to work both. Part-time employees may request to work both.*

*The Patient Care Manager will canvass preferences for time off at Christmas or New Year's from September 8th to October 8th prior to posting the schedule for that period. The schedule for that time period will then be posted on November 8th of each year.*

*An employee who requests and is scheduled off for both Christmas (December 24, 25, 26) and New Year's (December 31, January 1) may not receive five consecutive days off at either season.*

*In cases of conflict where employees request the same holiday period off, seniority shall govern.*

*Employees who have not indicated their preference by the stated deadline will have their time off assigned at the discretion of the Hospital*

- (l) *The days of work for any employee, the starting and quitting times each day the time that meal periods and rest periods are taken will be assigned by the Hospital.*
- (m)
  - i) *Employees may submit individual requests for changes in the posted schedule. These requests will be considered by the Hospital with due regard to the Collective Agreement and the operation of the Hospital. Requests for changes in the posted schedule will not be unreasonably denied and full consideration will be given to the use of regular and casual part-time employees as per the Collective Agreement. The Employer will respond to an employee's request for a change within forty-eight (48) hours, exclusive of weekends. The employee making the request is responsible for finding a suitable replacement.*
  - ii) *Employees may submit individual requests for specific days off prior to the schedule being posted. These requests will be considered by the Hospital with due regard to the Collective Agreement and the operation of the Hospital. Requests for changes prior to the posted schedule will not be unreasonably denied and full consideration will be given to the use of regular and casual part-time employees as per the Collective Agreement. The Employer will respond to an employee's request for a change within forty-eight (48) hours, exclusive of weekends.*
- (n) *Staff reporting off duty due to illness will call in at least one and one-half (1½) hours before the start of day shift and four (4) hours before the start of other shifts.*

**D.21** *An employee will receive time and one-half their regular hourly rate for all hours worked on a third (3rd) and subsequent consecutive weekend, save and except where:*

- (a) *such weekend has been worked by the employee to satisfy specific days off requested by such employee; or*
- (b) *such employee has requested work; or*
- (c) *such weekend is worked as the result of an exchange of shifts with another employee.*

- D.22 *Pursuant to Article 14.09 of the Collective Agreement, an employee may bank up to one hundred and fifty (150) hours as lieu time off for overtime worked. Any hours above one hundred and fifty (150) shall be paid out at the appropriate hourly rate. This provision will apply to both full time and regular part time employees. Lieu time resulting in overtime worked shall be taken at a mutually agreeable time.*
- D.23 *Casual employees are required to submit their availability for work for each four (4) week work schedule. Should a casual employee fail to submit their availability for three (3) consecutive work schedules, a meeting will be arranged to review the employee's continued interest in remaining employed as a casual employee. Should the employee decide to remain as a casual employee, any continued failure to submit availability may result in loss of access to the hours available to the casual employee.*
- D.24 *Flexible hours may be introduced on a unit by mutual agreement between the Hospital and the Union. The parties agree to implement a six month trial period, after which the Hospital and Union will meet to review the process and the need for scheduling guidelines for these tours.*
- D.25 *The first shift of the day is day shift.*
- D.26 *Commitment for Regular Part-time Nurses*
- (a) *All regular part-time nurses in a unit will be scheduled up to their committed hours by seniority before any casual part-time nurses are utilized.*
  - (b) *The Hospital will distribute extra shifts among regular part-time nurses on the basis of seniority for those who have submitted their availability four (4) weeks in advance of the posted schedule. The remaining extra available shifts will be offered to casual part-time nurses on the basis of seniority, who have indicated their availability four (4) weeks in advance of the posted schedule;*
    - (i) *A tour will be deemed to be offered whenever a message is left for a nurse with a twenty-four (24) hour timeframe to call back to accept the shift;*
    - (ii) *For tours that start within forty-eight (48) hours, the Hospital will fill the tour with the first nurse who verbally accepts the shift (either by answering phone when call is placed or by call-back).*
    - (iii) *It is understood that the Hospital will not be required to offer tours which would result in overtime premium pay;*
    - (iv) *When a regular part-time nurse accepts an additional tour, they must report for that tour unless arrangements satisfactory to the Hospital are made;*

- (v) *Provided that they are qualified, nurses may submit their availability to work additional tours to more than one unit.*
- (iv) *Nurses will be scheduled for additional tours on their home unit prior to being scheduled for additional tours Hospital-wide.*
- (c) *Where no regular part-time nurse is willing to perform the available work, the tour will be offered to casual part-time nurses on the basis of seniority.*

*D.27 Subject to operational requirements, Team Coordinators will be scheduled to work Monday to Friday, day shift.*

*D.28 The Hospital maintains the right to reassign nurses for a single or partial shift as set out in Article(s) 10.07 (g) and 10.08 (a) of the Central Collective Agreement. The reassignment will first be offered on a voluntary basis. If there are no such volunteers, nurses will be reassigned based on the following principles:*

- (a) *Patient care and safety requirements will take priority in all reassignment decisions;*
- (b) *The Hospital will not normally reassign probationary employees;*
- (c) *The decision to reassign will be made by the Nurse Manager, designate or Resource Nurse;*
- (d) *Save and except volunteers who are qualified to perform the work in question, the Hospital will reassign staff nurses in the following sequence and on the basis of reverse seniority:*
  - (i) *agency nurses will be reassigned first;*
  - (ii) *if there are no agency nurses available, casual nurses will be reassigned;*
  - (iii) *if there are no casual nurses available, part-time nurses will be reassigned;*
  - (iv) *if there are no part-time nurses available, full-time nurses will be reassigned.*

## **ARTICLE E – VACATION**

**E.1** The Hospital will give every consideration to the employee's preference as to the timing of their vacation. The Hospital must reserve the right to the final decision as to the scheduling of the vacation to meet patient care requirements. Vacation requests will not be unreasonably denied. In the

event a vacation request is denied the manager will provide to the employee, in writing, the reasons for the denial. The Hospital will endeavour to schedule vacations as follows:

- (a) Upon request from the employee, the Hospital shall schedule the weekend off prior to one of the employee's vacation periods. The Hospital will also endeavour to schedule other vacation weekends if possible and practical.
- (b) Where an employee schedules their vacation to commence on a weekend that would normally be a weekend off, then this shall not be counted as a weekend that the Hospital is required to schedule off before vacation.
- (c) The Hospital will post summer vacation request lists for the period June 15th to September 15th by February 1st. Employees will submit their written requests for vacation by March 1st. The Hospital will post approved summer vacation request lists by April 15th. If the Hospital cannot approve all requests, the Hospital will grant approval on the basis of seniority. Any remaining available time for vacation in prime time shall thereafter be granted on a first come first served basis.
- (d) Employees will normally submit written vacation requests for other times of the year at least six (6) weeks in advance on a first-come first-served basis. The Hospital will give a written response to the request within one (1) week of receipt of the request indicating approval or denial. Once the Hospital has approved a request the Hospital and the employee will change this approved time only by mutual agreement. Any last minute request shall be given consideration and will not be unreasonably denied.
- (e) The Hospital will give consideration to requests for four (4) consecutive weeks or more in periods other than prime time. The Hospital will also consider requests for up to four (4) consecutive weeks during prime time. Such requests shall not be unreasonably denied.
- (f) The Hospital will provide seniority and vacation entitlement information upon request.
- (g) Employees may accumulate vacation credits up to a maximum of eighteen (18) months' accrued credit.
- (h) Employees shall be permitted to have an advance borrowing of up to five (5) days' vacation credit. Should the employee leave prior to earning these credits, the Hospital is authorized for all purposes including for purposes of the Employment Standards Act and Regulations to make deductions from the employee's outstanding wages for those credits not yet earned.

An employee will be required to use any banked paid time available to them before the Hospital will authorize advance borrowing of vacation.

- (i) The Hospital will give consideration to an employee's request for vacation between the period December 15th and January 15th.
- (j) Employees shall not be required to change from their normal schedule in order to cover shift work of other employees who may be on vacation except under extreme circumstances.

E.2 Vacation pay for part-time employees shall be included in each pay.

E.3 Once every four years, an employee can request vacation between December 15th and January 15th. Approvals shall be granted according to the operational requirements of the Hospital, and according to seniority. Approvals will not be unreasonably withheld. Vacation dates shall be finalized by May 1st of each year and will be confirmed by the Hospital by May 15th.

## **ARTICLE F – PAID HOLIDAYS**

F.1	New Year's Day (January 1st) Third Monday in February (Family Day) Good Friday Easter Monday (St. John's) Victoria Day Second Monday in June (Bayview & Holland)	Canada Day (July 1 <sup>st</sup> ) Civic Holiday Labour Day Thanksgiving Day Remembrance Day (November 11 <sup>th</sup> ) Christmas Day (December 25 <sup>th</sup> ) Boxing Day (December 26 <sup>th</sup> )
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F.2 Scheduling of a lieu day will be mutually agreed upon between the Hospital and the employee. If the employee cannot take their lieu day during the fiscal year in which it was accrued, it will be paid out at the end of the fiscal year.

Lieu time may be taken in conjunction with vacation leave or other approved leave. Lieu time may be taken in forms other than 7.5 hours.

F.3 The Hospital will schedule a holiday designated for a Friday or a Monday to be an off day for an employee scheduled to be off on the adjacent Saturday and Sunday, unless otherwise requested by the employee and agreed to by the Hospital. Conversely, the Hospital will schedule a holiday designated for a Friday or a Monday to be a workday for an employee scheduled to work on the adjacent Saturday and Sunday unless otherwise requested by the employee and agreed to by the Hospital.

Employees on a twelve (12) hour tour schedule shall not be scheduled for more than four (4) consecutive tours without the consent of the employee.  
Note: Applicable to holiday weekends only.



**ARTICLE G – SCHEDULING – STANDBY – BAYVIEW AND HOLLAND SITE**

G.1 The Hospital agrees that standby will be distributed as equitably as possible among the qualified employees who normally perform the work. It is understood that different units/programs will distribute standby by differing processes according to unit/program requirements.

G.2 The Hospital will endeavor to not schedule a nurse to be on standby on a shift immediately before their scheduled day off, excluding weekends and holidays, unless otherwise agreed upon between the nurse and their Manager

Note: For clarity, a nurse may be assigned standby on a weekend prior to or following a scheduled week of work, a payment will be in accordance with Article 14.

G.3 Employees may exchange or give away standby assignment with the mutual consent of the employees involved and the approval of the Manager.

G.4 (a) An employee who is called in to work and;

- (i) works a minimum of four hours, and
- (ii) works to 0200 hours or beyond, and
- (iii) is scheduled for the next day shift,

will be permitted leave with pay for that next day shift.

(b) It is understood that employees may request time off as lieu time or vacation for the next day shift when the above conditions are not met. Requests for time off shall not be unreasonably denied.

(c) In the event that the above criteria is not met and on units where a nurse is required to work standby and is called in and;

- (i) Is scheduled to work a regularly scheduled shift the next day, and
- (ii) Works for a minimum of two (2) hours,

The nurse will be permitted a leave with pay at their straight time hourly rate, for that portion of the next scheduled shift to allow a ten (10) hour rest period between the end of the call-in assignment and the commencement of work on the next regularly scheduled shift.

Should operational needs require the call back nurse to work during their rest period, they shall be paid one and one half (1 ½) times their regular rate of pay for all hour worked that fall within the ten (10) hour rest period.

Note 1: The ten (10) hour rest period commences following the last “call back” time completion.

Note 2: Interventional Radiology will be excluded from the increase to the rest period from eight (8) hours to ten (10) hours until the expiry of the next Collective Agreement or a new revised master schedule is approved.

G.5 In the event an employee is required to work for a period greater than sixteen (16) hours, the Hospital shall make reasonable efforts to relieve that employee from duty.

G.6 The Hospital shall provide pagers for the use by employees who are required to assume standby duty.

G.7 The Hospital agrees to provide, at each campus that requires such a facility, a room for rest purposes for employees scheduled for standby.

It is agreed that the room shall be furnished with a door that locks, a bed, and a telephone.

## **ARTICLE H – BULLETIN BOARDS**

H.1 The Hospital will provide bulletin board space to ONA Local 80 at three (3) campuses for the purpose of posting notices restricted to Union matters. All such notices must be submitted to and approved by the Director of Human Resources or designate prior to posting. Such approval shall not be unreasonably denied

H.2 ONA Local 80 may construct and affix at its expense one bulletin board for its use at a mutually agreed location. Both ONA Local 80 and the Hospital shall keep copies of the keys. It is understood that these bulletin boards are in addition to the present places where Union postings are posted.

## **ARTICLE I – UNIFORMS**

I.1 The Hospital agrees to launder Hospital supplied uniforms without charge.

I.2 The Hospital will provide for reasonable reimbursement cost where an employee incurs damage to their uniform or associated personal property due to patient actions beyond the employee’s control. This does not apply to negligence, loss or normal wear and tear.

I.3 The Hospital agrees on a go forward basis that they will clearly identify “REGISTERED NURSE” professional designation on hospital ID badges.

## **ARTICLE J – SICK LEAVE AND MEDICAL CERTIFICATES**

- J.1 A medical certificate is normally required for all illness of four (4) days' duration or more.
- J.2 Employees may be required to provide a medical certificate for proof of illness at the request of the Hospital. Such request shall be made prior to an employee's return to work, and any requests will be administered in a reasonable fashion.
- J.3 The Hospital agrees to provide the employee and the Union with a copy of the Workers' Compensation Board Form 7 at the same time as it is sent to the Board.

## **ARTICLE K – SENIORITY LISTS**

- K.1 A copy of the combined seniority lists will be filed with Local 80 on the Monday following the first payday in February, June and November of each year. It is understood that full-time and part-time lists will be separate.

## **ARTICLE L – JOB SHARING**

### **L.1 Introduction and Discontinuance**

If the Hospital and the Union agree to a job-sharing arrangement pursuant to Article 20.01 of the Central Agreement, the following conditions shall apply unless otherwise agreed to by the parties:

#### **Implementation**

1. Where the job sharing arrangement arises out of the filling of a vacant full-time position, the full-time position will be posted first, and, in the event that there are no successful applicants, then both job sharing positions will be posted and selection will be based on the criteria set out in the Collective Agreement.
2. Job sharing requests with regard to full-time positions shall be considered on an individual basis. Staff members seeking a job sharing position must submit a written application to the relevant Manager. The Hospital shall reserve the right to determine the appropriateness of such arrangement.
3. An incumbent full-time employee wishing to share their position, may do so without having their half of the position posted. The other half of the job sharing position will be posted and selection will be made on the basis of the criteria set out in the Collective Agreement.

4. Where two (2) full-time employees on one unit wish to job share one (1) position, neither half will be posted.
5. Should one job sharing partner voluntarily transfer or resign, the remaining partner will continue their own schedule for a maximum of six weeks from the effective date of the transfer or resignation. During this period the vacancy created will be posted. If no replacement partner is recruited, the position will revert back to a full-time position. If the position reverts back to full-time, and the remaining partner was previously full-time, the remaining partner will revert to their former status and the shared position will become their position. If the position reverts back to full-time and the remaining employee was previously part-time and there is no part-time position available on the same Unit, they will be laid off in accordance with the layoff provisions of the Collective Agreement. The shared position would then revert to a full-time position and be posted according to the Collective Agreement.
6. Total hours worked by the two (2) job sharers shall equal one (1) full-time position. The division of these hours over each schedule shall be determined by mutual agreement between the two (2) employees and the Manager.
7. The above schedules shall conform to the scheduling provisions of the Full-time Collective Agreement. Posted schedules shall be based on the schedule that would apply to a full-time employee holding that position.
8. The job sharers involved will have the right to determine which partner works on scheduled paid holidays and job sharers shall only be required to work the number of paid holidays that a full-time employee would be required to work unless mutually agreed otherwise.
9. a) Job sharers will be expected to cover each other's incidental illnesses and vacations. If, because of unavoidable circumstances, one cannot cover for the other, the Manager must be notified and the Hospital will assume responsibility for filling the shift. Job sharers are not required to cover for their partner in the case of prolonged or extended absences due to illness.

A job sharer may exchange shifts with their partner, as well as with other employees as provided by the Collective Agreement.

Job sharers will be offered additional unscheduled tours only if they have made their availability known. It is understood that job sharers may only make themselves available on tours when neither job share partner is scheduled, unless otherwise agreed to by the Manager, and where such would not result in premium payment.

b) Pregnancy Parental Leave and other Leaves pursuant to Article 11 of the Central Agreement

In the event that one member of the job sharing arrangement goes on any of the above leaves of absence exceeding thirty (30) days, the Hospital will determine the need, based on operational requirements, to replace such a vacancy. If the Hospital so determines to replace such a vacancy, the remaining job share partner will have the option of covering all of the absent partner's shifts for the duration of the absence. If the remaining partner is unable to cover the entire leave of absence, they must inform the Manager of their intentions to cover all/some of the absent partner's shifts at least two (2) weeks prior to the posting of each schedule. If the remaining partner cannot cover for their partner, the Hospital will fill the shifts, as needed, from its part-time or casual pool, in accordance with the Collective Agreement, part-time or post for a temporary replacement.

10. In the event that layoffs are required, the job sharers will be laid off in accordance with the layoff provisions of the Collective Agreement. It is understood that the layoff of one or more of the job-sharers will be viewed as eliminating the job-shared position. For purposes of layoff, each job-sharer will be deemed to be .5 of a FTE.
11. Either the Hospital or the Union may discontinue the job sharing arrangement with ninety (90) days' written notice. Upon receipt of such notice a meeting shall be held between the Hospital and the Union within fifteen (15) days to discuss the discontinuation. It is understood and agreed that such discontinuation shall not be unreasonable or arbitrary.

In the event that a job share arrangement is discontinued both job share partners shall revert to their status prior to the job share arrangement.

## **ARTICLE M – LEAVES OF ABSENCE AND PREPAID LEAVE PLAN**

M.1 Leave of Absence (Without Pay):

If an employee is granted an approved leave of absence (without pay), such leave of absence will be on the basis of the scheduled tour.

M.2 Full-Time

Where an employee is granted an extended leave of absence, the Hospital agrees that the employee may submit postdated cheques for payment of benefits while they are on leave of absence.

M.3 Full-Time

Upon request by the employee in writing, the Hospital will notify employees on extended leaves of absence, WSIB, maternity leave and long-term disability, in writing, within two (2) weeks of the request, of the cost to be paid by the employee to maintain their benefits.

M.4 Union Leave:

Should an employee be granted Union leave in accordance with the Collective Agreement, such leave of absence will be on the basis of the scheduled tour.

M.5 Prepaid Leave Plan:

On units with less than twenty (20) employees no more than one (1) employee will be absent on prepaid leave at any one time.

On units with twenty (20) to forty (40) employees, no more than two (2) employees will be absent on prepaid leave at any one time.

On units with forty-one (41) to sixty (60) employees, no more than three (3) employees will be absent on prepaid leave at any one time.

On units with more than sixty (60) employees, no more than four (4) employees will be absent on prepaid leave at any one time.

The Hospital will consider additional requests for prepaid leave beyond the above levels.

## **ARTICLE N – MODIFIED WORK**

N.1 The Hospital will notify the Bargaining Unit President and the Labour Relations Officer of the following by the 15th of each month:

- (a) The employee, date and type of injury for each ONA member unable to work due to work related injury.
- (b) Current listing of ONA members on a rehabilitative return to work program (recovery program).
- (c) Current listings of all ONA members off for thirty (30) days or longer due to illness.

N.2 Early and Safe Return to Work

The Hospital and the Union are committed to a consistent, fair approach to meeting the needs of disabled workers, to restoring them to work which is meaningful for them and valuable to the Hospital, and to meeting the parties' responsibilities under the law.

To that end, the Hospital and the Union agree to cooperate in facilitating the return to work of disabled employees. The Hospital and the Union agree that ongoing and timely communication by all participants in this process is essential to the success of the process. The Hospital and the Union agree that all participants will use electronic communication and other communication processes where possible to expedite communication.

- (a) A joint Return to Work Committee (RWC) comprised of an equal number of Union and Hospital representatives will be established. One of the Union representatives will be recognized as co-chair. One of the Hospital representatives will be recognized as the other co-chair. The Committee will meet at least once per month. The Union co-chair, if they attend return to work meetings on their day off, will receive pay at straight time or time in lieu where possible for hours spent in return to work meetings. Such hours are invisible for the purposes of determining premium. The Hospital and the Union agree to communicate through electronic and other communication processes to expedite the work of the committee.
- (b) The Hospital will provide an updated list of information to the (RWC) before each monthly meeting including the following:
  - (i) Employees absent from work because of disability who are in receipt of Workplace Safety Insurance Board benefits
  - (ii) Employees absent from work because of disability who are in receipt of Long Term Disability benefits including last day worked
  - (iii) Employees who have been absent from work because of disability for more than 23 months
  - (iv) Employees who are currently on a temporary modified work program
  - (v) Employees who are currently permanently accommodated in the workplace
  - (vi) Employees who require temporary modified work
  - (vii) Employees who require permanent accommodation in the workplace.
- (c) A disabled employee who has obtained medical clearance from their treating physician to return to work will provide the Occupational Health Department with this verification of their ability to return to work including information regarding any restrictions. The employee will advise—their manager that they wish to return to work. The Occupational Health Department will advise the manager when they are cleared to return to work. It is understood that the Occupational

Health physician is not the treating physician for the disabled employee.

- (d) When a returning employee is in need of modified work or a permanent accommodation the Hospital will notify the RWC co-chairs and will provide to them the information obtained under (c) above.
- (e) As soon as practicable the co-chairs or their designates will meet with the affected employee and the manager and Occupational Health to create and recommend a return to work plan.
- (f) In creating a return to work plan, the co-chairs or their designates and the manager and Occupational Health will examine the disabled employee's abilities and accommodation needs to determine if the employee can return to their:
  - (i) original position
  - (ii) original unit
  - (iii) original unit/position with modifications to the work area and/or equipment and/or the work arrangement.
  - (iv) alternate positions outside the original unit.
- (g) In creating a return to work plan, the co-chairs or their designates and the manager and Occupational Health will consider the employee's abilities and accommodation needs, and if they are unable to return to work in accordance with article (f) above, they will identify any positions in the Hospital in which the employee may be accommodated.
- (h) An employee in need of permanent accommodation may be temporarily accommodated until a permanent arrangement is established. Such an employee will remain on the list of employees requiring permanent accommodation provided under article (b) (vii) above. Once an employee has been offered appropriate permanent accommodation they will be removed from the list of employees requiring permanent accommodation. The Hospital will advise the Union of offers of permanent accommodation.
- (i) The parties recognize that more than one employee requiring accommodation may be suitable for a particular position or arrangement. In such cases the parties agree that in complying with articles (f) and (g) and (h) above, they must first consider the skills, ability and experience of the employees. They may then balance additional factors including but not restricted to:
  - (i) ability to acquire skills
  - (ii) seniority



- (iii) path of least disruption in the workplace
- (j) When more than one employee is deemed by the committee to be suitable for a particular position or arrangement, and the factors set out in article (i) are relatively equal, seniority shall govern.
- (k) The committee will monitor the status of accommodated employees and the status of employees awaiting accommodation.
- (l) The committee will develop and recommend strategies for:
  - (i) integrating accommodated workers back into the workplace
  - (ii) educating employees about the legal, personal, organizational aspects of returning disabled workers to work
- (m) Alternative Placements
  - (i) Before posting, the Recovery Program Coordinator or designate and Human Resources will examine all potential vacancies to determine if they can be used to accommodate a disabled employee who requires accommodation but cannot return to their home unit in accordance with article (f).
  - (ii) If a vacancy is identified as suitable for accommodation purposes, the Recovery Program Coordinator and Human Resources may recommend holding the posting in consultation with the co-chairs to determine:
    1. whether the unit, after considering all factors including the number of accommodated employees in the unit, the operational needs of the unit, safety of employees working in the unit, alternative resources, can reasonably accommodate an employee
    2. whether the posting of the position under the collective agreement between the parties may be waived
    3. whether a position outside the bargaining unit may be an appropriate position for accommodating an employee
  - (iii) When the parties agree to a permanent accommodation whether or not a job posting is waived, and whether or not the position is inside the bargaining unit, the parties will sign an agreement containing the details of the accommodation.
  - (iv) In the event the accommodation placement is unsuccessful, the parties will meet to determine next steps.

- (v) The parties may agree to a written agreement for temporary accommodations of extended duration.
- (vi) The home position of an employee requiring permanent accommodation may be posted under the following circumstances:
  1. the employee is permanently accommodated in another position or arrangement
  2. the weight of the medical evidence establishes that there is no reasonable prospect of a return to their original position in the foreseeable future
  3. the Hospital may elect to fill the disabled employee's home position by posting a temporary to permanent vacancy
    - i) In so electing, the position will be filled in accordance with the job posting provisions of the collective agreement
    - ii) If and when it is confirmed that the disabled employee cannot return to their original position, the position may be offered to the incumbent on a permanent basis
    - iii) When a job offer is made for the vacancy, the successful applicant will be clearly advised of the temporary status of the position and of its potential permanency.
    - iv) Filling of a disabled employee's home position does not remove the Hospital's duty to accommodate that employee.

## **ARTICLE O – VIOLENCE IN THE WORKPLACE**

### **O.1 Definition of Violence**

The Employer agrees that no form of verbal, physical, sexual, racial or other abuse of employees will be condoned in the workplace.

### **O.2 Violence Policies and Procedures**

The Employer agrees to have in place explicit policies and procedures to deal with violence. The policy will address the prevention of violence, the management of violent situations, provision of legal counsel and support to employees who have faced violence. The policies and procedures shall be part of the Hospital's health and safety policy and written copies shall be

provided to each employee. Prior to implementing any changes to these policies, the Employer agrees to consult with the Union and the Joint Health and Safety Committee.

O.3 Notification to the Union

Where the Employer is aware that certain issues have occurred, the Employer will notify the JHSC and union in writing of all incidents related to violence within 4 days. For critical injuries the employer will notify the JHSC and the union immediately and in writing within 48 hours. Such notices will contain all of the information as prescribed in section 5 of the health care regulation.

O.4 Function of Joint Health and Safety Committee

All incidents involving aggression or violence shall be brought to the attention of the Joint Health and Safety Committee. The Employer agrees that the Joint Health and Safety Committee shall concern itself with all matters relating to violence to staff.

O.5 Staffing levels to deal with Potential Violence

The Employer agrees that, where there is a risk of violence, an adequate level of trained employees should be present. The Employer recognizes that workloads can lead to fatigue and a diminished ability to both identify and to subsequently deal with potentially violent situations.

O.6 Training

The Employer agrees to provide training and developed in consultation with the JHSC, on the violence prevention and harassment policies and programs on prevention of violence to all employees. This training will be done during a new employee's orientation and updated on an annual basis for all employees.

O.7 Support and Counselling

The Employer and the Union recognize that, where preventative measures have failed to prevent violent incidents, counseling and support must be available to help victims recover from such incidents.

O.8 Damage to Personal Property

The Employer will consider requests for reimbursement for replacement of damages incurred to the employee's personal property, such as eyeglasses, contact lenses or other prosthesis, etc, ripped uniforms, personal clothing, as a result of being assaulted while performing their work.

The employee will endeavor to present their claim to the Employer within seven (7) days after the event, unless it was impossible for them to do so during this period.

## O.9 WSIB Surcharge Rebate Info

Within two weeks of receipt of the information, the employer shall provide the JHSC with any and all information about surcharges and/or rebates from WSIB under their NEER program.

## **ARTICLE P – REASSIGNMENT (FLOATING)**

The Hospital and the Union recognize that it is a management right to reassign an employee who is scheduled to work for a period of time in accordance with the provisions of the Central Collective Agreement. This reassignment will be from the employee's home unit to any other unit as required by the Hospital. The Hospital and the Union agree to implement the following principles if such reassignment occurs.

- P.1 The reassigned employee will be assigned to work with an experienced RN on the receiving unit. The experienced employee in most cases will be a staff employee.
- P.2 The experienced employee will orient the reassigned employee to the general functioning of the unit.
- P.3 The reassigned employee will identify, to the experienced employee, their skills, abilities and limitations in relation to duties required on the receiving unit. The two employees will collaborate in providing patient care.
- P.4 Reassignment will occur bearing in mind the following principles:
- (a) Patient care requirements are the first priority
  - (b) The Hospital will not normally reassign probationary employees
  - (c) The Hospital will reassign, where possible, employees who volunteer
  - (d) The Hospital will normally cancel or reassign agency employees before reassigning staff employees
  - (e) The Hospital will normally reassign staff nurses in the following sequence, on the basis of reverse seniority: overtime, casual, regular part-time, regular full-time.
- P.5 When the Hospital reassigns employees from one site to another the Hospital will endeavour to provide orientation to the general functioning of the unit before reassigning an employee to work on the unit. When an employee is reassigned to another site the Hospital will reimburse the employee for transportation costs that the Hospital requires the employee to incur. The Hospital reserves the right to determine the most efficient method of transportation.

## **ARTICLE Q – MUSCULOSKELETAL INJURY PREVENTION AND CONTROL**

- Q.1 The Hospital in consultation with the Joint Health and Safety Committee (JHSC) shall develop, establish and put into effect, musculoskeletal prevention and control measures, procedures, practices and training for the health and safety of employees.
- Q.2 At least once a year the musculoskeletal prevention and control measures, procedures, practices, and training shall be reviewed and revised in the light of current knowledge and practice.
- Q.3 The review and revision shall be done more frequently than annually if,
- (a) the Hospital, on the advice of the JHSC or health and safety representatives, if any, determines that such review and revision is necessary; or
  - (b) there is a change in circumstances that may affect the health and safety of an employee.
- Q.4 The Hospital will provide training on musculoskeletal prevention and control measures, procedures, practices and equipment to all employees during a new employee's orientation and thereafter as required.

## **ARTICLE R – NEEDLESTICK/SHARPS SAFETY**

- R.1 The Hospital, in consultation with the Joint Health and Safety Committee, shall develop, implement and monitor a program for the prevention of needle stick and sharp injuries and the treatment of such injuries should they occur. The program should include and address employee training and education with respect to needle stick and sharps injury prevention, and provide for the maintenance of a needle stick/sharps injuries log to detail incidents. The program shall be evaluated annually by the Hospital in consultation with the Joint Health and Safety Committee.

## **ARTICLE S – MISCELLANEOUS**

- S.1 Where there are pay errors equal to or greater than 7.5 hours caused by the Hospital, employees will be reimbursed within two (2) business days through a manual payroll advance which shall be subsequently reconciled, as required, with the employee's next regular pay. Such request is to be submitted through the PCM or designate.
- S.2 The Hospital will provide the Union with a locking ONA mail box at all three (3) campuses which will be used for the receipt of Union correspondence from their members and or the Hospital as required. This shall be located in a mutually satisfactory area.

S.3 The Bargaining Unit President and one designated Vice President at each campus shall be provided with access to the Hospital e-mail system for the purpose of Union business. These employees will receive training without loss of regular earnings.

S.4 The Hospital will provide office space to Local 80 at all two (2) campuses. This space may be shared with other Unions and is to be used to conduct Union business. The Hospital will provide the Union with access to voicemail. It is understood that the existing arrangement at the Sunnybrook campus will continue.

The Union agrees that any cost for the phone will be paid by the Union.

S.5 Notification to Unsuccessful Job Applicants

The parties agree that any unsuccessful candidate who had been interviewed for an ONA job posting, will be notified, in writing, within two (2) weeks of the decision being made and prior to the posting of the name of the successful candidate.

S.6 Provisions of Health Care Benefits to Regular Part-Time Nurses

Retiree Benefits – Process for Payment

Any bargaining unit nurse who retires and wishes to participate in the benefit plans outlines in Article 17.01(h) will provide advance payment of the benefits through a preauthorized withdrawal process.

It is understood that any transaction would be dated the second Wednesday of each and every month.

The Employer will notify the Union of the benefit costs to retired nurses in January of each year, and each time the benefit cost are renegotiated by the Employer

S.7 Both the hard copy and electronic version of the ONA Grievance Form found in Appendix 1 of the Hospital Central Agreement, including electronic signatures, are both valid pursuant to Article 7 of the Collective Agreement. Electronic grievances may be sent via email to the applicable Manager and copied to Human Resources, or the identified designate.

## **LETTERS OF UNDERSTANDING**

### **Letter of Understanding Parking**

The Hospital will continue its policy of paid parking on the basis of existing rates. Prior to any changes to these rates to reflect changes in costs of providing parking services, the proposed changes will be discussed at the Hospital Association Committee. In the event the Hospital changes the rates, the Union has the right to grieve.

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### **Letter of Understanding Paid Professional Leave**

The Hospital agrees to continue its current policy with respect to education leave for all full-time and regular part-time nurses.

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### **Letter of Understanding Provision of Health Care Benefits to Regular Part-Time Nurses**

The parties agree to provide benefit coverage to regular part-time nurses in accordance with the following principles:

Regular part-time nurses will be permitted to participate in health coverage benefits for Extended Health Care, Semi-Private coverage and the Dental Plan (as outlined under Article 17 of the central collective agreement) only.

Regular part-time nurses will be experience rated separately from regular full-time nurses and premiums may be different for those of regular full-time nurses.

Regular part-time nurses who participate in the above plans will pay 100% of the premium for each and every plan.

Regular part-time nurses will pay the Hospital the full amount of the monthly premium one month in advance of the monthly coverage period.

The Hospital reserves the right to deny access to this benefit coverage to nurses who are non-compliant with advance payment as outlined in paragraph 3.

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**Letter of Understanding**  
**Distribution of Overtime**

The Hospital agrees that, each Patient Care Manager, in collaboration with the Nurses of that unit, should have in place a fair and equitable system of distribution of overtime, giving due consideration to provided availability and patient care needs.

All other factors being equal, seniority will govern.

The system will be communicated to all staff on the unit and a copy will be provided to the Ontario Nurses' Association.

The parties agree to discuss any concern(s) about this process at Hospital-ONA Issues meetings.

**Letter of Understanding**  
**Clarification of the Roles and Compensation of "Team Co-ordinator - Temporary Assignment" and "Resource Nurse /Charge Nurse- Temporary Assignment"**

The parties agree to the following interpretation of the roles and compensation of "Team Coordinator - Temporary Assignment" and "Resource Nurse - Temporary Assignment".

**Team Coordinator - temporary assignment**

- Temporary responsibilities assigned to a designated Registered Nurse (RN) for a minimum of one complete shift (7.50 hours);
- The RN designated as temporary Team Coordinator is expected to assume the responsibilities described in the current job description for the Team Coordinator position throughout the assignment;
- The RN designated as temporary Team Coordinator will not carry a patient caseload during the assignment and a replacement will be arranged to replace their RN shift, except in extenuating circumstances;
- Assignment may be required Monday to Friday, excluding holidays;
- Article 19.04(b) applies.

**Resource Nurse/Charge Nurse - temporary assignment**

- Temporary responsibilities assigned to a Registered Nurse (RN), for a minimum of one complete shift (7.50 hours);
- The RN designated as temporary Resource Nurse/Charge Nurse is assigned additional responsibility to direct, supervise or oversee the work of employees within their classification, and/or be assigned overall responsibility for patient care on the unit;



- The RN designated as temporary Resource Nurse will be expected to assume a regular patient caseload during the temporary assignment;
  - The RN designated as temporary Resource Nurse/Charge Nurse shall not be responsible for requirements that extend beyond the responsibilities listed above;
  - For requirements that extend beyond the responsibilities listed above, the following individuals shall assume responsibility: a Patient Services Manager, Team Coordinator, Program Director, Administrator-on-call, or delegate;
  - Assignment may be required on day shift, evening shift, and night shift; from Monday to Friday, on weekends and holidays;
  - Article 19.04 (d) applies.
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**Letter of Understanding**  
**Space for Conducting Union Business**

The parties agree that during the term of the Collective Agreement they will meet to discuss a space to be allocated for the purpose of conducting Union business at the St. John's Campus.

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**Letter of Understanding**  
**Scheduling – Hours of Work**

After the Schedule has been Posted – Extra Shifts

The Hospital will endeavor to book extra shifts at least 2 weeks in advance of the actual shift.

The Hospital will distribute shifts above the regular part-time commitment amongst regular part-time employees within each unit. This will be determined on the basis of seniority for those employees who have indicated four weeks in advance their availability for each six week schedule. Remaining available extra shifts will then be offered to casuals on the basis of seniority, who have indicated four weeks in advance their availability for each six week schedule

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**Letter of Understanding**  
**Electronic Professional Responsibility Workload Report Forms**

- U.1 The parties agree to the use the electronic version of the ONA/OHA Professional Responsibility Workload Report Form (PRWRF) at Appendix 6 of the Hospital Central Agreement during the life of the current Collective Agreement.
  - U.2 The parties agree that hard copies of the electronic PRWRF are valid for purposes of Article 8 of the Hospital Central Agreement.
  - U.3 Electronic PRWRFs may be sent, via email, to the applicable manager or designate.
  - U.4 The electronic signature of the Union Executive representative or Labour Relations Officer will be accepted as the original signature.
  - U.5 The union undertakes to get a copy of the electronic version signed by the employee(s).
  - U.6 The parties agree to not use or rely upon any preliminary arguments related to the use of the electronic version should a PRWRF proceed to an Independent Assessment Committee as per Article 8.01.
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**Letter of Understanding**  
**Composite/Blended Positions**

The parties recognize the current challenges in recruiting and retaining experienced part-time Registered Nurses. The parties agree without prejudice and precedent to meet during the term of the Collective Agreement to discuss a composite/blended position.

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**Letter of Understanding**  
**Safety Equipment RN" - Neonatal Intensive Care Unit**

The parties agree that the role of Safety Equipment will be a temporary assignment in the NICU, the position will be posted as an expression of interest, and will be 18-months in duration. At the end of the 18-months, the RN will return to their position and line on the NICU master schedule and the assignment will be re-posted as an expression of interest within the NICU. If there are no other applicants, the incumbent may apply again for another 18-month rotation.

The parties further agree that the Registered Nurse will be paid a premium of \$1.50 above each step of the RN wage scale for the entire duration of the assignment. For clarity, this means they will be paid the premium plus benefits while also working at the bedside while in the Safety Equipment RN role.

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**Letter of Understanding**  
**Telephone Standby/Consultation**

A nurse responding to a telephone call while on standby will be paid in accordance with Articles 14.07, and 14.09 of the Central Collective Agreement, subject to the following:

The parties agree that a nurse required to provide a patient(s) with telephone consultation while assigned to standby duty, shall be entitled to premium pay, paid at two times (2x) the nurse's regular hourly rate of pay.

- (a)** Payment for all telephone consultations that occur while an employee is on standby will be paid in 15-minute increments at the two times (2x) the employee's regular hourly rate.
  - (b)** Any other calls received during the same 15-minute period will not result in any additional compensation.
  - (c)** Any calls requiring additional consultation beyond the initial fifteen 15-minute period would be paid two times (2x) for each additional 15-minute increment.
  - (d)** During the period of telephone consultation, standby premium will cease.
  - (e)** The nurse will report time spent on telephone consultation to their manager or designate, following each period of standby in order to be paid. Such reporting will be as per the current unit practice.
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DATED AT Toronto, ONTARIO THIS 13th DAY OF September, 2024.

FOR THE HOSPITAL

Adrian Hascal

Jacqueline Minezes

Ramona Hackett

Glenn Enright

Grace Walter

Monica Meschino

\_\_\_\_\_

FOR THE UNION

Savita Singh  
Labour Relations Officer

Paul LoStracco

Serge Ganzburg

Jennifer Brown

Alisanne Gillespie

Jane Gaanan

Robert Maguire