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REPORTS AND WORKBOOK

2023 Canadian Federation of Nurses Unions Biennial Convention



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Enjoy the convention and have fun exploring Charlottetown!





WELCOME

- Welcome letter
- National Executive Board

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June 2023

Dear Colleagues,

Welcome to the 21st Biennial Convention of the Canadian Federation of Nurses Unions. I am excited to share with you this opportunity to come together. It has been way too long – our last in-person convention was in June 2019. Truth be told, I have missed you. With the 2023 convention, you will attend education sessions, conduct union business and hear lots of debate on resolutions. Getting away from our daily routine gives us all a chance to recharge and reconnect. This is all about building relationships and strength within our nurses unions' movement.

The Prince Edward Island Nurses' Union (PEINU) has been kind enough to host this year's convention. They have worked tirelessly to create a positive convention experience for both delegates and guests. We could not ask for more from our nurses' union host. ❤️

Charlottetown is a city that will give you a bit of history and lots of fun. I hope that you will enjoy your stay in this remarkable place with a provincial population of 172,707, and the small and mighty PEINU membership of 1,350.

The CFNU's National Executive Board (NEB) looks forward to welcoming you during the biennial Healthy Walk and at registration (Monday June 5). While we are on site, I hope that we will get a chance to meet personally, and that you will also reach out to members of the National Executive Board: we are nurses just like you and want to hear your stories. All delegates should take the opportunity to voice their opinions and contribute ideas. Your input is truly important to us.

I encourage you to reflect on the Convention's theme, **Together We Got This**. I remind you that together we will make a difference!

On behalf of the NEB, I hope that everyone has a productive and enjoyable week.

In solidarity always,



Linda Silas, President
Canadian Federation of Nurses Unions

National Executive Board



Linda Silas
President



Pauline Worsfold
Secretary-Treasurer

National Officers



Aman Grewal
President

British Columbia Nurses' Union (BCNU)



Adriane Gear
Vice-President

British Columbia Nurses' Union (BCNU)



Heather Smith
President

United Nurses of Alberta (UNA)



Danielle Larivee
Vice-President

United Nurses of Alberta (UNA)



Tracy Zambory
President

Saskatchewan Union of Nurses (SUN)



Darlene Jackson
President

Manitoba Nurses Union (MNU)





Bernadette Robinson

President

Ontario Nurses' Association (ONA)



Angela Preocanin

First Vice-President

Ontario Nurses' Association (ONA)



Paula Doucet

President

New Brunswick Nurses Union (NBNU)



Janet Hazelton

President

Nova Scotia Nurses' Union (NSNU)



Yvette Coffey

President

Registered Nurses' Union
Newfoundland and Labrador (RNUNL)



Barbara Brookins

President

Prince Edward Island Nurses' Union (PEINU)



Eyasu Yakob

President

Canadian Nursing Students' Association (CNSA)



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Acknowledgement

The Canadian Federation of Nurses Unions extends sincere thanks to members and staff of the **Prince Edward Island Nurses' Union** Planning Committee for all their hard work and commitment in planning the CFNU 21st Biennial Convention, 2023.

PEINU Host Committee Members

pei nurses

Barbara Brookins

Stephanie Gallant

Joanne Chisholm



CFNU Team



(L-R) Charlie Crabb, Julien Le Guerrier, Arun Shrichand, Emily Watkins, Kathy Stewart, Linda Silas, Jolanta Scott-Parker, Carrie Steeves, Adella Khan, Tyler Levitan, Oxana Genina (not shown)



CONVENTION

- Agenda
- Speakers' biographies
- About Convention

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Agenda

Delta Prince Edward Convention Centre (DCC)
18 Queen St.
Charlottetown, PE C1A 4A1

Monday June 5, 2023 – Registration Day

- 2:30 pm – 4:30 pm **Healthy Walk, start from PEICC – Main foyer**
Bring your walking shoes and join President Linda Silas and the National Executive Board – guaranteed fun!
- 4:30 pm - 7:00 pm **Registration, PEICC – Main foyer**
- 7:00 pm - 10:00 pm **Opening Reception, DCC – Riverview Rooms**
Cash bar

Hosted by PEINU

pei nurses[♥]
Prince Edward Island Nurses' Union

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Tuesday June 6, 2023 – Education Day 1

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to DCC Ballroom for a plenary session.

8:30 am – 10:00 am Indigenous Welcome

Human Rights and Equity Plenary session – **Toward Equity - Together**

10:00 am – 10:30 am Networking break – DCC Foyer

10:30 am – 11:15 am Plenary speaker - Martha Chaves

11:15 am – 1:00 pm Free time for lunch

1:00 pm – 2:30 pm Workshops

2:30 pm – 3:00 pm Networking break – DCC Foyer or Rodd Charlottetown

3:00 pm – 4:30 pm Workshops (Continue)

4:30 pm Adjournment of workshop sessions

6:00 pm **Fun Night** (pre-registration needed)

Workshops – Day 1	Rooms
Workshop #1: Professional Responsibility: Making the Link between Your Workplace and Your Standards of Nursing Practice	Spruce/Oak
Workshop #2: Psychological Health and Safety for Nurses	Ash
Workshop #3: Human Rights and Equity	Aspen
Workshop #4: Protecting and Advancing Public Health Care	Birch
Workshop #5: Together We Act	CC Ballroom
Workshop #6: Retirement: The Next Chapter A Practical Guide for All Nurses	Charlottetown/ Montague/Bonshaw
Workshop #7: Truth & Reconciliation: The Blanket Experience	Summerside/ Tignish
Workshop #8: The Social Determinants of Health Tour	Bus Tour
Workshop #9: Our Resilient Selves: Rediscovering vitality, strength, and joy through movement and dance	Georgian Ballroom, Rodd Charlottetown
Workshop #10: The Power of Story: Conversations that Count	Victorian Room, Rodd Charlottetown

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Wednesday June 7, 2023 – Education Day 2

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to DCC Ballroom for a plenary session.

8:30 am – 10:00 am International Plenary session - **Mobilizing Around the Globe**

10:00 am – 10:30 am Networking break – DCC Foyer

10:30 am – 11:15 am Plenary speaker - David Granirer

11:15 am – 1:00 pm Free time for lunch

1:00 pm – 2:30 pm Workshops

2:30 pm – 3:00 pm Networking break – DCC Foyer or Rodd Charlottetown

3:00 pm – 4:30 pm Workshops (Continue)

4:30 pm Adjournment of workshop sessions

Free Night

Workshops – Day 2	Rooms
Workshop #1: Professional Responsibility: Making the Link between Your Workplace and Your Standards of Nursing Practice	Spruce/Oak
Workshop #2: Psychological Health and Safety for Nurses	Ash
Workshop #3: Human Rights and Equity	Aspen
Workshop #4: Protecting and Advancing Public Health Care	Birch
Workshop #5: Together We Act	Victorian Room, Rodd Charlottetown
Workshop #6: Retirement: The Next Chapter A Practical Guide for All Nurses	Charlottetown/ Montague/Bonshaw
Workshop #7: Truth & Reconciliation: The Blanket Experience	Summerside/ Tignish
Workshop #8: The Social Determinants of Health Tour	Bus Tour
Workshop #9: Our Resilient Selves: Rediscovering vitality, strength, and joy through movement and dance	Georgian Ballroom, Rodd Charlottetown
Workshop #10: The Power of Story: Conversations that Count	CC Ballroom

Convention

Thursday June 8, 2023 – Business Day 1

- 7:00 am – 8:30 am **Registration**
Note: If you are already registered, please proceed to DCC Ballroom for a plenary session.
- 8:30 am – 9:30 am **Call to Order**
- O Canada
 - Announcements
 - Welcome from Host Province – Barbara Brookins, President, Prince Edward Island Nurses' Union
- Business Items:**
- Roll Call
 - Adoption of Agenda
 - Approval of Rules and Privileges
 - Credentials Report and Appointment of Scrutineers
 - Introductions: CFNU National Executive Board, Staff and Guests
- 9:30 am – 10:15 am **President's address – Linda Silas, President**
- 10:15 am – 10:45 am Networking break
- 10:45 am – 11:45 am **Open Forum with CFNU's NEB**
- 11:45 am – 1:15 pm Free time for lunch
- 12:00 pm Deadline for emergency resolutions
- 1:15 pm – 2:00 pm Speaker – Niigaan Sinclair - **What's the Land Got to Do with It? Health, Reconciliation and the Life Imperative**
- 2:00 pm – 2:30 pm **Secretary-Treasurer's report – Pauline Worsfold, Secretary-Treasurer**
- 2:30 pm – 3:00 pm Constitution Committee report
Tracy Zambory, Chair of Constitution Committee
- 3:00 pm – 3:30 pm Networking break
- 3:30 pm – 4:15 pm **Presentation of the 2022 and 2023 Bread & Roses Awards**
- 4:15 pm Adjournment
- 6:00 pm – 6:30 pm Cash bar reception, Eastlink Centre
- 6:30 pm – 12:00 am CFNU Banquet, Eastlink Centre

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Friday June 9, 2023 – Business Day 2

8:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to DCC Ballroom for a plenary session.

8:30 am – 8:45 am **Call to order**

- Announcements

8:45 am – 9:00 am International Solidarity Committee report

- Tracy Zambory, Chair of International Solidarity Committee

9:00 am – 9:15 am Nominations Committee report

- Janet Hazelton, Chair of Nominations Committee

9:15 am – 9:30 am Climate Toolkit

9:30 am – 9:45 am Study on safe nursing work hours

- Dr. Heather Scott-Marshall and Arun Shrichand, Co-leads

9:45 am – 11:00 am Resolutions Committee report

- Janet Hazelton, Chair of Resolutions Committee

11:00 am – 11:30 am Networking break and prep for rally

11:30 am – 1:00 pm Rally with lunch provided

1:00 pm – 2:00 pm **Speaker – Meredith Preston McGhie**

2:00 pm – 3:00 pm Resolutions (continuation)

3:00 pm – 3:30 pm Networking break

3:30 pm – 4:30 pm New business

- President's Closing Remarks

4:30 pm Adjournment

Thank You

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Plenary Session: Toward Equity - Together



Connie Paul /Teltitelwet

Connie has been blessed with three Indigenous names.

1. “Yetta” which belonged to her maternal great-grandmother
2. “Teltitelwet” from her great-great-grandmother, who was from Mill Bay, Coast Salish
3. “Hanakim Zim Lisms” gifted from the Nisga’a Nation, meaning “women from the Nass River”

Her father was the late Ben Paul from the Tsartlip Nation. Her mother was the late Evelyn (Louis) from the Okanagan First Nations. Her husband of 36 years, Bill Charnley Sr., is from Lil’wat /Katzie First Nations, together they have three sons: Sulusutil, K’wrusuws, Sulusutun. Her mother-in-law, Millie Moran, RN, was from Lil’wat First Nations.

Connie started working as a nurse 34 years ago and has worked for her people her whole career in a variety of roles, including: health pre-transfer coordinator for Lyackson, Penelakut, Stz’uminus and Halalt First Nations, seven years at Nanaimo Regional General Hospital (NRGH) as part of their acute medical float pool, 18.5 years as an outpost nurse, in a Northern Community, Nisga’a Nation, Gingolx Village Government, Laxgalts’ap Village Government, Gitwinksihlkw Village Government and Gitlaxtaamiks Village Government, and 14 years working for Snuneymuxw First Nations as their Home and Community Care Nursing Manager. In her current role with Snuneymuxw First Nations Connie serves on the Vancouver Island University truth and reconciliation working group, the primary care network for Nanaimo, Community Action Team for Nanaimo area, CSC working group and Nanaimo Regional General Hospital harm reduction working group. She is also working in partnership with the University of British Columbia to have a residency program here at our clinic.

Teltitelwet’s personal commitment to her people is to ensure equal access to health care. She believes in self-government and self-determination, and knows that nursing has a unique opportunity to advocate for people.



Jan Simpson is National President of the Canadian Union of Postal Workers. A postal worker for over 30 years, she became involved with the Union early on in her career. As a Black woman, fighting injustice is what she does daily so it was a natural fit to be drawn to the Union. Advocating for and witnessing the power of people working together to effect real transformative change is her passion.

She was also the first Black person to be elected to CUPW’s National Executive Committee when she was elected First National Vice-President in 2015. Jan then went on like so many other Leaders committed to change to successfully run for CUPW President, becoming the first Black woman to lead a national union in Canada in 2019.

Her passion remains as strong now as it was when she first became involved in the labour and social justice movements. She continues to fight injustice on the workforce in our communities, in our country, and around the world, as she creates a space and a place for everyone as their authentic selves within these movements. As long as she is the CUPW President, and long after, she

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Plenary Session: Mobilizing Around the Globe



Zenei Triunfo-Cortez is a registered nurse and a member of the Council of Presidents of National Nurses United (NNU), the largest union and professional association of registered nurses in the United States, with nearly 225,000 members nationwide. She is also a member of the Council of Presidents of California Nurses Association/National Nurses Organizing Committee (CNA/NNOC). Zenei set a milestone as the first Filipina president of the union.

Zenei is one of the country's top nursing leaders and an outspoken public advocate for NNU and CNA/ NNOC's campaigns to protect the health and safety of nurses and patients during the Covid-19 pandemic, for Medicare for All, national RN-to-patient safe staffing standards, and workplace violence prevention regulations, to name a few.

In 2007 she was elected with a panel of three RN colleagues to serve on CNA/NNOC's first Council of Presidents and has been re-elected for subsequent terms.



Dr. Leigh Chapman is committed to advancing the nursing profession in Canada to ensure equitable access to quality care. As CNO for Canada, she provides strategic advice to Health Canada, plays a convening role on key nursing issues, and represents the Federal Government at public forums.

Leigh is a registered nurse (RN) who received her PhD from the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing. Over the past 20 years, she has gained a deep understanding of nursing by working in both frontline and clinical leadership capacities. In addition to her role as CNO for Canada, Leigh continues to work at a community-based consumption and treatment site in Toronto, where she provides harm reduction services and frontline care.



Phil Ni Sheaghda is a trained intensive care nurse and General Secretary of the Irish Nurses and Midwives Organisation (INMO). She has worked as an ICU nurse in Ireland, Australia, the UK and the U.S. (Memorial Sloane Kettering in New York), following training in Dublin and London.

She began work for the INMO in 1998, later completing an MA in industrial relations and a Higher Diploma in employment law. She was Director of Industrial Relations from 2008 until 2018, when she was appointed general secretary.

As general secretary, she has overall responsibility for the organisation, leading on INMO's advocacy on national nursing policy and through various public sector pay agreements. In 2019, she led the organisation's first strike in two decades – winning pay increases and staffing improvements for nurses and midwives.

She is currently an Executive Council member of the European Federation of Nurses Associations and a representative of the European Federation of Public Services Unions. As a member of the International Council of Nurses, she has presented to the Massachusetts Nursing Association and the Canadian Federation of Nurses Unions in recent years.

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Michael Whaites is the Assistant General Secretary of the NSW Nurses and Midwives' Association (NSWNMA) and Branch Assistant Secretary of the Australian Nursing and Midwifery Federation NSW Branch.

Michael is a Registered Nurse of 29 years and Midwife of 26 years. He was an active workplace delegate at Royal Prince Alfred Hospital, where he worked as a Clinical Midwifery Educator, prior to commencing at the NSWNMA in 2005.

Michael has worked as an Organiser, Trade Union Educator, Lead Organiser and Manager at the Association, before being appointed Assistant General Secretary in 2022.

Michael has widespread knowledge of public health and extensive experience mentoring peers to achieve targets and member development goals.

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Speakers



Martha Chaves is an award-winning comedian, writer, and actor whose career spans over two decades. Now Magazine described her as "smart, sassy, provocative, and very funny."

Martha has appeared multiple times at the prestigious Just For Laughs Festival, the Winnipeg Comedy Festival, and the We Are Funny That Way Festival, to name a few.

Martha describes herself as the "most famous Nicaraguan-Canadian LGBTQ+ stand-up comedian in the world," but despite being an act of such a unique nature, she's hilariously relatable, universally funny and accessible.

She can frequently be heard on CBC's *The Debaters* and *Laugh Out Loud*. She is a regular panellist on the popular CBC show *Because News*.

During the pandemic, she created a multi-media piece *Living 'La Covida Loca*, which premiered online at The Hillside Festival. She also created "Beyond the Mask," another multi-media piece that was featured in "Caminos" as part of the Aluna Theatre Festival 2021 program. In 2022, she was asked to perform at the Stratford Festival.

As a playwright, Martha has written and acted in several successful one-woman shows. "Staying Alive" and "In Times of Trouble" were featured in the Soulo Festival and the Aluna Theatre Festival in Toronto, respectively. "The Diaries of a Young Lezbo" premiered at SOLOCOM in New York.



David Granirer is a counselor, stand-up comic, author, keynote speaker, and founder of *Stand Up For Mental Health* (SMH), a program teaching stand-up comedy to people with mental health issues. David who himself suffers from bipolar, is featured in the VOICE Award winning documentary *Cracking Up* and the award-winning Australian Broadcasting Corporation documentary *Crack Up*. He also received a *Life Unlimited Award* from Depression Bipolar Support Alliance, an *Award of Excellence* from the National Council of Behavioral Health, a *Champion of Mental Health Award*, and a *Meritorious Service Medal* from the Governor General of Canada. He was also recognized him as one of the 150 Canadian Difference Makers in mental health. He works with mental health organizations in Canada, the U.S., and Australia to train and perform with SMH groups in dozens of cities. www.standupformentalhealth.com

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Niigaan Sinclair is Anishinaabe (St. Peter's/Little Peguis) and a professor at the University of Manitoba, where he holds the Faculty of Arts Professorship in Indigenous Knowledge and Aesthetics and is currently Head of the Department of Indigenous Studies. Niigaan is also an award-winning writer, editor and activist who was recently named to the "Power List" by *Maclean's* magazine as one of the most influential individuals in Canada. In 2018, he won Canadian columnist of the year at the National Newspaper Awards for his bi-weekly columns in *The Winnipeg Free Press* and is a featured member of the Friday "Power Panel" on CBC's *Power & Politics*. A former secondary school teacher, he won the 2019 Peace Educator of the Year from the Peace and Justice Studies Association based at Georgetown University in Washington, DC.



Meredith Preston McGhie is the Secretary General for the Global Centre for Pluralism in Canada. In this role, Ms. Preston McGhie provides strategic leadership for the Centre and represents the Centre as an ambassador of pluralism to develop strong relationships with diplomatic communities, governments and other institutions.

Previously Ms. Preston McGhie mediated and advised a range of mediation processes as the Regional Director for Africa with the Centre for Humanitarian Dialogue, and before that with the UN. Ms. Preston McGhie served as an advisor to the late H.E. Kofi Annan during the Kenya National Dialogue and Reconciliation. Through more than 20 years in Africa, she helped to establish and facilitate peace processes in Nigeria, Somalia, Sudan and South Sudan and elsewhere. Her work spanned a range of issues, including electoral conflict, disarmament and demobilisation, and inclusion. She contributes to policy discussions on peacemaking globally, including teaching peace process design. Ms. Preston McGhie began her career supporting conflict resolution efforts of leaders in the Naga community of North East India and among Indigenous minorities in Myanmar with the Asia Indigenous Peoples Pact.

Discrimination and harassment

The Canadian Federation of Nurses Unions endeavours to provide a supportive working and learning environment that is equitable for all participants. Such an atmosphere must be based on mutual respect and free of any form of discrimination or harassment.

Discrimination and harassment create a hostile environment and undermine the principles of solidarity, unity and equity. The CFNU will not tolerate behaviour that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive environment.

This includes, but is not limited to, the unjust or prejudicial treatment of a person based on grounds protected under the *Canadian Human Rights Act*. These grounds include race, national or ethnic origin, religion, age, sex, sexual orientation, gender identity or expression, marital or family status, physical appearance or disability.

Complaints of harassment at CFNU events will be taken seriously and will be investigated immediately. Offenders will be penalized up to and including expulsion from this function. The investigation of each incident will be handled confidentially and expeditiously with particular sensitivity for the complainant.

If you believe you are being harassed, **act immediately**:

- If possible, make it clear you do not welcome such behaviour. You can do so either on your own, verbally or in writing, or with the assistance of another party.
- Indicate that you will take further action if the behaviour continues.
- If the inappropriate behaviour persists, approach one or both of the designated representatives who will investigate the matter.

If you are unwilling to approach the harasser because of the impact the action(s) have on you, you may seek out the designated anti-harassment Ombudsperson in the first instance.

Your designated representatives for the CFNU 21st Biennial Convention can be reached through the CFNU Convention office between 8:00 am and 5:00 pm.

Convention

Parliamentarian Rules

Do you know the rules?

When conducting business meetings, such as the Biennial Convention, the CFNU follows *Robert's Rules of Order*.

The following is an introduction to *Robert's Rules*. This article was extracted from "A Guide to Parliamentary Procedure Based on Robert's Rules of Order Newly Revised" and "Roles and Responsibilities of Chairman," taken from the Board of Directors' and Committees' Orientation Manual of the Saskatchewan Union of Nurses.

An assembly generally uses five steps to conduct its business: (1) a motion is made, (2) the motion is seconded, (3) the chair states the question, placing it before the assembly, (4) the assembly debates the motion, and (5) votes upon it.

1. Motion made

A proposal that the assembly take certain action or express itself as holding certain views is a motion. Verbally, a member introduces a motion by obtaining the floor and stating, "I move that..." or she/he may move for the adoption of a written resolution.

2. Motion seconded

Next, another member who supports the proposal says, "I second the motion." Requiring a "second" prevents consuming time on a view held by only one member. If there is no second, the matter is dropped.

3. Chair states question

Once a motion is seconded and considered to be in order, the chair/chairperson states the question to the assembly, clarifying any vague points. Having been restated by the chair, the proposal is pending. This means it is before the assembly for consideration and action. (Until a motion is pending, any member may suggest modifications, or the mover may modify or withdraw the motion.) When the chair states the question, this opens the floor for debate on the proposal.

4. Debate

That question most recently stated by the chair is the one to be acted upon first. Debate (which is discussion of a proposal) is limited to the immediately pending question, and usually each member is limited to two speeches during any debate.

Prior to debating or making a motion, a member must obtain the floor. After the previous speaker yields the floor (usually by sitting down), the member wishing to speak rises and addresses the chair. The would-be speaker is recognized by the chair, or ruled out-of-order in favour of another speaker. In many cases the first one to rise is assigned the floor. A member attempting to take the floor for a second speech on the same question is out-of-order when any member who has not spoken on that question desires the floor.

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a) **Amendments to the motion**

An amendment is offered when a member agrees substantially with the motion but wants some change. An amendment must be closely related, although it may be inconsistent, to the subject of the motion. It must be stated clearly and defined as to what part of the motion it applies. An amendment that is not relevant to the main motion is out-of-order.

To amend a motion, a member must seek and be recognized by the chair. Once recognized, she/he states, "I move to amend the motion by..." If another member seconds the amendment, the chair asks if there is any discussion of the amendment.

b) **Amending the amendment**

An amendment may be changed just as a motion may be changed. The amendment to the amendment must relate to the motion and the amendment. The chair can sometimes ask the maker of the motion and the seconder if they are willing to accept the amendment as part of the original motion. If they agree and if no other member objects, this can be done, saving time and effort. The chair must carry through each step until the main motion has been voted on. There can be no amendment to an amendment to an amendment. If it gets to that point, a substitute motion is in order. Voting is done in reverse order. That is on the amendment to the amendment, then the amendment, then the motion as amended.

c) **Substitute motion**

A substitute motion ties loose ends together. It may be made and accepted by the chair. Amendments or substitute motions cannot be accepted if they are not relevant to the motion.

d) **Tabling a motion**

The membership may seem unable to reach a conclusion, or more study may be needed. At these times a member makes a motion to table the motion. The maker of the motion cannot do so while speaking on the motion, or if she/he has previously spoken on the motion and there are others who still desire to speak. Such a motion requires a second, and once seconded, cannot be debated or amended. It must be put to an immediate vote. If a majority vote in favour, the motion is then tabled. Tabling a motion does not carry a time limit. A motion to table until the next meeting is a motion to postpone and is debatable. If a member wants to postpone indefinitely, or if a member wants to place the matter in the hands of a committee, the motion should be stated in these terms: "I move that the matter be referred back to the Education Committee."

e) **Points of information**

Members sometimes become confused about the business being discussed. They may need some information from the chair or the speaker about the meaning of the motion or its effect. If so, they may direct an inquiry to the chair. Members do not have to wait to be recognized by the chair, but may interrupt by stating, "I rise on a point of information." The chair must recognize the member and say, "State your question." The chair then seeks to answer the

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question or, if the member desires information from another member, the chair should ask the person holding the floor to yield for the purpose of getting the information. The person holding the floor cannot be forced to yield, but if she/he does, the questioner must address the point of information through the chair and the answer must be made to the chair. If the chair decides that the question does not require an immediate answer, the inquiry can be answered as soon as the speaker is finished.

5. Vote

Once debate is over, the chair asks again, “Are you ready for the question?” If no one goes to the mike to speak, she/he restates the question and takes the vote. This is usually done by a show of hands. If the result is unclear, the chair may ask for a standing vote.

For a motion to pass it will require either a majority (more than half votes cast) or 2/3 of the members present and voting on that motion. Therefore, if x number of members are registered for the day and then some members leave, the vote is determined by the majority or 2/3 (depending on what is required) of the remaining members who vote.

NOTE: All motions, discussion and debate of motions must take place through the chair. Members are not allowed to debate issues among themselves.

Quorum is the number of registered members that are entitled to vote, who must be present in order to legally transact the meeting’s business.

CFNU’s Bylaw 7.11 states that the quorum for a general meeting of the union shall be a majority of those members registered in attendance on each day of the meeting.

Therefore, if on any given day 300 members are registered, quorum would be 151 members. If at least 151 members remain at the meeting, business, including voting on resolutions, can proceed.

NOTE: Quorum and the number of votes required to carry a motion are two separate issues.

For example, x number of members are registered on any given day. A majority of those constitute a quorum to carry on the business of the day. Of that quorum, a majority or 2/3 of the members present and voting will determine if a motion passes or is defeated.

6. Role of the parliamentarian

The parliamentarian is a consultant whose role is purely an advisor and resource person for the chair and the meeting.

Duties include: respond to questions of clarification about the *Rules of Order* either by the chair or the assembly; discreetly draw to the attention of the chair any errors in following the *Rules of Order*; and act as an expert on the *Rules of Order* to help facilitate the business of the assembly.

NOTE: A parliamentarian does not vote or debate the issues before the assembly.

Convention

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Rules and Privileges

1. Only voting delegates and members of the National Executive Board will be entitled to vote. Each Member Organization may cast its full number of votes, provided that it has at least one (1) voting delegate at the convention.
2. Speakers will use the microphones when addressing the chair.
3. Speakers must be acknowledged by the chair before addressing the assembly.
4. Speakers addressing the chair will state their names and union membership.
5. Members of a Member Organization who are not voting delegates may attend a convention of the Federation on behalf of their respective organization and may speak to, but not move or vote on business of the Federation.
6. Staff of a Member Organization may attend at the discretion of the Member Organization and may speak with the consent of two thirds (2/3) of the voting delegates.
7. Motions, amendments and emergency resolutions must be presented in writing to the chair.
8. Debate on any motion at this convention will be limited to one (1) speech by any person on any question, unless special permission is granted by the assembly. No person can speak a second time to any question, as long as another person who has not spoken to that question wishes to speak.
9. Each speech will be limited to three (3) minutes.
10. Once voting has commenced on a motion, no one shall be allowed to enter or leave the meeting room.
11. Convention rules may be suspended by a two-thirds (2/3) vote.
12. Governing rules of order will be the current edition of *Robert's Rules of Order Newly Revised*.
13. All **cell phones are to be turned off** during educational & business sessions.

Convention

Convention Policies

Smoking Policy

In accordance with Canadian Federation of Nurses Unions' policy, we request your cooperation to ensure that this conference is smoke-free – no smoking in the conference office, the plenary sessions, workshops and all areas outside these rooms. Smoking is only permitted where indicated. Thank you.

Recycling Policy

At the conclusion of the conference, deposit your delegate badge in the boxes situated near the exits of the plenary room. As well, please make use of the recycling containers provided by the convention centre.

Scents and Perfumes

Please be aware that some members are sensitive to chemicals, including those found in scents, perfumes and aftershaves. For the well-being of your colleagues, please refrain from using scented products during the convention.

Gender-neutral washroom(s)

The CFNU will work with the host convention centre to ensure that there is a minimum of one gender-neutral washroom facility available, and its location will be announced.

Being Green – What Convention Attendees Can Do

Turn off any lights, TV, air conditioner or heater when you leave your hotel room for the day.

Recycle your waste: bottles, cans, paper, etc.

Bring your own pen and pencil.

Do your sightseeing by foot or public transportation.

Collect business cards of presenters and have them e-mail reports and other information rather than collecting printed handouts.

Audio/Videotape and Photography Consent

Portions of the CFNU 2023 Biennial Convention will be recorded and photographed and may be made available on the Internet. Photographs may be used in CFNU publications and promotional materials. Your attendance at the CFNU 2023 Biennial Convention constitutes your consent to potential inclusion in these various media.

Thank you for your cooperation.

Bread and Roses Award History



At the 1993 Canadian Federation of Nurses Unions (CFNU) Convention, delegates approved a resolution directing the CFNU to “establish a national award to be presented on a yearly basis to a CFNU member who is contributing or has actively contributed to unionism on a provincial and/or national basis.”

Criteria were developed and application forms were circulated, asking candidates to describe their backgrounds in local, provincial and national activities. Nominations are received by the CFNU office according to established deadlines.

The CFNU Board could find no more fitting title for this award than the *Bread and Roses Award*. “Bread and Roses” is an old labour song which was put to music by Carolyn Kohlsaet and written by James Opperheim. The song was derived from a song by an Italian-American writer, Arturo Giovannitti, titled “Pan-e-Rose” which was used by the International Ladies Garment Workers’ Union. “Bread and Roses” has a long and prestigious history.

In 1912, in Lawrence, Massachusetts, predominantly women workers struck the textile mills for ten weeks to improve their wages and working conditions. They were members of the International Workers of the World. Our award’s inspiration is found in the song’s lyrics that pay tribute to these women.

The song is speaking to the need for recognition of self and accomplishment, and to the dignity of each and every human being:
“Yes, it is Bread we fight for – but we fight for Roses too!”

The last verse is the most meaningful of all.
**“As we come marching, marching,
we’re standing proud and tall.
The rising of the women means the rising of us
all. No more the drudge and idler –
ten that toil where one reposes,
but a sharing of life’s glories:
Bread and Roses! Bread and Roses!”**

The award was created by Vancouver glass artist John Nutter, who had been inspired by the stained-glass windows of the Notre Dame Cathedral in St. Boniface.

The award represents the way in which we, as women and men, operate in a Union, which is in a circle of cooperation and collaboration with mutual respect and respect for the circle of life and each person’s contributions to the whole. Thus, the award is circular and sits on a base of yew wood. Yew is a tribute to the healing arts. Many anti-cancer drugs are derived from yew wood. The use of the natural wood contrasts with the glossiness of the award.

There are two glass panels separated by a one-half-inch space but yet overlapped. One panel has sheaves of wheat on it, symbolizing Bread; the other has Roses. Speaking to the need for both these elements in our lives, the link was formed in the overlap of equal parts of both symbols.

Congratulations to the winners from the members of the Canadian Federation of Nurses Unions!



MAPS

- Downtown Charlottetown
- PEI Convention Centre

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Maps

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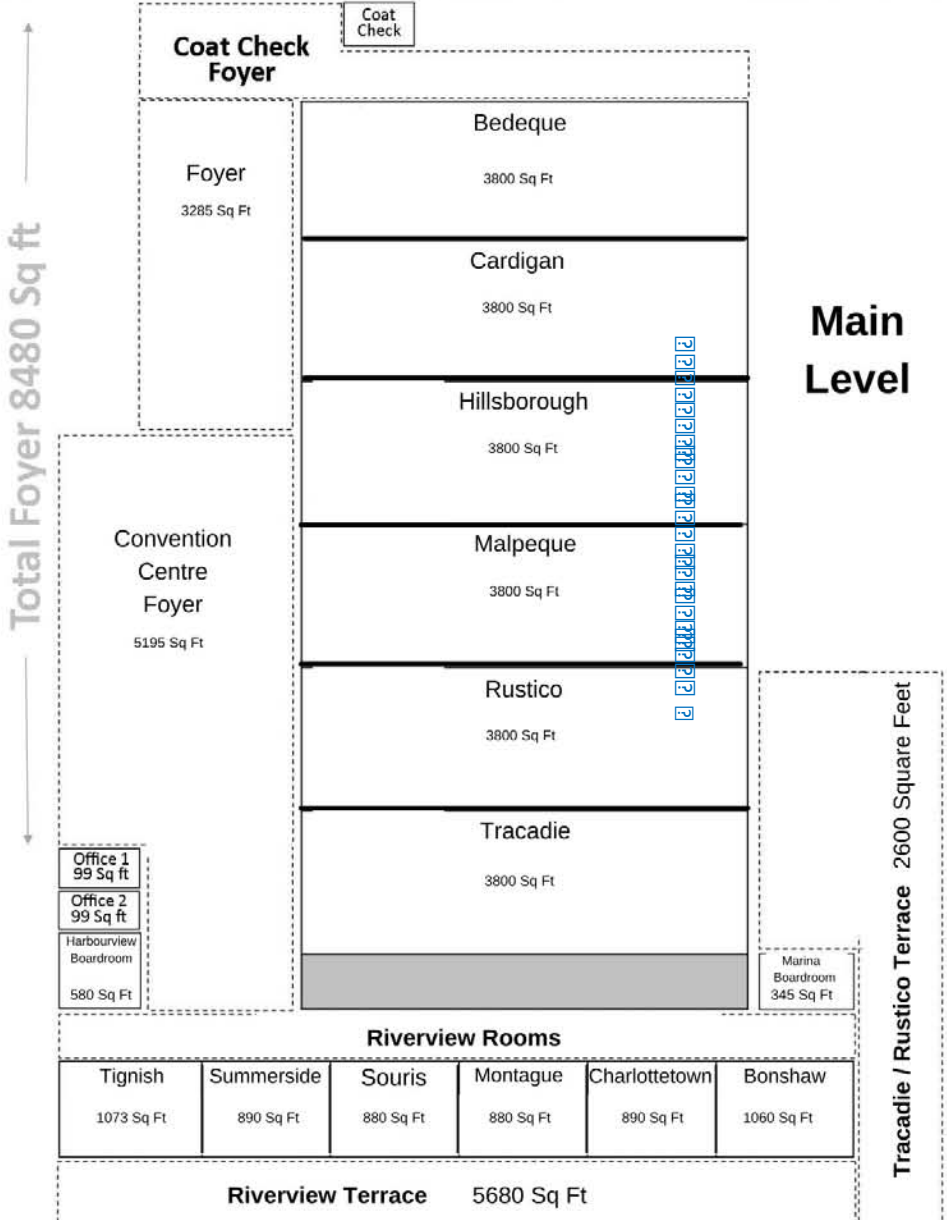
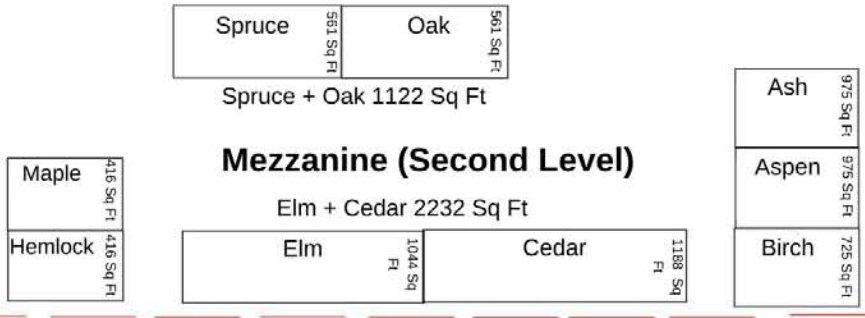


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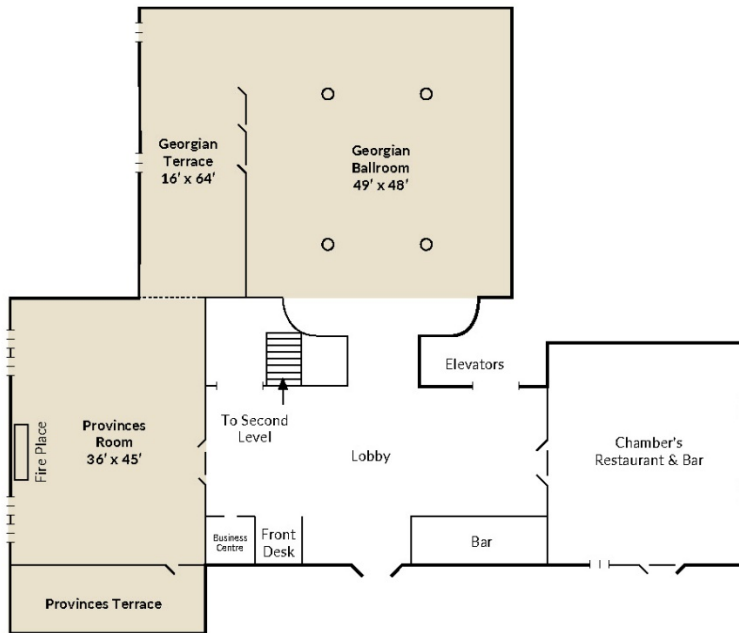
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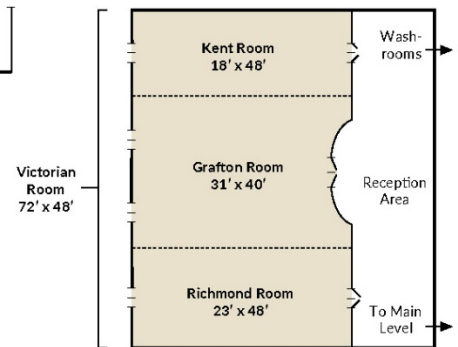
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MAIN LEVEL



SECOND LEVEL



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CFNU REPORT

- CFNU report
- Long-term bargaining goals
- International Solidarity report

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1. MESSAGE FROM CFNU PRESIDENT LINDA SILAS



Linda Silas, President of the CFNU 2003-Present

Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead

Dear Members,

I want to express how happy I am to be able to meet in person this year in beautiful Prince Edward Island. The energy and collective power we generate when we get together is so incredible. CFNU's convention theme for 2021 was **NO BACKING DOWN**, and I guarantee that not only did we not back down, but together we pushed the envelope of every government in this country. From premiers to bureaucrats, they know our names – and we have their number.

Our theme this year is **TOGETHER WE GOT THIS**. Just the sort of inspiration and motivation we need to keep advocating on behalf of Canada's nurses. Increasing health transfers and new bilateral agreements were positive moves, and nurses across the country were actively supportive of those negotiations, but without new pan-Canadian initiatives to support nurses, our cherished public health care system remains at risk. Nurses are burning out and frustrated, and they want action from their federal government.

As I write this opening message to our 2023 convention, I'm thinking everyone wants to move to Nova Scotia not only for its beautiful people and great shorelines, but for Premier Houston's concrete promises toward supporting and respecting nurses. Perhaps you want to move to British Columbia, which this spring became the first province to adopt minimum nurse-patient ratios.

I am so pleased to welcome the British Columbia Nurses' Union (BCNU) back into our Federation and to this year's convention. The leadership of BCNU is committed and energized by the prospect of working together in solidarity with fellow Member Organizations. We believe it is critical now to further unite nurses and strengthen our movement. This is so important given the threats our members and the public health care system are currently facing.

I want to thank all of you for your tireless energy advocating for our members. I was so proud over this past year to attend rallies and events across the country as nurses got into their communities and out on the streets to stand up for themselves, patient safety and the public health care system we all cherish.

2. UNITING NURSES

BCNU

The journey to welcome back BCNU started during COVID-19 collaboration, followed by many individual meetings between NEB members, CLC president (September 8, 2021, and January 4, 2022) and BCNU leadership on March 7, 2022. Then on March 14, 2022, the NEB officially launched this important step for our movement by sending an encouraging press release announcing our intention, “Now more than ever nurses need to be united”. Following this, I met with leaders of the CLC, CUPE and NUPGE on March 31, where we determined meetings needed to happen in BC with affected unions.

We created a working committee: Pauline Worsfold (CFNU), Tracy Zambory (SUN), David Harrigan (UNA) and Jolanta Scott-Parker (CFNU), which met with the BCNU working committee to determine processes, timeframe and operational requirements such as dues. Since then, the BCNU leadership have made themselves available to meet not only with provincial health care unions but national ones as well.

At the time of writing this report, we still don’t have a resolved process with the CLC.

CFNU virtual biennium, June 8-9, 2021

Because of COVID-19, nurses couldn’t meet in person at the 2021 convention, but the CFNU still delivered a jam-packed virtual convention, complete with riveting speeches, amazing performers and even an opportunity to socialize and let loose!

At this virtual convention, 1,090 nurses were able to participate, and there was no denying the current challenges we face. Our convention was virtual precisely because the nation – indeed the world – is still battling COVID-19. Nurses know: they’ve been at the forefront of this fight. And while the battle rages on, nurses are still faced with unmanageable workloads, unsafe workplaces and a lack of meaningful support.

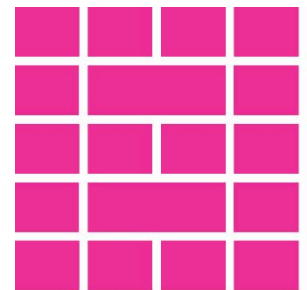
As CFNU President Linda Silas reminded us: it’s been a tough time, but we can’t back down.

3. CAMPAIGNS AND ADVOCACY

Nurse Retention Fund Proposal

The CFNU submitted a proposal to Health Canada on January 6, 2023, to establish a Nurse Retention Fund. The fund would be an immediate initiative that could begin addressing the need to swiftly enact measures to spur the retention, return and recruitment of nurses needed to address the critical nurse shortages putting our public health care system at risk of collapse.

The CFNU looks forward to collaborating with Health Canada on this important new initiative that would provide an opportunity for the federal government to show leadership in supporting Canada’s health employers to retain and recruit their nurses. We thank Arlene Wortsman, past coordinator of Research to Action campaign, Mike Villeneuve, Dr. Gail Tomblin Murphy and our provincial unions for their help crafting this preliminary proposal.



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**Member Organization
meetings attended by
President and
Secretary-Treasurer**

CFNU Report

Finance committee 2023 pre-budget consultation

Once again, our submission was focused on the health workforce crisis and provided clear recommendations that the government mandate nurse-patient ratios through new federal legislation, address excessive workloads, create more nursing seats, establish new bridging and mentorship programs, provide support for internationally educated nurses (IENs) and create new full-time nursing positions.

The CFNU began our advocacy push around the 2023 federal budget, with a pre-budget consultation submission to the House of Commons' Standing Committee on Finance (FINA) in October 2022. In the submission we highlighted the following asks.

1. That the government provide immediate funding for proven retention, return and recruitment initiatives backed by firm timelines and accountability, including:
 - addressing excessive workloads;
 - creating and supporting more nursing seats;
 - new bridging and mentorship programs;
 - support for internationally educated nurses (IENs);
 - creating attractive new full-time nursing positions; and
 - immediate and ongoing support for mental health programs geared toward nurses, including internet-delivered cognitive behavioural therapy.
2. That the government introduce patient care and safety legislation that enshrines mandated nurse-to-patient ratios across the country.
3. That the government introduce a new tax credit for nurses who maintain their readiness to return to the workforce.
4. That the government establish a national health workforce body to improve decision-making, with better data to facilitate ongoing pan-Canadian coordination – backed by the tools and investments needed to support health workforce planning in all our communities.



NEB, Health Minister Jean-Yves Duclos and Prime Minister Justin Trudeau, October 2022

CFNU Report

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The federal government more recently developed a webpage soliciting pre-budget consultation submissions from organizations, so the CFNU made an additional submission that is more concise and focused. That submission provided more focused attention on the following three asks:

1. A Nurse Retention Fund to scale up proven retention programs in health care workplaces
2. Tax measures to retain and return nurses to the workplace
3. Tailored mental health supports for nurses experiencing severe psychological symptoms

Through the preliminary proposal around a Nurse Retention Fund that was presented to federal Chief Nursing Officer, Dr. Leigh Chapman, with budget cost of \$32 million over four years, starting in 2023-2024. It would cost approximately \$10 million to establish a mentorship program in one province, and can be subsequently scaled up with an additional \$22 million to provinces across the country.

Regarding a tax incentive, such as a tax credit or a tax deduction, we obtained the insights of Kevin Page and Sahir Khan of the Institute of Fiscal Studies and Democracy, who are renowned experts around government spending and decision-making. We have yet to determine the precise costing of this initiative, but we are considering next steps around pursuing it further – perhaps through a private member’s bill.

HUMA

Linda Silas appeared before the HUMA committee as a witness for their study entitled *Labour Shortages, Working Conditions and the Care Economy*. The CFNU also submitted a brief. Our recommendations included: targeted federal funding for retention and recruitment programs for nurses, increased funding for more nursing seats and supports for IENs, funding toward mental health supports for nurses, and a national health workforce body (such as an agency) to provide better data and coordination for the purposes of well-informed health workforce planning.



NEB at Council of the Federation 2022

CFNU Report

Council of the Federation, July 11-12, 2022

On July 11 and 12 in Victoria, BC, the CFNU had the privilege of hosting provincial and territorial premiers at a policy breakfast taking place during the Council of the Federation's annual summer meeting – the first to be held in-person since the pandemic began. The CFNU was the only organization to secure a meeting with premiers during CoF.

The CFNU and MOs were privileged to welcome all premiers, along with representatives from the governments of Alberta and Nunavut, to an important discussion of the nationwide health workforce crisis. The discussion centered around offering short- and long-term solutions, including retention, return and recruitment initiatives, along with the establishment of a national health workforce body to help fill existing data gaps and inform planning and decision-making at the provincial/territorial level.

The CFNU is planning to secure a meeting with the Council of the Federation during their 2023 summer meetings in Winnipeg.

Health Ministers' Meeting, November 6-8, 2022

Our first in-person Health Ministers' Meeting policy breakfast since 2018 took place on November 8, 2022, in Vancouver at the Pan Pacific.

Dr. Ivy Bourgeault and Dr. Arthur Sweetman presented on the critical nursing shortage crisis, with Dr. Bourgeault focusing on the findings of the study she helped lead for the CFNU, centred around retention, return and recruitment of nurses within the public health care system, and Dr. Sweetman focusing on financing and implementing these initiatives within the current economic context. The meeting was well attended, with health ministers from each province and territory in attendance.

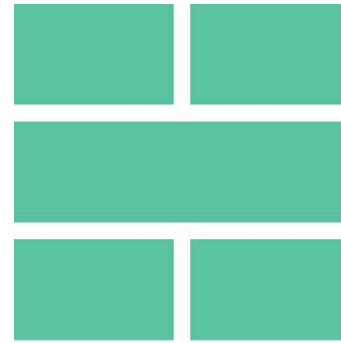
The strategic priority actions from CFNU's report *Sustaining Nursing in Canada*, presented at the policy breakfast, are as follows.

To address the immediate challenges in nurse retention

- The federal government should set standards for minimum care, including nurse-patient ratios, and support the spread and scale of promising initiatives from other jurisdictions.
- Provincial/territorial governments should spread and scale evidence-informed retention initiatives with targeted investments in partnership with employers and health authorities.
- Employers should foster safe, healthy, and supportive work environments, adding nursing support roles to reduce non-nursing duties and implement processes to reduce workloads.

To foster the return of nurses to the public health care system

- The federal government should create a public workforce agency to employ mobile nurses and other health workers licensed to temporarily address high-need areas.
- Provincial/territorial governments should fund flexible return-to-practice programs.
- Employers should provide mentorship and other supports bridging nurses' return to work.



5

Be Heard Live events

To integrate internationally educated nurses (IENs) presently in Canada

- The federal government should enhance supports for IEN bridge training and mentoring programs enabling their more-timely integration in partnership with provinces/territories.
- Provincial/territorial governments should fund and encourage regulators to streamline the licensure recognition process supporting IENs through compensated bridge training.
- Employers should adopt tools to streamline IEN integration, including paid mentorship and support from experienced nurses in practice.

To strategically enhance appropriately mentored recruitment pathways

- The federal government should support strategic nurse faculty recruitment to increase enrolments and target tuition support for work in underserved communities and sectors.
- Provincial/territorial governments should scale employed student nurse programs to support transition to employment and micro-credentials to support nurse career laddering.
- Employers should support the capacity of clinical faculty to increase enrolments through funded secondments in partnership with universities and colleges.

To embed and enhance nursing workforce planning with digitally enabled tools

- The federal government should establish a health workforce agency that supports the enhancement of nursing and other workforce data and digitally enabled tools for employers and regional authorities to integrate into their ongoing planning.
- Provincial/territorial governments should initiate or reinstate ongoing nursing workforce planning in collaboration with nursing workforce partners.
- Employers should utilize human resource information systems to embed ongoing planning for nurse staffing.



NEB and Health Ministers, November 8, 2022

CFNU Report

Bill C-3

Following the 2021 election, the CFNU wrote to Justice Minister David Lametti, urging the government to move forward rapidly on legislation to combat the scourge of violence in the health care sector through the introduction of two new amendments to the *Criminal Code*, namely an amendment to recognize violence against a health care worker as an aggravating factor for the purposes of sentencing (an issue on which the CFNU has led the charge since 2017, and one of the key recommendations from the Standing Committee on Health’s 2019 report, *Violence Facing Health Care Workers in Canada*); as well as an amendment to establish a new offense for intimidating or obstructing health care workers in the performance of their duties, and/or patients who are seeking care at a facility where health care services are offered.

We were pleased to see the Department of Justice Canada move quickly on our recommendations – with the introduction of Bill C-3, *An Act to amend the Criminal Code and the Canada Labour Code*, on November 26, 2021.

The CFNU was honored to take part in a press conference with Minister Lametti and Minister of Labour Seamus O’Regan Jr. to support the introduction of this important bill. We worked with labour allies to reach out to parliamentarians opposed to some of this bill’s provisions, offering briefings and resources to bolster chances of making its way through the legislative process successfully.

The Senate of Canada undertook a pre-study of Bill C-3 before the bill was sent back to the House of Commons, where it was adopted unanimously.

Bill C-3 also provides enhanced sick leave benefits for workers in federally regulated sectors up to a maximum of ten days of paid sick leave per year, along with additional provisions for bereavement leave.

Bill C-3 came into force on January 17, 2022. This represents a significant win for health care workers who are faced with rampant verbal and physical violence in the course of doing their jobs – but our work is not done. Since the adoption of Bill C-3, the CFNU has pressed the federal government to move forward on the other recommendations from HESA’s 2019 report, starting with the introduction of a national public awareness campaign to sensitize the Canadian public to the violence experienced by health care workers and to alert them to the new *Criminal Code* serious offences covered by Bill C-3.

We believe the enactment of Bill C-3 must be accompanied by robust support from the federal government to ensure the success of the new law, as well as efforts to work with health care employers and administrators to change the dangerous culture that currently places the onus on health care workers to ignore or defuse acts of physical and verbal assault.

CFNU Report

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Federal election campaign

Canada was plunged into a snap federal election on August 15, 2021, when Governor General Mary Simon approved Prime Minister Justin Trudeau's request to dissolve Parliament, triggering the issuing of the election writs and formally beginning Canada's 44th federal election. The campaign was set to last 36 days – the minimum length permitted by law.

Amidst the months of speculation that preceded, the CFNU had been preparing a third-party campaign to highlight the pressing issues and priorities for Canada's nurses' unions in this pandemic election.



In the winter and spring months, the CFNU worked with our partners at Point Blank Creative to develop the campaign plan, design, messaging, and creative and advertising strategy.

"We're already in the next health care crisis," the campaign posited, pointing to Canada's critical nursing shortage and understaffing as the core focus of the campaign. A full suite of graphic and animated ads featured the campaign's stark yet eye-catching palette of yellow, black and bright purple, cast against close-up black-and-white images of health workers' faces.

A campaign landing page at thenextcrisis.ca / aprochainecrise.ca featured an email action targeting federal candidates, calling for action on the nursing crisis and Canada's health care. For those who sent the email, a welcome series of follow-up messages prompted further action, including requesting stories from those who indicated they are health care workers.



A digital advertising strategy was developed to maximize the relatively limited budget available for the paid component of the campaign. The CFNU opted to advertise exclusively in select swing ridings, including 10 CPC-held tight races, and seven NDP- or Liberal-held tight races, with less than 1% lead over the CPC. Within those ridings, Facebook and Instagram ads targeted likely nurses or health care workers and those in the general public who had health care, patient advocacy or union interests/online behaviors.

A parallel government relations strategy was developed internally. In the summer the CFNU developed an issues brief, [We're Already in the Next Health Care Crisis](#), outlining key

facts and recommendations for nurses' priorities, which included: supporting nurses, seniors' care, pharmacare, health care funding, child care, Indigenous reconciliation and climate change. This brief was distributed to as many major parties' candidates as possible, based on available information.

CFNU Report



Pauline Worsfold, RN @PaulineWorsfold · 5m

My RN co-workers who are unable to participate in person @CFNU National Day of Action are [#doneasking](#) @UnitedNurses



Central parties received letters and a questionnaire from the CFNU seeking information on election health care commitments. The responses to these requests were compiled, along with policy announcements that took place during the campaign, and analyzed. The CFNU once again produced an election platform report card, scoring the four

major parties on each priority issue. The report card was released prior to election day, with a new landing page, a more extensive document and a suite of graphic assets for social media. All digital ads started pointing to the report card landing page.

Around the same time, the CFNU began a “get out the vote” component of the campaign. Graphics and social content were shared broadly encouraging nurses and supporters to vote in advance polls or on election day, and to vote for the best health care policies on offer.

News media was notably very receptive to the CFNU’s messaging during this campaign, despite the intense competition for coverage during elections. The CFNU kicked off its election media efforts with several national opinion editorials. A piece on the nursing shortage written by CFNU president Linda Silas was published in late August in the *Toronto Star* in English and *La Presse* in French; a piece on long-term care reform, co-authored with Dr. Pat Armstrong, was also published in the *Toronto Star* in English and *La Presse* in French; and finally a piece on pharmacare, co-authored with Dr. Steve Morgan, appeared in *The Province* in English and *Le Droit* in French.

At the midpoint in the campaign, the CFNU hosted a Facebook Live event just prior to the English-language federal leaders’ debate on September 9. The session featured Dr. Ivy Lynn Bourgeault of the Canadian Health Workforce Network on the topic of health staffing; Danielle Larivee, RN, of United Nurses of Alberta on nurses’ frontline experiences; and Dr. Thara Kumar of Canadian Doctors for Medicare on pharmacare. The discussion was impactful and received 1,900 views.

When the federal election day was set for September 20, the CFNU and MOs moved quickly to change the original date for the day of action from September 22 to September 17. Moving up the day of action allowed for the political impact of the events to most acute.

On September 17, more than 27 in-person events were held. These included a media conference, a car convoy, rallies and numerous community pickets. In addition, virtual actions took place across the country and included flooding social media with images and stories of the nursing shortage, mass phone banking and workplace outreach. The day achieved more than 160 media hits in six provinces. The campaign hashtags achieved more than 1,700 hits on Twitter alone. More than 5,200 people signed up for the day of action through the website.

CFNU Report

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The campaign has resulted in significant momentum on the issue of nurse staffing, which should bolster the CFNU’s efforts to maintain pressure on the next federal government.

Election results by party	Elected members 2021 (44 th federal election)	Elected members 2019 (43 rd federal election)
Liberal	160	157
Conservative	119	121
Bloc Québécois	32	24
New Democratic Party	25	32
Green Party	2	3
People's Party of Canada	0	0
Other	0	1

Pharmacare

Even if more of CFNU’s efforts have been focused on COVID-19 and the nursing shortage, we have continued to apply pressure on the pharmacare file in 2022.

On December 7, we sent a [letter](#) that we initiated and co-wrote with the Canadian Health Coalition, to Prime Minister Trudeau, Minister Freeland, Minister Duclos and Minister Fortier, encouraging the federal government to take bold steps towards implementing pharmacare through the Economic and Fiscal Update and Budget 2022. The main focus was on the deadline to bring essential medicines coverage (which is January 1, 2022, as stated in the 2019 report of the Advisory Council on Implementing National Pharmacare). The letter was timed a week before the Economic and Fiscal Update was released. Unfortunately, there was no mention of pharmacare in the Economic and Fiscal Update, but this wasn’t surprising given the fact that the update didn’t focus on new spending initiatives. The letter was signed by over 20 organizations and experts.



Linda Silas and NEB at Canadian Health Coalition Pharmacare Rally, February 2023

CFNU Report

The CFNU also participated in information sessions on a proposed framework for a potential pan-Canadian formulary. This is part of the public consultation phase of the work of the pan-Canadian Advisory Panel on a Framework for a Prescription Drug List. The information sessions discussed the expert panel's recommendations for this framework. It represents a small and insignificant step in the government's path toward universal pharmacare. The final report was released in the spring of 2022.

Linda Silas participated in two widely publicized panels on pharmacare, presented as webinars. The first one was put on by *The Walrus*, where Linda spoke alongside pharmacare expert Steve Morgan, seniors' advocate Dr. Samir Sinha, and Durhane Wong-Rieger, president of the Canadian Organization for Rare Disorders. The second panel was put on by the Pearson Centre and included NDP MP Don Davies and Liberal MP Brendan Hanley. Both MPs are members of HESA, and both expressed support for a pharmacare program consistent with what the CFNU has long advocated for. These events helped to further establish Linda Silas as a main authority on the topic in Canada and to engage more individuals about the importance of the issue.

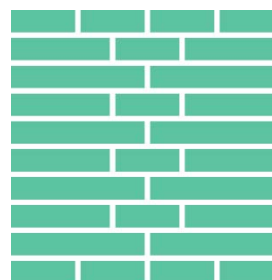
Government and External Relations Officer Tyler Levitan on behalf of the CFNU attended several meetings on pharmacare, set up and led by the Canadian Health Coalition to engage with government officials. Meetings were held with Peter Julian, NDP MP (also attended by Pauline Worsfold); Sean Casey, Liberal MP and HESA chair; Susan Fitzpatrick, head of the Canadian Drug Agency Transition Office; and Michelle Boudreau, Director General at Health Canada responsible for pharmacare.

These meetings were set up after the announcement of the Liberal-NDP confidence-and-supply agreement. This agreement commits the government to continuing progress towards a universal national pharmacare program by passing a *Canada Pharmacare Act* by the end of 2023 and then tasking the National Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan by the end of the agreement in 2025.

With the federal government committing to pass legislation on implementing pharmacare by the end of 2023 – which is one of the central commitments of their confidence and supply agreement with the NDP – there is finally a real opportunity to see some important progress on this long-standing issue.

The CFNU also partnered with the CHC, the CLC and the Heart and Stroke Foundation of Canada to commission a legal opinion on the components the federal government ought to include in their draft legislation. We worked with progressive lawyer Steven Shrybman on the brief. We submitted it to senior officials at Health Canada who are leading on this file, as well as with other relevant government officials and our pro-pharmacare allies in the federal NDP.

Since the spring, Tyler has been representing the CFNU on strategic lobby meetings with senior government officials, alongside our key allies Steve Staples (CHC), Joel Lexchin (CHC), Elizabeth Kwan (CLC), and Sarah Ryan (CUPE). This has helped us to maintain our pressure on the government to live up to its commitments on pharmacare.



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Stakeholder meetings

Given the heightened attention that pharmacare will receive in the months ahead with the commitments surrounding it in the Liberal-NDP confidence and supply agreement, and the changing economic realities for individuals and households since our last poll on pharmacare pre-COVID (and pre-massive spike in inflation), it would be helpful to assess how Canadians and Canadian households are managing with accessing prescription medicines, and what their views are of universal public pharmacare. We could also compare it to the data obtained from 2019 through our last poll, commissioned by Environics and conducted alongside the Heart and Stroke Foundation of Canada. Our allies in the CHC, CLC, Heart and Stroke and the NDP have agreed that a new poll would be helpful in shaping discourse on this issue at a vital strategic moment in this campaign's history.

The CFNU commissioned Environics to conduct polling on universal pharmacare. A total of 1,503 respondents completed the survey conducted online between January 18 and 24, 2023. Released in February 2023, key findings included the following.

- 87% of people in Canada support implementing a national pharmacare program to provide equal access to prescription drugs for everyone in Canada.
- 86% of people feel the federal government has a responsibility to ensure everyone in Canada has prescription drug coverage.
- 25% of all households pay more \$500/year on prescriptions. Meanwhile 10% pay more than \$1000/year.
- 34% report being less able to afford prescription medication due to inflationary pressure.
- 22% of households have at least one person who feels trapped in their current job because they fear losing their drug coverage.

Agency nurses/Auditor General

The CFNU wrote a letter to the Auditor General of Canada Karen Hogan in April 2022, requesting she conduct a review with auditors in every province to determine if recruitment and retention of staff nurses are being undermined by the higher wages that contractors get since public funds are being increasingly used for private agency nurses. This problem exists across Canada. The Auditor General of Canada declined our request at this time, but Ontario's Auditor General did reach out to the CFNU to arrange a meeting. Linda Silas and Angela Preocanin met with AG Bonnie Lysyk on June 6 to discuss the issue further.

The CFNU has developed a survey of nurses who are working for temporary agencies either as their full-time job or in addition to their work in the public system. It was released during the week of May 9 for a two-week duration.

The CFNU released an updated position statement on agency nursing in September 2022 with the following recommendations.

- The federal government work with the provinces and territories to determine spending on agency nurses, including disclosure of total dollars spent, average pay rate, numbers utilized, changes in pay over the past five years, and how this data compares between health care sectors, including hospitals, long-term care and home care.
- The federal government work with the provinces and territories to investigate and determine the value Canadians are receiving for the monies spent on agency nurses.

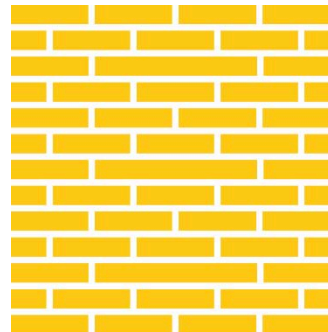
CFNU Report

- The federal government work with the provinces and territories to limit how much hospitals can spend on agency nurses.

Federal government response to HESA *Violence Facing Health Care Workers* report

In June 2019, the HESA report recommended that the federal government undertake the following actions.

- Establish pan-Canadian framework to prevent violence in health care settings, which would include promoting the adoption of best practices in violence prevention across the country – to be developed in partnership with the provinces and territories;
- Develop a national public awareness campaign to highlight the violence faced by health care workers and the valuable role health care professionals play in providing care to Canadians;
- Amend the *Criminal Code* to require a court to consider the fact that the victim of an assault is a health care sector worker to be an aggravating circumstance for the purposes of sentencing;
- Provide funding to the Canadian Institute for Health Information to develop standard definitions and terminology in relation to workplace violence in health care settings and collect national standardized statistics in this area;
- Work with the provinces and territories to address staffing shortages in health care settings; and
- Provide targeted funding to upgrade long-term care facilities and other health care infrastructure to better meet the needs of patients.



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**Meetings with
Federal MPs and
government**

The Standing Committee on Health undertook a study of Canada's health workforce in seven meetings beginning on February 16, 2022, and wrapping up on May 16, 2022. Linda Silas was among two dozen witnesses who appeared before the committee to testify on the challenges faced by nurses and other health care workers due to the lack of appropriate health human resources planning across the country. The CFNU submitted a brief to the committee. These include providing federal funding for innovative retention and recruitment programs targeted at early-, mid- and late-career nurses, as well as sustainable ongoing funding to ensure that all nurses and health care teams have access to mental health supports. In the longer term, we called for the federal government to establish a dedicated coordinating body to address critical health workforce data gaps and recommend strategies based on best practices in health workforce management.

Update on federal standards for long-term care (LTC)

For years, as health care advocates sounded the alarm regarding the deplorable conditions faced by residents in long-term care facilities, their warnings largely fell on deaf ears. It wasn't until the onset of the COVID-19 pandemic and the deployment of the Canadian Armed Forces troops to long-term care homes in Quebec and Ontario, along with countless news stories about the suffering and deaths of residents, that most Canadians and our political leaders took note of.

In the 2020 Fall Economic Statement, the Government of Canada first introduced a commitment of up to \$1 billion for a Safe Long-term Care Fund. The fund was designed to help provinces and territories protect residents in long-term care and support infection prevention and control measures. Funding would be contingent on a detailed spending plan, allocated on an equal per capita basis, and conditional on provinces and territories demonstrating that investments have been made according to those spending plans. The federal government also prescribed that the provinces and territories would be able to use this funding to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation and hiring additional staff or topping up wages.

This was followed up in the federal 2021 budget, with the governing Liberals introducing a sweeping pledge to transform long-term care and implement standards to ensure that the tragedy that we witnessed during the pandemic would never repeat itself.

The development of LTC standards would take two parallel tracks: one track dealing with evidence-based best practices to provide safe, reliable and high-quality care for residents and support a healthy and competent workforce, which would be led by the Health Standards Organization (HSO); and another track dealing with the operation of long-term care facilities and infection prevention and control.

In March 2021, Dr. Samir Sinha, Director of Geriatrics at Sinai Health and University Health Network of Toronto, was announced as chair of the HSO national long-term care services standard technical committee, which was tasked with leading the work of developing a new HSO standard. In May 2021, the CSA Group announced Dr. Alex Mihailidis of the University of Toronto and CEO of AGE-WELL as the chair of its technical subcommittee on long-term care homes.

CFNU recommendations for LTC

- Federal seniors' care legislation to bring long-term care into the public system and regulate it in accordance with the principles of the *Canada Health Act*;
- A pan-Canadian framework of enforceable national standards for long-term care, creating conditions for obtaining federal funding;
- Eliminating for-profit business from the long-term care sector, with a moratorium on private sector ownership going forward and the gradual transition of existing long-term care facilities from private to public (or not-for-profit) ownership;
- Requiring appropriate health and safety protections for workers, and staffing levels permitting a minimum of 4.5 hours of direct care per resident each day, with a minimum of 45% of this care provided by licensed nurses and at least one RN per shift. Where resident acuity is higher, staffing should be increased accordingly;
- Providing full-time jobs, and matching wages and benefits for long-term care workers to the value of the work they perform; and
- Administering long-term care insurance (LTI) through the Canada Pension Plan and Quebec Pension Plan – which would support a continuum of services from home care to institutional long-term care – as similarly exists in Germany, Japan and the Netherlands. For those with a limited work history, an LTC benefit would be added to Old Age Security/Guaranteed Income Supplement payments.

CFNU Report

Stakeholders are concerned about how the new HSO and CSA group standards will be enforced. It is unclear if enforcement will take place through the Liberals' proposed *Safe Long-Term Care Act* or some other mechanism.

Mental Health Support for Nurses

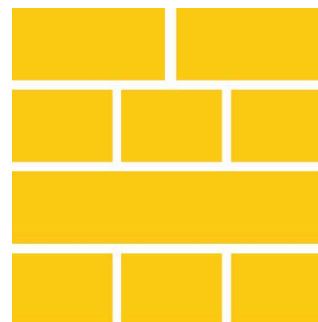
The CFNU has continued to work with Wellness Together Canada on programming tailored for health care workers. Our team of nurses – Pauline Worsfold (UNA), Barb Abele (SUN) and Barb Campbell (UNA) – have worked alongside Tyler Levitan and Carol Reichert on co-design work with both MindWell and Togetherall, which are two programs available under the Wellness Together Canada portal.

Togetherall is a virtual peer-to-peer support community that allows for supportive forum discussions monitored 24/7 by mental health professionals. It also includes online courses and articles on topical mental health issues to help deepen knowledge and spur further discussion through the platform. The CFNU has participated in a co-design process with the Togetherall team with the aim of creating several deliverables, including one co-designed self-directed course, two articles and nurse-specific peer-to-peer subgroups within their system.

MindWell offers mindfulness workshops and other educational materials to help manage stress, anxiety and other mental disorder symptoms. The CFNU also helped to co-design MindWell for Healthcare Workers, which is a four-week program offered for free through Wellness Together Canada, and which was promoted to CFNU members and other health care workers across Canada.

The CFNU has been calling for federal government funding toward mental health supports for nurses, consistent with the supports the government has provided over the years for public safety personnel (PSP). We have been lobbying Dr. Bennett's (Minister of Mental Health and Addictions) office to help us secure funding toward expanding PSPNET for nurses, which is the successful internet-delivered cognitive behavioural therapy program run out of the University of Regina. We recently received news that the Public Health Agency of Canada will be able to provide funding toward tailoring this program for nurses and will help us secure funding toward piloting the program in a single province to start (following the approach taken with PSP, in which the program was initially piloted in Saskatchewan and has since expanded to several more provinces).

As part of the federal government's support for a variety of mental health programs for frontline workers, they provided funding to a program called Before Operational Stress, which initially was focused only on PSP, but has since tailored parts of their materials to health care workers and has a mandate to provide their services to health care workers. The CFNU is able to work with interested Member Organizations to ensure this service is accessible to our members across the country. The program is supported by the work of Dr. Nicholas Carleton, whom the CFNU commissioned to conduct research and produce a report on nurses' mental health, which we released in 2020.



**CFNU network
meetings**

Federal patient safety act

Lawyer Steven Shrybman prepared a legal opinion for us on December 14, 2022, to explore the political and legal feasibility of a federal patient safety act, through which safe nurse-to-patient ratios could be mandated across Canada. Mr. Shrybman concluded that anything resembling legislated nurse-to-patient ratios would fall strictly within provincial jurisdiction.

However, he did determine an important role for the federal government to play in creating far greater transparency and a measure of accountability for the provinces and territories around their administration of hospital services under the *Canada Health Act*, and more specifically, nursing care.

Mr. Shrybman proposes the federal government introduce a regulation into the *Canada Health Act*, which it has the authority to do without the consent of the provinces and territories, that would require the provinces and territories to report on the state of nursing care in their respective jurisdiction. Such a regulation could require the provinces and territories to monitor and report on the number of nurses licensed to practice in their jurisdiction and the number of nurses required to ensure reasonable access to hospital care. It would require them to report on the actions being taken and planned to ensure reasonable access to care, which is a condition for funding under the *Canada Health Act*.

Each year, the federal health minister tables a report in Parliament, which is supposed to assess the extent to which the provinces and territories are meeting the conditions of the *Canada Health Act*. Unfortunately, the federal government has not taken this statutory obligation seriously and has accepted very limited reports from the provinces and territories on this issue. Therefore, a regulation that details the specific reporting needed for the interests of transparency and accountability of federal health funding is necessary.

Our government relations team has met with senior officials in Minister Duclos' office and the Prime Ministers' Office to brief them on the legal opinion. We are pushing for a meeting with the Prime Minister directly to discuss the legal opinion as well, and the relevance to the ongoing debates and negotiations surrounding federal health funding and the need for greater accountability and transparency.

On March 10, 2023, Canada's Health Minister Jean-Yves Duclos sent letters to all provincial and territorial health ministers, sharing concerns about increased reports of patient charges for medically necessary services. Duclos warned that provinces and territories will face clawbacks in federal funding if said funding is used to expand for-profit health care delivery.

Paid plasma

The CFNU made a written submission on December 14, 2021, to the CBS Stakeholder Engagement for Securing Canada's Plasma Sufficiency for Immunoglobulin. Pauline Worsfold represented the CFNU in the stakeholder engagement dialogue session held on January 19, 2022. The CFNU offered our support for the recent opening of stand-alone plasma collection facilities operated by CBS, and deplored the expansion of the for-profit plasma collection industry in Canada, which poses a threat to our security of supply of immunoglobulin.

CFNU Report

The CFNU is helping to facilitate work toward the CHC project that we co-funded with them, which explores the federal government's legal responsibility on the issue of for-profit plasma collection centres. This legal review is ongoing, and the fight continues.

Climate Action webinar/workshop

Following a CFNU resolution in 2019, we have been supporting the work of Dr. Courtney Howard and others to help influence the federal government's position ahead of the next large international climate gathering (COP26 in Glasgow, November 1-12, 2021). The goal is to obtain a ministerial-level commitment to low-carbon sustainable health systems alongside other countries in time for COP26.

Resolution #3 – Nursing and Climate Change

BE IT RESOLVED that the CFNU and its Member Organizations recognize within their position statements that climate change is a global crisis and health emergency;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations support sustainable health care practices in hospitals and community facilities to reduce greenhouse gas emissions in health care settings;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations engage with community stakeholders, such as the Canadian Labour Congress, in initiatives and campaigns that raise the public's awareness about the serious health implications of climate change;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call on the federal government and provincial governments to undertake the necessary policies to meet Canada's obligations under the United Nations Framework Convention on Climate Change (the Paris Agreement), including scientifically based and enforceable reductions in greenhouse gas emissions causing climate change.

This is a reminder that the CFNU and the Canadian Association of Nurses for the Environment (CANE) presented a webinar on nurses and climate change on Earth Day, April 22, 2021, and that the material can be modified to serve as a workshop for any of our Member Organizations. A link to the webinar, which was presented through Facebook Live, can be found here: https://fb.watch/7N_x3ZkCOL/

The CFNU commissioned CANE to develop a *Nurses Climate Action Toolkit*, which we co-branded with them and are presenting to our members at our 2023 biennial convention.

CANE is building upon the draft toolkit developed by CFNU's summer student. The toolkit is intended to be used by frontline nurses to take action and influence health care decision-makers to promote sustainability at all levels of health care delivery.

The goal of the toolkit is to provide nurses the resources required to be leaders in health care sustainability within three spheres: individual, unit and facility. The toolkit will help nurses influence sustainable changes for individual nurses carrying out daily tasks, for units within a facility and for health care facility decision-makers. The toolkit also provides a list of available resources from a variety of expert sources.

The content was developed and written in short and digestible pieces tailor-made for designing into an accessible, attractive and easy-to-read resource. We provided feedback on draft content to CANE, and a graphic designer we work with ensured an aesthetically appealing and user-friendly experience for print and digital formats.

We helped initiate a letter targeting Health Minister Jean-Yves Duclos, and Environment and Climate Change Minister Steven Guilbeault, ahead of the latest international climate gathering – COP26 – calling on Canada to commit to building a low-carbon and climate-resilient health system, along with other countries who made that commitment. This letter led to the government’s decision to sign on to this commitment at COP26, which is a great step forward.

The CFNU has co-sponsored a series of post-COP26 events led by Professor Fiona Miller of the Centre for Sustainable Health Systems at the University of Toronto, that explore efforts to advance climate-resilient and low-carbon health systems. The kick-off event was on January 31, featuring Dr. Courtney Howard and Dr. Nick Watts. The CFNU helped to promote this through our social media channels.

4. RESEARCH

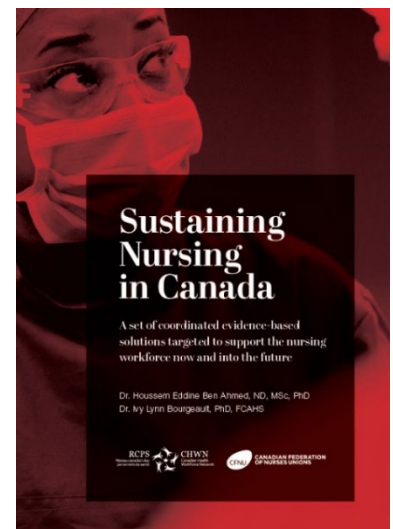
Sustaining Nursing in Canada: A coordinated set of evidence-based solutions targeted to support the nursing workforce now and into the future

In the CFNU's new report, we partnered with health policy and workforce planning expert Dr. Ivy Bourgeault and her team. In the clearest terms, we present the magnitude of the situation and the known solutions to address it. Retaining our experienced nurses will ensure the highest quality of care; returning nurses who have left will bolster our ailing workforce; recruiting and training the nurses of tomorrow will prepare us to meet future needs. Further, the collection and effective use of data will provide the roadmap to avoid recurring and drastic nursing shortages.

Immediate action is required to stop the bleed – we need to retain our current workforce to halt the closing of health services across Canada. We need to stem the increasing threat of privatization which diverts health human resources to the privileged at the expense of everyday Canadians. Health care employers, for their part, must create workplaces conducive to the well-being of workers and patients.

We call on federal and provincial/territorial policy leaders and elected officials to assess their current challenges and to immediately implement some of the targeted solutions outlined in this report.

I would like to personally thank the CFNU team, including Carol Reichert and Paul Curry, the advisory committee on this project, Barbara Brookins, Bridget Whipple, Judith Grossman, Lora Sliman, and the authors, Ivy Bourgeault and Housseem Eddine Ben Ahmed. I reserve my strongest gratitude to every working nurse for their commitment to Canadians and our health care system. Together we can and will do better.



CFNU Report

Viewpoints poll 2023



As the health staffing crisis rages on, the survey shows an alarming number of nurses are looking for the exit sign. Four in 10 nurses are intending to retire, leave their jobs or leave the nursing profession entirely. Most concerning for the long-term sustainability of our health care system, one third of early-career nurses report intention to leave.

- Seven in 10 mention insufficient staffing levels and high workload as top reasons why they are considering leaving workplace.
- 66% say they regularly work short-staffed.
- Nine in 10 nurses have experienced some form of abuse at work in the last year.
- 73% of nurses report symptoms of anxiety and depression.

- 44% of early-career nurses regret their career choice.

In good news, most nurses said they would stay in the jobs if granted guaranteed days off (46%), paying less tax (45%) and scheduling changes/greater flexibility in scheduling (43%).

The Canada-wide survey of 4,820 nurses was conducted by Viewpoints Research from January 16 to February 12, 2023. More comprehensive details on the survey results can be found on CFNU's page [What Nurses Are Saying](#).

Internationally educated nurses (IENs) and World Education Services (WES)

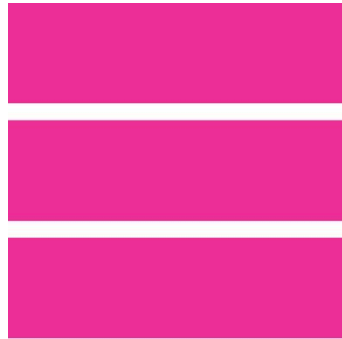
While the federal government's main focus must remain on retention, return and recruitment initiatives to address the nationwide shortage of nurses and other health care workers, the CFNU is committed to exploring innovative solutions that can help alleviate the current crisis.



Our team is taking steps to meet with officials from Immigration, Refugees and Citizenship Canada in the near future to discuss the utilization and integration of internationally educated nurses (IENs) and internationally educated health professionals (IEHPs) more broadly. IENs and IEHPs play a vital role in Canada's health care system, yet nearly half of these skilled professionals are unemployed or underemployed.

We intend to follow up the staff level discussion with an official meeting with Immigration Minister Sean Fraser to discuss the federal government's allocation of \$115 million toward this issue in Budget 2022, along with the scope and the limitations of existing data on IENs, and where improvements can be most impactful.

Canadian Cancer Society's workplace cancer research



In February 2022, the CFNU committed to supporting a new Canadian Cancer Society's research initiative. We have been advised that to-date they have over \$377,000 committed from various labour unions. In addition to support from the CFNU, contributions have been received from NUPGE, Unifor, CLC, LIUNA, UFCW, USW, District 6, PSAC and CUPE.

They are now in the process of approaching provincial workers compensation boards requesting them to match the dollar commitments made by labour. To-date they have initiated discussions in Manitoba, Saskatchewan and Ontario. Additionally, they are also in discussions with the International Association of Fire Fighters.

3

CFNU Publications

Our understanding is that once they reach the \$500,000 threshold of commitments, they will be able to proceed with their call of research proposals.

A labour advisory council has been established for the project, and the CFNU is represented on it.

Hours of work RFP

Canada is mired in a critical shortage of nurses. This crisis is reflected in a myriad of issues, including inadequate staffing, excessive workloads, mandatory overtime, toxic workplaces, endemic violence and burnout. These challenges, compounded by the pandemic, set the stage for long work hours. The CFNU has heard from frontline nurses that it is not uncommon for nurses to work well over 12 hours in a 24-hour period. These excess hours of work pose serious concerns around nurse fatigue, which in turn increases risk in medical errors and has implications for patient outcomes. These issues also impact the retention, return and recruitment of nurses.

The CFNU seeks to prepare report(s) that would provide recommendations on safe nursing work hours. This would draw on existing evidence reported in the literature, jurisdictional approaches, and the insights of nurses and subject matter experts.

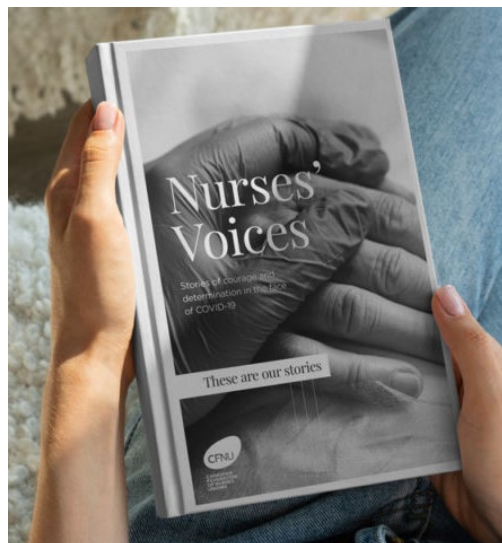
5. COMMUNICATIONS

Nurses' Voices book with rabble.ca

Nurses' Voices: Stories of courage and determination in the face of COVID-19 was published in June 2022. The book recounts the experiences of more than 27 nurses, including our current CFNU NEB members Pauline Worsfold and Tracy Zambory.

The book includes feature-length articles detailing nurses' experiences during the pandemic along with a detailed account of Canada's response to COVID-19 and is available to download for free here:

<https://nursesunions.ca/cfnu-releases-book-about-nurses-experiences-during-the-covid-19-pandemic/>



6. ALLIED ORGANIZATIONS

CLC Convention May 8-12, 2023

The CFNU have submitted eight resolutions to the CLC:

1. Make 2023 the year of pharmacare
2. No to violence against health care workers
3. ILO convention C190 – workplace violence and harassment
4. Care economy
5. Income security and secure pensions for all
6. Say a categorical NO to privatization of health services
7. Yes to increase in federal health transfers with the strongest accountability conditions possible
8. Time for labour to repeat the call to action for a health workforce agency

Due to the uncertainty of whether the CLC will place sanctions on the CFNU, we will only be sending the NEB as delegates to the CLC convention.

CFNU Report

TOGETHER
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we got this

CLC Convention June 16-18, 2021

CANADIAN LABOUR CONGRESS
CONGRÈS DU TRAVAIL DU CANADA



29TH CONSTITUTIONAL CONVENTION
29^E ASSEMBLÉE GÉNÉRALE

Nearly 4,000 delegates from across Canada participated in the Canadian Labour Congress' 29th Constitutional Convention. Hosted entirely online on a state-of-the-art platform, the CLC's first ever virtual convention was held over three days. Delegates debated issues, including pharmacare, the creation of good jobs and how to ensure a strong COVID-19 pandemic recovery plan that addresses racial and gender inequities. Delegates quickly adapted to the virtual environment and engaged in lively debates, heard from powerful pre-convention speakers and panelists, and held a leadership election entirely through the secure online voting platform. The event was a resounding success and opened many doors for future events through the use of accessible technology.

A long-time UFCW leader from Manitoba, Bea Bruske, was elected as the CLC's president. She replaced retiring president Hassan Yussuff, who has held the position for two terms, spanning the past seven years.

Lily Chang was elected to replace outgoing secretary-treasurer Marie Clarke Walker. Newly elected executive vice-president Siobhán Vipond replaces outgoing executive vice-president Donald Lafleur. Larry Rousseau was re-elected to Executive Vice-President.

ICN Congress, Montreal, QC, July 1-5, 2023

Abstract themes

1. Nursing leadership: shaping the future of health care
2. The critical role of nurses in emergency and disaster management
3. Driving the professional practice of nursing through regulation and education
4. Improving the quality and safety of health care delivery
5. Advancing nursing practice: pushing the boundaries
6. Growing and sustaining the nursing workforce
7. Promoting and enabling healthier communities
8. Addressing global health priorities and strengthening health systems



MONTREAL
ICN CONGRESS
1-5 JULY 2023
Nurses together: a force for global health

The CFNU is hosting a symposium on July 3, 2023. The theme is "Taking action to achieve action."

Linda Silas will be a keynote speaker at the ICN panel "Growing and sustaining the nursing workforce" on July 2, 2023.

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TOGETHER
we got this

CFNU Report

United Nations Commission on the Status of Women



The 65th session of the Commission on the Status of Women took place from 15 to 26 March, 2021. In light of the evolving COVID-19 situation, and taking into account the latest guidance from the

United Nations Secretary-General and the World Health Organization (WHO), CSW65 took place in a hybrid format with mostly virtual meetings.

The 66th session of the Commission on the Status of Women took place from 14 to 25 March, 2022. Due to the continued impact of the COVID-19 pandemic, CSW66 took place in a hybrid format. All side events and parallel events were fully virtual. The theme was achieving gender equality and the empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes.



The 67th session of the Commission on the Status of Women took place from 6 to 17 March, 2023. Every year, the Commission sets a priority theme for its discussions and reviews the agreements of the previous CSW session. This year's priority theme is "Innovation and technological change, education in the digital age for achieving gender equality and the empowerment of all women and girls". The review theme is "Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls". Both themes hold particular interest for trade union delegates, and we will be working hard to bring our perspective forward and to build support for our priorities.

Linda Silas and Janet Hazelton (official delegates) attended with CLC delegation this year.

7. PANDEMIC RESPONSE

COVID-19



In the last year, meetings with the PHAC have largely focused in recent months on a communications strategy to ensure full vaccination of Canada's population. The CFNU will continue to work with the PHAC moving forward. We have signalled to the Health Minister that should any inquiry be held into the pandemic, nurses must be actively engaged in this initiative. The PHAC has indicated it may be interested in embracing one of the main recommendations from CFNU's report *A Time of Fear* that occupational health and safety expertise be entrenched as part of the PHAC, modelled on the U.S. National Institute of Occupational Safety and Health (NIOSH) (which is a branch of the CDC).

A number of position statements were created and/or revised as public health measures were lifted to address Canada's COVID-19 fourth wave. They can be found at:

<https://nursesunions.ca/covid19/>

Art project

In early 2022, the CFNU commissioned Canadian artist Kris Knight to produce an artwork that captured nurses' indomitable spirit during COVID-19. The painting, titled *Embrace*, was received ahead of National Nurses' Week, along with 50 limited-edition prints. It has received overwhelmingly positive attention on social media; on Facebook alone, the painting received 80,000 impressions, 30,000 of which was organic. It also received 1,000 reactions and more than 200 shares. Additionally, close to 800 people also clicked through to CFNU's press release to find out more about the painting. Plus, the United Nurses of Alberta reproduced the painting on their news bulletin cover!



The CFNU is currently looking at options to transfer the painting into a public collection to ensure that it can be appreciated by a broader public and properly preserved as an important piece of history.

CFNU Report

9. CONCLUSION

Pauline Worsfold has served as CFNU's Secretary-Treasurer since 2001. She is tireless, and I cannot imagine the CFNU without her. I am so happy for her and wish her all the best in retirement, but I know I will miss my friend and co-conspirator greatly. I want to thank Pauline for all that she has done for nurses and for the CFNU. We are stronger because of her contributions, and we are all eternally grateful. Merci!

I want to also extend a big thank you to our CFNU team in Ottawa: Jolanta Scott-Parker, Julien Le Guerrier, Tyler Levitan, Arun Shrichand, Adella Khan, Charlie Crabb, Carrie Steeves, Kathy Stewart, Oxana Genina, Holly Drew and Emily Watkins.

Thank you to the CFNU's National Executive Board for your collaboration and wise council. Working together has been what has grown the CFNU to the powerhouse it is today. Staff from our Member Organizations lend us their skills and expertise and greatly enrich the work we do – thank you!

With the honour of serving as CFNU's President for the last twenty years (!), I can safely say these past few years have been some of the most difficult for nurses and nursing leaders across the country. The pandemic was unbelievably hard on our members and all health care workers, and we are facing even worsening working conditions and dire staffing shortages. I am more committed than ever to see change, and I know that **TOGETHER WE GOT THIS!**

Nurses and nursing care should be seen as an investment into the nation's health – with healthy people as a return on investment.



Have a great Convention!

In Solidarity always,

Linda Silas



CFNU President Linda Silas and Secretary-Treasurer Pauline Worsfold beside the Fearless Girl statue in New York City

Long-Term Bargaining Goals

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Introduction

The purpose of this policy statement is to create a national bargaining strategy with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships. Once ratified, each Member Organization is asked to respect the spirit of these objectives as part of their overall bargaining strategy – always recognizing that Member Organizations retain total bargaining autonomy in accordance with their respective constitutions and policies.

Nurses' unions across Canada continue to battle the critical nursing shortage; reductions in hours resulting from the deletion and/or substitution of nurses, or increases in part-time/casual work; inadequate and unsafe staffing levels; the erosion of nurses' professional authority; and workplace health and safety issues – which are all causing record levels of burnout and nurses wanting to leave their permanent positions. In addition, we continue our efforts to defend and expand our federal social safety network, including a publicly funded universal health care system.

Long-term bargaining objectives

A Pay and benefits

- 1) Nurses should be paid competitive salaries, premiums and benefits that recognize their professional status and invaluable contribution to health care. Unions should negotiate wage rates which promote retention and recruitment. Wage and benefit rollbacks are not consistent with this principle and should be rejected. Salaries and benefits should be consistent across all health care sectors so that nurses are not disadvantaged monetarily because of the sector in which they choose to work.
- 2) Notwithstanding our long-term objective of complete universal publicly funded health care, provisions should be negotiated for employer-paid health and welfare benefits for nurses and nurse retirees. Such benefit plans should include the employee's right to treatment and/or services in a publicly funded facility.
- 3) In case of disciplinary or criminal charges placed against a nurse, salary benefit protection and leave of absence should be made available to them until the charges are proven or not.
- 4) Unions should negotiate provisions that ensure time spent on short- or long-term disability and Workers Compensation leave should be considered pensionable service.

B Retention, return and recruitment

- 1) Retaining our experienced nurses will ensure the highest quality of care. Putting focus on returning nurses who have left will bolster our ailing workforce. Recruiting and training new nurses with strong financial support will demonstrate our commitment to best practice HHR management.
- 2) Nurses should be enrolled in jointly trustee defined-benefit pension plans which, in addition to any government retirement benefits, provide secure, predictable and adequate retirement income.

Long-Term Bargaining Goals

- 3) In order to retain experienced nurses for as long as possible, unions should negotiate provisions that allow nurses to work fewer hours without negatively affecting their pension benefits such as phased-in retirement concepts or individual special circumstance arrangements.
- 4) Unions will work with all levels of governments to identify tax benefits that will motivate nurses who are placed in an overtime situation and those who return to the workplace from retirement, i.e. examine pension plans rules and/or deferred salary options.
- 5) Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
- 6) The unions should negotiate late-career initiatives to retain nurses close to retirement, such as permanent mentor programs, which at the same time support student nurses, new graduates or newly licensed internationally educated nurses.
- 7) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurse employees, which support their nursing development in a safe and enriching environment. Undergraduate student nurse employees should be mentored by experienced nurses and assigned work that is commensurate with the demonstrated skill level of the student.
- 8) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical component of their educational program.
- 9) Employers should provide work opportunities, equipment (e.g., electric lifts) and human resources (e.g., porters) that address the needs of nurses and will encourage them to participate in the workforce longer.
- 10) Unions should negotiate contract language which reduces the reliance on casual workforce and promotes the establishment of appropriate levels of permanent employment.
- 11) Unions should negotiate contract language that promotes a work-life balance and promotes physical and psychological well-being.
- 12) Unions should negotiate family and personal leave, child and elder care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.
- 13) Unions should negotiate provisions that promote portability and recognition of service and seniority.
- 14) To incent nurses to start and continue rural and remote nursing, unions should negotiate provisions such as tuition reimbursement, or travel, accommodation and remote living allowances.

Long-Term Bargaining Goals

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C Safe staffing and quality patient care

- 1) A national moratorium should be placed on any reduction of nursing hours in any sector of health care. While Canada is experiencing the highest levels of patient's acuity in all sectors, it is important that governments and employers protect, enhance and expand nursing positions to provide safe and quality patient care.
- 2) Unions should negotiate contract provisions which promote nurse-patient ratios and safe patient/client/resident care workloads models. Unions should negotiate provisions that ensure appropriate and sufficient staff to meet the needs of patients and families, consistent with the patients/clients/residents complexity and acuity.
- 3) Unions should negotiate for appropriate safe staffing levels that minimize the need for overtime. Overtime should be strictly voluntary.
- 4) Unions should negotiate appropriate safe staffing levels that anticipate rest breaks, time off, and planned and unplanned absences. Unions should negotiate contract clauses which provide for vacation relief positions and float pools to staff for leaves and vacations.
- 5) While respecting our bargaining unit integrity, unions should negotiate provisions that ensure appropriate skill mix and scope of practice to optimize patient/resident/client outcomes.
- 6) Collective agreements language is urgently needed to guarantee proper and safe orientation when a nurse is deployed to another unit or facility. These redeployments are to be negotiated with the union and are only for extraordinary/emergency measures.
- 7) Recognizing nurses have a leadership role in health care, unions should pursue all opportunities to achieve nursing input into all levels of decision-making in their workplaces.

D Professional practice concerns

- 1) Nurses have a right to refuse to practice in violation of their professional standards. Collective agreements should recognize more decision-making autonomy for nurses.
- 2) Nurses have a right to refuse any overtime if they feel unsafe personally or professionally to do it, such as not being oriented to the specific type of clinical area, or excessive hours of work.
- 3) 24-hour shifts and mandatory overtime shall be banned, unions will work with governments to establish safety laws similar to those for pilots and truck drivers.
- 4) Unions should negotiate contract provisions for joint union-management nursing advisory committees with equal management and union nurse participants at each worksite. Independent professional responsibility practice committees/ panels should have jurisdiction to make binding decisions.
- 5) Unions should negotiate collective agreement provisions that promote high-quality practice environments. Such measures would include a ban on situations in which the

Long-Term Bargaining Goals

demand for care exceeds the ability to provide it (e.g., hallway nursing, or the assignment of patients/residents/clients without appropriate safe staffing levels, or their admission to inappropriate care environments).

E Education for nurses

- 1) Unions should negotiate improved employer-paid short- and long-term education leave provisions and mandatory education programs.
- 2) Unions should negotiate collective agreement provisions that respect nurses' professional autonomy and allow individuals to direct their own professional development activities.

F Health and safety

- 1) All employers should implement and enforce policies aimed at eliminating physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students. Contract provisions must be negotiated which recognise workplace violence as an occupational hazard and establish standards which provide enforcement mechanisms, including the grievance procedure, when the standards are breached. Employers shall support/encourage nurses who contact the police to press charges as described in the Bill C-3 (*An Act to amend the Criminal Code and the Canada Labour Code re. offence committed against a health care worker*).
- 2) Unions will work with every level of government to include nurses in presumptive legislation about psychological injury at work.
- 3) Paid leave of absence provisions should be negotiated to protect nurses who are victims of domestic violence.
- 4) Nurses lose more time away from work because of avoidable illnesses and injuries than any other occupation. Unions should negotiate clauses which promote both physical and psychological health and safety, including appropriate personal protective equipment (PPE), safety engineered devices and training.
- 5) Unions should negotiate collaborative return-to-work programs that gradually and safely return nurses to work. Unions should negotiate contract language which provides clauses to enforce duty to accommodate provisions for disabled nurses, which includes nurses suffering from mental illnesses, including but not limited to PTSD and addictions.
- 6) Unions should negotiate provisions that ensure meaningful participation in emergency and pandemic planning while protecting the integrity of our collective agreements, including mandatory consultation in regards to protocols and procedures that impact the health and safety of nurses caring for patients with communicable diseases, and establishing a fund to ensure that nurses experience no loss of income – e.g., for self-isolation.
- 7) Comprehensive communicable disease prevention/vaccination strategies should be negotiated.

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G Union security

- 1) Unions should negotiate contract provisions for adequate and accessible employer-paid union leave, with same classification replacements (replace like with like) to ensure that nurses' rights can be adequately protected.
- 2) Nurses have a vital role in patient and public advocacy. Unions should negotiate provisions that protect whistle-blowers and promote the culture of safety.
- 3) Unions needs to negotiate contract provisions that reduce and ultimately eliminate the need for agency nurses, and that promote, protect and respect bargaining unit integrity across Canada.
- 4) Unions should negotiate contract provisions that promote a positive image for the union and ensure its growth, survival, importance and relevance to members.
- 5) Union security provisions should include mandatory dues deduction and remittance based on the Rand Formula.

H Diversity in areas of work

- 1) Unions should negotiate collective agreement language which respect diversity and employment equity, and provide education/awareness on how to build a work culture of inclusiveness.
- 2) Unions should negotiate provisions that protect human rights and promote equity issues, with the overall objective of eliminating all forms of inequity, racism and discrimination in our areas of work.

I Truth and Reconciliation Commission of Canada

- 1) Unions should negotiate the promotion of the principles and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action*.

Approved June 6, 2003, at the 11th Biennial Convention

Reviewed February 6, 2023

International Solidarity Report

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2020-2021 Annual Report

1

Executive Summary

2020-2021 Annual Report

2020-2021 Annual Report

2020-2021 Annual Report

2020-2021 Annual Report

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The 2020-2021 Annual Report of the International Solidarity Report (ISR) is a comprehensive overview of the organization's activities and achievements during the year. It highlights the challenges faced by the organization and the strategies implemented to overcome them. The report also provides a detailed analysis of the organization's financial performance and its impact on the global community.

The ISR is committed to promoting international solidarity and cooperation among nations. It aims to address the global challenges of poverty, inequality, and environmental degradation. The organization's activities are focused on providing humanitarian aid, promoting economic development, and fostering social justice. The report details the various programs and initiatives implemented by the organization, as well as the results achieved.

The ISR is a non-profit organization and its activities are funded through donations from individuals, corporations, and governments. The report provides a detailed breakdown of the organization's income and expenses, as well as its financial statements. It also discusses the organization's governance structure and its commitment to transparency and accountability.

The ISR is a member of the United Nations and the World Bank. It is also a member of the International Solidarity Movement (ISM) and the International Solidarity Network (ISN). The report provides a detailed overview of the organization's relationships with these organizations and its role in the global solidarity movement.

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2020-2021 Annual Report

2020-2021 Annual Report

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International Solidarity Report

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International Solidarity Report 2022
The report is a joint effort of the International Solidarity Centre (ISC) and the International Solidarity Network (ISN). It is a joint effort of the International Solidarity Centre (ISC) and the International Solidarity Network (ISN).

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the Stephen Lewis
FOUNDATION

VACCINE EQUITY: CATALYSTS FOR CHANGE

Over the last 16 years, the Canadian Federation of Nurses Union and the Stephen Lewis Foundation have partnered with community-based organizations in sub-Saharan Africa to build and support communities through health equity.

The Stephen Lewis Foundation is pleased to submit this year-end report to the Canadian Federation of Nurses Union in recognition of your generous grant of \$30,000 for vaccine equity.



COMMUNITY LED COVID-19 CARE

The COVID-19 pandemic has dominated the global health discourse since early 2020 and in 2021 vaccines were developed to reduce severe COVID-19 infections. However, vaccine distribution has not been equitable and one of the key challenges that our community-based partners have identified in promoting widespread vaccine access in their communities is the prevalence of vaccine hesitancy amongst community members. COVID-19 has put immense pressure on the already overstretched and under-resourced health systems of countries across sub-Saharan Africa.

It laid bare the limitations and vulnerabilities of more traditional health facilities and has heightened the need for more decentralized health responses. Community-based organizations have the established networks of care and trust required to reach the most marginalized community members. Their depth of experience in responding to the AIDS pandemic grounds the expertise, agility and creativity with which they are responding to the COVID-19 pandemic.

Over the first year of this grant, with vital support from the Canadian Federation of Nurses Union, SLF partners have been able to reach individuals and families far and wide through peer support and programs that are educating them on the importance of vaccination. Our partners continue to work to respond to the vaccine hesitancy by providing essential training and education to community members, as well as address vaccine inequity by working with government ministries and health care providers to make COVID-19 vaccines more easily accessible overall, especially in rural communities.



“

*Community-led organizations ...
deployed insights developed in
the context of the HIV response
to effectively mobilize their
communities against COVID-19”*

- UNAIDS, 2021

REFLECTION ON IMPACT:

Types of activities that have been supported through this fund for COVID-19 vaccine access



St Joseph's Hospice

- St Joseph Hospice (SJH) worked with the Zambian Ministry of Health and was allocated its own status as a reporting Center for COVID-19 vaccinations. Through this, they have reached 2,666 with first dose, 2,483 with second dose, and 2,402 with a booster.
- SJH will join another 10 day COVID-19 vaccination campaign organized by the Ministry of Health from the 20th of March 2023, to reach individuals who have not been reached with the first or second dose of COVID-19 vaccine. SJH aims to reach more than 340 students who are eligible for a vaccine and to encourage at least 81 individuals to get a second dose or booster to meet the gap between the first dose vaccinations and fully immunized.

Developing Families Together

- Developing Families Together (DFT) in Ethiopia conducted a consultation workshop with 30 health care workers (HCW) around COVID-19, vaccination rates and the reasons for vaccine hesitancy.
- Through the workshop, HCW came up with practical and contextualized solutions to encourage vaccine uptake.
- The organization conducted a COVID-19 vaccination workshop with 50 religious and cultural leaders to emphasize the importance of COVID-19 vaccination, with the aim of educating and equipping leaders with information that they can share with the broader community.
- DFT conducted a two-day training for 10 social mobilization committee members on COVID-19 prevention and the importance of vaccines in combatting both contraction and severity of illness. Those trained were responsible for sharing their learnings with 200+ community members via monthly community conversations. Through this, more than 18,300 community members have been reached in 2022.
- DFT have also boosted their online presence with YouTube, Facebook and Twitter accounts to reach more people with accurate COVID-19 information and encourage vaccine uptake.





Grandmothers Against Poverty and AIDS

- Grandmothers Against Poverty and AIDS (GAPA) in South Africa continues to provide COVID-19 awareness and sensitization for beneficiaries through peer support.
- In collaborating with the City of Cape Town, health officials and their team continue to deliver workshops with the aim to educate community members of COVID-19 and HIV & AIDS.
- Through support groups, grandmothers are encouraged to become Vaccine Ambassadors once vaccinated themselves to reach out to at least one other person to encourage vaccine uptake.
- GAPA have weekly local radio slots where they discuss a variety of topics including addressing COVID-19 myths and providing accurate information about protection and prevention.

Farm Orphan Support Trust

- In collaboration with government ministries, Farm Orphan Support Trust (FOST) in Zimbabwe carried out mobile vaccine campaigns in 4 districts (Mutare, Mutasa and Makoni in Manicaland & Mazowe), which comprised of vaccine drives and information dissemination. 4,801 people were reached through vaccine drives and people continue to be encouraged to get vaccinated.
- FOST also continues to provide information through beneficiary platforms such as self-help groups, and kids club activities as well as through online platforms such as WhatsApp and Facebook.



After our intervention communities now have positive attitudes about COVID-19 vaccination and number of people who have gotten the COVID-19 has increased by 63% in our area.”

- Developing Families Together (DFT)

At the Centre of Community Growth

Community based organizations are essential in addressing challenges to equitable access to COVID-19 vaccines. By November 2022, only 25% of the total population on the African continent have been fully vaccinated against COVID-19, despite the fact that Africa accounts for 17% of the world's population. CBOs are addressing the barriers that prevent far too many communities from accessing vaccinations. They are collaborating with local governments and health facilities to host or amplify vaccination clinics and at their own local events. Your support for vaccine equity has brought health, healing, and hope to families and communities



Safe spaces have been created for community members to ask questions and understand more about COVID-19



Community and religious leaders have been provided with additional resources to enhance knowledge sharing and debunking myths causing vaccine hesitancy



Information and educational materials have been translated into local languages to reach more people with vaccine sensitization

The continued solidarity and support from nurses in Canada through the CFNU makes it possible for SLF Partner organizations to serve their communities through adversity and mitigate the impacts of COVID-19 to the community at large.





the Stephen Lewis
FOUNDATION

THANK YOU, CFNU

The Stephen Lewis Foundation is immensely thankful for your ongoing partnership and commitment to the incredible individuals working at the frontlines of the HIV and AIDS pandemic.

260 Spadina Ave, Suite 100
Toronto, ON, Canada, M5T 2E4

1-888-203-9990

stephenlewisfoundation.org

info@stephenlewisfoundation.org



@stephenlewisfdn



@stephenlewisfdtn

LinkedIn: Stephen Lewis Foundation



FINANCE

- Secretary-Treasurer's report
- Audit statements 2021-2022
- Statement of revenue and expenses

**TOGETHER
TOGETHER
TOGETHER
TOGETHER**
we got this

Secretary-Treasurer's Report

TOGETHER
we got this

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Secretary-Treasurer
Name

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Secretary-Treasurer
Name

The Secretary-Treasurer's report covers the financial performance of the organization over the past year, highlighting key achievements and challenges. The report provides a detailed overview of the organization's financial health and future outlook.

The organization has achieved significant milestones in the past year, including the successful completion of several major projects and the launch of new initiatives. These achievements are a testament to the dedication and hard work of our staff and volunteers. The report also discusses the financial challenges we have faced and the strategies we have implemented to address them.

The Secretary-Treasurer's report provides a comprehensive overview of the organization's financial performance. It includes a detailed analysis of the organization's income and expenses, as well as a discussion of the financial challenges we have faced. The report also highlights the organization's commitment to transparency and accountability in its financial reporting.

The organization has made significant progress in addressing its financial challenges and improving its financial health. The report provides a detailed overview of the organization's financial performance and the strategies we have implemented to address these challenges.

The Secretary-Treasurer's report provides a detailed overview of the organization's financial performance. It includes a detailed analysis of the organization's income and expenses, as well as a discussion of the financial challenges we have faced. The report also highlights the organization's commitment to transparency and accountability in its financial reporting.

Secretary-Treasurer's Report

TOGETHER
we got this

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Canadian Federation of Nurses Unions
Budget vs Actual 2021 and 2022, Forecast 2023-2024

	2021		2022		2023	2024
	Budget	Actual	Budget	Actual	Budget	Forecast
REVENUE						
Member Contributions						
BCNU	0	0	0	0	1,380,000	1,380,000
MNU	330,000	330,000	330,000	330,000	330,000	330,000
NBNU	187,500	197,124	240,000	241,790	240,000	240,000
NSNU	183,000	189,705	189,450	188,345	189,450	189,450
ONA	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000
PEINU	37,500	38,000	39,000	39,000	39,000	39,000
RNUNL	139,920	143,958	142,770	142,770	142,770	142,770
SUN	285,000	293,264	293,850	295,255	293,850	293,850
UNA	921,000	912,840	912,900	911,907	912,900	912,900
Total Member Contributions	3,853,920	3,874,891	3,917,970	3,919,067	5,297,970	5,297,970
Convention	-	10,000	-	-	650,000	-
Election Contributions	-	9,010	-	-	-	-
Investment income (Loss)	75,000	140,454	75,000	(74,717)	-	-
Grants/Miscellaneous Income	3,250	4,567	4,500	4,217	4,500	4,500
Total Revenue	3,932,170	4,038,922	3,997,470	3,848,567	5,952,470	5,302,470
EXPENSES						
Staff	1,047,690	984,918	1,034,306	883,881	1,169,232	1,271,418
Administration and Membership Services	375,575	334,249	372,870	323,426	397,872	405,999
Operational plan	724,203	451,347	801,185	862,160	997,345	981,690
International Liaison	22,500	291	60,000	-	160,000	50,000
CLC Affiliated events	42,500	12,844	15,000	17,831	130,000	25,000
Office of the President	385,346	239,892	312,175	315,002	474,467	371,844
National Executive Board	87,640	32,035	112,605	94,422	233,363	209,510
CLC Per Capita	1,156,176	1,194,412	1,238,080	1,238,417	1,716,545	1,716,545
Convention	210,000	171,399	-	-	1,156,475	-
Amortization	22,000	19,796	22,000	11,337	22,000	25,000
Total Expenses	4,073,630	3,441,183	3,968,221	3,746,476	6,457,299	5,057,006
Annual Operations - net revenue (expenses)	(141,460)	597,739	29,249	102,091	(504,829)	245,464
Internal transfer from (to) Unrestricted Surplus	141,460	(597,739)	(29,249)	(102,091)	504,829	(245,464)
Net Annual Operations	0	0	0	0	0	0
NET ASSETS						
Unrestricted Surplus - Balance Jan 1	1,307,068	1,307,068	1,446,391	1,446,391	1,452,536	1,430,556
Transfer in from/(out to) Annual Operations	(141,460)	597,739	29,249	102,091	(504,829)	245,464
Transfer in from/(out to) Invested in Capital Assets	7,000	7,123	(5,000)	(1,887)	(5,000)	(5,000)
Transfer in from/(out to) Internally Restricted Funds	287,922	(467,540)	(128,359)	(128,382)	459,041	(640,960)
Transfer in from/(out to) International Solidarity Reserve	4,584	2,001	34,328	34,323	28,808	(1,192)
Unrestricted Surplus (Deficit) - Balance Dec 31	1,465,114	1,446,391	1,376,609	1,452,536	1,430,556	1,028,868
Invested in Capital Assets	16,474	16,351	21,352	18,238	23,239	28,239
Internally Restricted Fund Balance December 31	1,179,175	1,934,637	2,063,005	2,063,019	1,604,004	2,244,964
International Solidary Fund Reserve December 31	107,328	109,911	75,585	75,588	46,785	47,977
TOTAL NET ASSETS	2,768,091	3,507,290	3,536,551	3,609,381	3,104,584	3,350,048

**CANADIAN FEDERATION OF
NURSES UNIONS**

FINANCIAL STATEMENTS

DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTATS FINANCIERS

LE 31 DÉCEMBRE 2022

INDEPENDENT AUDITOR'S REPORT

To the Members,
Canadian Federation of Nurses Unions:

Opinion

We have audited the financial statements of Canadian Federation of Nurses Unions ("the Entity"), which comprise the statement of financial position as at December 31, 2022, and the statements of changes in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity, or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

OHCID LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Licensed Public Accountants
Ottawa, Ontario
March 23, 2023



RAPPORT DE L'AUDITEUR INDÉPENDANT

Aux membres,

Fédération Canadienne des Syndicats d'infirmières et d'infirmiers:

Opinion

Nous avons effectué l'audit des états financiers de la Fédération Canadienne des Syndicats d'infirmières et d'infirmiers («l'Entité»), qui comprennent l'état de la situation financière au 31 décembre 2022, et les états de l'évolution de l'actif net, état des opérations et des flux de trésorerie pour l'exercice terminé à cette date, ainsi que les notes annexes, y compris le résumé des principales méthodes comptables.

À notre avis, les états financiers ci-joints donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de l'Entité au 31 décembre 2022, ainsi que de sa performance financière et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes pour les organismes sans but lucratif.

Fondement de l'opinion

Nous avons effectué notre audit conformément aux normes d'audit généralement reconnues du Canada. Les responsabilités qui nous incombent en vertu de ces normes sont plus amplement décrites dans la section «Responsabilités de l'auditeur à l'égard de l'audit des états financiers» du présent rapport. Nous sommes indépendants de l'Entité conformément aux règles de déontologie qui s'appliquent à l'audit des états financiers au Canada et nous nous sommes acquittés des autres responsabilités déontologiques qui nous incombent selon ces règles. Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

Responsabilités de la direction et des responsables de la gouvernance à l'égard des états financiers

La direction est responsable de la préparation et de la présentation fidèle des états financiers conformément aux normes comptables canadiennes pour les organismes sans but lucratif, ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Lors de la préparation des états financiers, c'est à la direction qu'il incombe d'évaluer la capacité de l'Entité à poursuivre son exploitation, de communiquer, le cas échéant, les questions relatives à la continuité de l'exploitation et d'appliquer le principe comptable de continuité d'exploitation, sauf si la direction a l'intention de liquider l'Entité ou de cesser son activité ou si aucune autre solution réaliste ne s'offre à elle.

Il incombe aux responsables de la gouvernance de surveiller le processus d'information financière de l'Entité.

Responsabilités de l'auditeur à l'égard de l'audit des états financiers

Nos objectifs sont d'obtenir l'assurance raisonnable que les états financiers pris dans leur ensemble sont exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, et de délivrer un rapport de l'auditeur contenant notre opinion. L'assurance raisonnable correspond à un niveau élevé d'assurance, qui ne garantit toutefois pas qu'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada permettra toujours de détecter toute anomalie significative qui pourrait exister. Les anomalies peuvent résulter de fraudes ou d'erreurs et elles sont considérées comme significatives lorsqu'il est raisonnable de s'attendre à ce que, individuellement ou collectivement, elles puissent influencer sur les décisions économiques que les utilisateurs des états financiers prennent en se fondant sur ceux-ci.

Dans le cadre d'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada, nous exerçons notre jugement professionnel et faisons preuve d'esprit critique tout au long de cet audit. En outre:

- Nous identifions et évaluons les risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, concevons et mettons en œuvre des procédures d'audit en réponse à ces risques, et réunissons des éléments probants suffisants et appropriés pour fonder notre opinion. Le risque de non-détection d'une anomalie significative résultant d'une fraude est plus élevé que celui d'une anomalie significative résultant d'une erreur, car la fraude peut impliquer la collusion, la falsification, les omissions volontaires, des fausses déclarations ou le contournement du contrôle interne.
- Nous acquérons une compréhension des éléments du contrôle interne pertinents pour l'audit afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'Entité.
- Nous apprécions le caractère approprié des méthodes comptables retenues et le caractère raisonnable des estimations comptables faites par la direction, de même que des informations y afférentes fournies par cette dernière.
- Nous tirons une conclusion quant au caractère approprié de l'utilisation par la direction du principe comptable de continuité de l'exploitation et, selon les éléments probants obtenus, quant à l'existence ou non d'une incertitude significative liée à des événements ou situations susceptibles de jeter un doute important sur la capacité de l'Entité à poursuivre son exploitation. Si nous concluons à l'existence d'une incertitude significative, nous sommes tenus d'attirer l'attention des lecteurs de notre rapport sur les informations fournies dans les états financiers au sujet de cette incertitude ou, si ces informations ne sont pas adéquates, d'exprimer une opinion modifiée. Nos conclusions s'appuient sur les éléments probants obtenus jusqu'à la date de notre rapport. Des événements ou des situations futurs pourraient par ailleurs amener l'Entité à cesser son exploitation.
- Nous évaluons la présentation d'ensemble, la structure et le contenu des états financiers, y compris les informations fournies dans les notes, et apprécions si les états financiers représentent les transactions et événements sous-jacents d'une manière propre à donner une image fidèle.

Nous communiquons aux responsables de la gouvernance notamment l'étendue et le calendrier prévus des travaux d'audit et nos constatations importantes, y compris toute déficience importante du contrôle interne que nous aurions relevée au cours de notre audit.

OHCIY LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Experts-comptables autorisés

Ottawa, Ontario

Le 23 mars 2023

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE LA SITUATION FINANCIÈRE
AU 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
ASSETS			ACTIFS
CURRENT			À COURT TERME
Cash	\$ 864,379	\$ 891,892	Encaisse
Accounts receivable	142,144	105,633	Comptes à recevoir
Prepaid expenses	<u>141,935</u>	<u>113,066</u>	Frais payés d'avance
	1,148,458	1,110,591	
INVESTMENTS (note 4)	3,035,000	2,848,125	INVESTISSEMENTS (note 4)
PROPERTY AND EQUIPMENT (note 5)	<u>18,238</u>	<u>16,351</u>	BIENS ET ÉQUIPEMENT (note 5)
	<u>\$ 4,201,696</u>	<u>\$ 3,975,067</u>	
LIABILITIES			PASSIFS
CURRENT			À COURT TERME
Accounts payable	\$ 462,192	\$ 341,919	Comptes créditeurs
Accrued benefit liability	<u>130,123</u>	<u>125,858</u>	Charge au titre des avantages accumulés
	<u>592,315</u>	<u>467,777</u>	
NET ASSETS			ACTIF NET
Invested in property and equipment	18,238	16,351	Investissement en biens et équipement
Internally restricted for contingency fund purposes	2,063,019	1,934,637	Affecté à l'interne comme fonds pour éventualités
Internally restricted for international solidarity fund purposes	75,588	109,911	Affecté à l'interne comme fonds international de solidarité
Unrestricted	<u>1,452,536</u>	<u>1,446,391</u>	Non affecté
	<u>3,609,381</u>	<u>3,507,290</u>	
	<u>\$ 4,201,696</u>	<u>\$ 3,975,067</u>	

Approved on behalf of the Board:
Approuvé au nom du conseil:



President/Présidente



Secretary-Treasurer/Secrétaire-trésorière

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE L'ÉVOLUTION DE L'ACTIF NET
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
INVESTED IN PROPERTY AND EQUIPMENT			INVESTISSEMENT EN BIENS ET ÉQUIPEMENT
Balance - beginning of year	\$ 16,351	\$ 23,474	Solde, début de l'exercice
Purchase of property and equipment	13,224	12,674	Achat de biens et d'équipement
Amortization	<u>(11,337)</u>	<u>(19,797)</u>	Amortissement
Balance - end of year	<u>\$ 18,238</u>	<u>\$ 16,351</u>	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR CONTINGENCY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS POUR ÉVENTUALITÉS
Balance - beginning of year	\$ 1,934,637	\$ 1,467,097	Solde, début de l'exercice
Transfer from unrestricted	<u>128,382</u>	<u>467,540</u>	Transfert de l'actif non affecté
Balance - end of year	<u>\$ 2,063,019</u>	<u>\$ 1,934,637</u>	Solde, fin de l'exercice
INTERNALLY RESTRICTED FOR INTERNATIONAL SOLIDARITY FUND PURPOSES			AFFECTÉ À L'INTERNE COMME FONDS INTERNATIONAL DE SOLIDARITÉ
Balance - beginning of year	\$ 109,911	\$ 111,912	Solde, début de l'exercice
Transfer to unrestricted	<u>(34,323)</u>	<u>(2,001)</u>	Transfert à l'actif non affecté
Balance - end of year	<u>\$ 75,588</u>	<u>\$ 109,911</u>	Solde, fin de l'exercice
UNRESTRICTED			NON AFFECTÉ
Balance - beginning of year	\$ 1,446,391	\$ 1,307,068	Solde, début de l'exercice
Net revenue for the year	102,091	597,739	Revenus nets pour l'exercice
Purchase of property and equipment	(13,224)	(12,674)	Achat de biens et d'équipement
Amortization	11,337	19,797	Amortissement
Transfer to contingency fund	(128,382)	(467,540)	Transfert au fonds pour éventualités
Transfer from international solidarity fund	<u>34,323</u>	<u>2,001</u>	Transfert du fonds international de solidarité
Balance - end of year	<u>\$ 1,452,536</u>	<u>\$ 1,446,391</u>	Solde, fin de l'exercice
TOTAL	<u>\$ 3,609,381</u>	<u>\$ 3,507,290</u>	TOTAL



**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES OPÉRATIONS
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>
REVENUE		
Member dues	\$ 3,919,067	\$ 3,874,891
Election contributions	-	9,010
Grant	4,200	3,990
Investment income (loss)	(74,717)	140,454
Miscellaneous	17	10,577
	<u>3,848,567</u>	<u>4,038,922</u>
EXPENSES		
Office of the President	315,002	239,893
Administration, membership services and staff	1,207,307	1,319,170
National Executive Board	94,422	32,035
CLC per capita	1,238,417	1,194,412
CLC affiliated events	17,831	12,845
Memberships, donations and scholarships	293,597	187,778
International liaison	-	291
Convention and educational sessions	-	171,394
Government relations and research	568,563	148,304
Federal election campaign	-	115,265
Amortization	11,337	19,796
	<u>3,746,476</u>	<u>3,441,183</u>
NET REVENUE FOR THE YEAR	\$ <u>102,091</u>	\$ <u>597,739</u>

REVENUS
Cotisations des membres
Contributions – publicité électorale
Subvention
Revenu (perte) d'investissement
Divers
DÉPENSES
Dépenses reliées à la présidence
Administration, services aux membres et personnel
Conseil exécutif national
CTC cotisations par membre
CTC événements associés
Adhésions, dons et bourses d'études
Relations internationales
Congrès et ateliers de formation
Relations gouvernementales et recherche
Campagne dans le cadre de l'élection fédérale
Amortissement
REVENUS NETS POUR L'EXERCICE

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2022

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES FLUX DE LA
TRÉSORERIE POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2022

	<u>2022</u>	<u>2021</u>	
OPERATING ACTIVITIES			ACTIVITÉS D'EXPLOITATION
Net revenue for the year	\$ 102,091	\$ 597,739	Revenus nets pour l'exercice
Items not affecting cash			Éléments ne nécessitant aucune utilisation de fonds
Amortization	11,337	19,797	Amortissement
Realized and unrealized loss (gain) on investments	141,850	(87,470)	Perte (gain) d'investissement réalisée et non réalisée
Net change in non-cash working capital items			Variations nettes d'éléments du fond de roulement
Accounts receivable	(36,511)	33,391	Comptes à recevoir
Prepaid expenses	(28,869)	8,048	Frais payés d'avance
Accounts payable	120,273	60,379	Comptes créditeurs
Accrued benefit liability	4,265	17,299	Charge au titre des avantages accumulés
	<u>314,436</u>	<u>649,183</u>	
INVESTING ACTIVITIES			ACTIVITÉS D'INVESTISSEMENT
Purchase of investments	(2,026,216)	(1,543,114)	Achat d'investissements
Sale of investments	1,697,491	1,107,668	Vente d'investissements
Purchase of property and equipment	<u>(13,224)</u>	<u>(12,674)</u>	Achat de biens et d'équipement
	<u>(341,949)</u>	<u>(448,120)</u>	
INCREASE (DECREASE) IN CASH	(27,513)	201,063	AUGMENTATION (DIMINUTION) DE L'ENCAISSE
Cash - beginning of year	<u>891,892</u>	<u>690,829</u>	Encaisse, début de l'exercice
CASH - END OF YEAR	<u>\$ 864,379</u>	<u>\$ 891,892</u>	ENCAISSE, FIN DE L'EXERCICE

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

1. NATURE OF ORGANIZATION

The Federation is a not-for-profit organization that promotes the nursing profession through unity within the nursing unions and other allied health fields, promotes educational goals, communicates labour legislation and strategies and promotes the highest standards of health care throughout Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

a) Estimates and assumptions

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. The estimates and assumptions are reviewed annually and, as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

b) Funds

The internally restricted contingency fund was established to provide financial stability for the organization.

The internally restricted international solidarity fund was established to maximize the organization's opportunities for international solidarity work in humanitarian assistance, worker exchanges and building the capacity of workers to advance their rights.

c) Financial instruments

Investments quoted in an active market are initially recognized at fair value and are subsequently measured at the year-end fair value. Other financial instruments are initially recognized at fair value and are subsequently measured at cost, amortized cost or cost less appropriate allowances for impairment.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

1. NATURE DE L'ORGANISATION

La Fédération est un organisme à but non lucratif qui vise à promouvoir la profession infirmière par le rapprochement des syndicats d'infirmières et d'infirmiers et autres groupes oeuvrant dans le domaine de la santé, de promouvoir ses objectifs en matière d'éducation, la communication de la réglementation et des stratégies du travail et de promouvoir les plus hautes normes de soins de santé dans tout le Canada.

2. PRINCIPALES MÉTHODES COMPTABLES

Ces états financiers ont été préparés selon les normes comptables canadiennes pour les organismes sans but lucratif, et comprend les principales conventions comptables ci-dessous:

a) Estimations et hypothèses

La préparation des états financiers exige que la direction fasse des estimations et des hypothèses qui ont une incidence sur le montant déclaré de l'actif et du passif, et révèlent l'actif et le passif éventuels à la date des états financiers ainsi que le montant déclaré du revenu et des dépenses pendant la période visée par les états. Les estimations et les hypothèses sont revues annuellement et, quand des ajustements sont nécessaires, ils sont consignés dans les états financiers de la période au cours de laquelle ils deviennent connus.

b) Fonds

Le fonds pour éventualités affecté à l'interne fut créé afin de fournir une stabilité financière à l'organisation.

Le fonds international de solidarité affecté à l'interne de l'organisation fut créé afin d'accroître les occasions de fournir une aide humanitaire, de favoriser les échanges de travailleurs et de travailleuses, et les rendre plus aptes à promouvoir leurs droits.

c) Instruments financiers

Les investissements dans des titres cotés en bourse dans un marché actif, sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés à la juste valeur à la fin de l'exercice. Les autres instruments financiers sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés en fonction du coût, du coût amorti ou du coût auquel sont déduites les provisions pertinentes ou réductions de valeur pour dépréciation.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

d) Property and equipment

Property and equipment are recorded at cost less accumulated amortization. Amortization is provided on the straight line basis over 5 years on furniture, over 3 years on equipment and over the term of the lease on leasehold improvement.

e) Revenue recognition

The Federation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenditure is incurred. Unrestricted contributions are recognized as revenue when they are received or becomes receivable.

Members' dues are payable monthly and are recognized as revenue in the month to which they relate. Other revenues are recognized in the year in which the event is held or the revenue is earned.

3. FINANCIAL INSTRUMENTS

Financial instruments of the Federation consist of cash, accounts receivable, investments, accounts payable and accrued benefit liability.

Unless otherwise noted, it is management's opinion that the Federation is not exposed to significant interest rate, currency, credit, liquidity or market risks arising from its financial instruments and the risks have not changed from last year.

4. INVESTMENTS

	<u>2022</u>
Cash and cash equivalents	\$ 28,139
Fixed income	2,124,989
Equity	<u>881,872</u>
	<u>\$ 3,035,000</u>

Market risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The organization is exposed mainly to interest rate and other price risk.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

2. PRINCIPALES MÉTHODES COMPTABLES (suite)

d) Biens et équipement

Les biens et l'équipement sont consignés au prix coûtant moins l'amortissement cumulé. L'amortissement est calculé selon la méthode linéaire sur cinq (5) ans pour le mobilier et sur trois (3) ans pour l'équipement, et pendant la durée du bail relatif à l'amélioration locative.

e) Comptabilisation des revenus

La Fédération utilise la méthode du report pour la comptabilisation des apports. Les cotisations assujetties à des restrictions sont reconnues à titre de revenus au cours de l'exercice où les dépenses correspondantes sont enregistrées. Les apports non affectés sont reconnus à titre de revenus lorsque reçus ou à recevoir.

Les cotisations des membres sont payables mensuellement et sont comptabilisées à titre de revenus au cours du mois auquel elles se rapportent. Les autres revenus sont comptabilisés dans l'exercice au cours duquel l'événement est tenu ou le revenu est gagné.

3. INSTRUMENTS FINANCIERS

Les instruments financiers de la Fédération se composent de l'encaisse, des comptes à recevoir, des investissements, des comptes créditeurs, et de la charge au titre des avantages accumulés.

Sauf indication contraire, c'est l'opinion de la direction que les instruments financiers de la Fédération ne l'expose pas à des risques significatifs par rapport aux taux d'intérêt, au cours de change, au crédit, au flux de trésorerie ou aux fluctuations du marché. Ces risques n'ont pas changé par rapport à l'an dernier.

4. INVESTISSEMENTS

	<u>2021</u>	
	\$ 30,777	Liquidités et quasi-espèces
	1,789,515	Revenu fixe
	<u>1,027,833</u>	Actions ordinaires
	<u>\$ 2,848,125</u>	

Le risque du marché est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché. Le risque du marché comprend trois types de risques : le risque de cours de change, le risque de taux d'intérêt, et l'autre risque du prix. L'organisation est surtout exposée aux risques liés aux taux d'intérêts et aux prix.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

4. INVESTMENTS (continued)

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed income investments.

Other price risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, other than those arising from currency risk or interest rate risks, whether these changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The organization is exposed to other price risk through its fixed income and equity investments.

5. PROPERTY AND EQUIPMENT

	2022			2021		
	Cost	Accumulated amortization Amortissement cumulé	Net			
	Coût			Net		
Furniture	\$ 10,196	\$ 8,154	\$ 2,042	\$ 3,293	Mobilier	
Equipment	90,116	73,920	16,196	13,058	Équipement	
Leasehold improvement	6,947	6,947	-	-	Amélioration locative	
	<u>\$ 107,259</u>	<u>\$ 89,021</u>	<u>\$ 18,238</u>	<u>\$ 16,351</u>		

6. COMMITMENTS

The Federation currently has an agreement with a hotel to provide meeting facilities and food service for the 2023 convention at a minimum cost of approximately \$108,000.

The Federation currently has an agreement with a contractor to provide audio and video services for the 2023 convention at a cost of approximately \$244,000.

7. EMPLOYEE BENEFITS

The Federation participates in a multi-employer defined benefit plan providing pension benefits. The plan is accounted for as a defined contribution plan since sufficient information is not available to apply Canadian generally accepted accounting principles required for defined benefit plans. The expenditure for the plan for the year is \$82,584 (2021 - \$90,178) which represents the Federation's required current contribution to the plan for the year.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2022

4. INVESTISSEMENTS (suite)

Le risque de taux d'intérêt est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des taux d'intérêt du marché. Les investissements à revenu fixe de l'organisation l'exposent au risque de taux d'intérêt.

L'autre risque du prix est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché, autres que ceux engendrés par le risque du cours de change ou le risque du taux d'intérêt, qu'importe si ces changements sont causés par des facteurs liés à l'instrument financier en particulier ou à l'émetteur de l'instrument financier, ou à des facteurs affectant tous les instruments financiers similaires échangés sur le marché. Les investissements à revenu fixe et les investissements dans les actions exposent l'organisation à cet autre risque du prix.

5. BIENS ET ÉQUIPEMENT

	2022			2021		
	Cost	Accumulated amortization Amortissement cumulé	Net			
	Coût			Net		
Furniture	\$ 10,196	\$ 8,154	\$ 2,042	\$ 3,293	Mobilier	
Equipment	90,116	73,920	16,196	13,058	Équipement	
Leasehold improvement	6,947	6,947	-	-	Amélioration locative	
	<u>\$ 107,259</u>	<u>\$ 89,021</u>	<u>\$ 18,238</u>	<u>\$ 16,351</u>		

6. ENGAGEMENTS

La Fédération a actuellement une entente avec un hôtel pour fournir des salles de réunion et un service de restauration pour le congrès de 2023 au coût minimum d'environ 108 000 \$.

La Fédération a actuellement une entente avec un entrepreneur pour fournir des services audio et vidéo pour le congrès de 2023 à un coût d'environ 244 000 \$.

7. AVANTAGES SOCIAUX DES EMPLOYÉS

La Fédération cotise à un régime de retraite interentreprises à prestations déterminées et offrant des prestations de retraite. Le régime est comptabilisé en tant que régime à cotisations déterminées car il n'y a pas suffisamment d'information disponible pour appliquer les principes comptables généralement acceptés au Canada et requis pour les régimes à prestations déterminées. Les dépenses relatives au régime pour l'année sont de 82 584 \$ (2021 - 90 178 \$), ce qui représente la cotisation actuelle obligatoire de la Fédération pour l'année.



OTHER REPORTS

- Member Organizations' news
- Canadian Labour Congress update
- Canadian Health Coalition report

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Member Organizations' News

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Member Organizations' News

2022-2023 Annual Report

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2022-2023 Annual Report

The 2022-2023 Annual Report provides a comprehensive overview of the organization's activities, achievements, and challenges. It highlights the organization's commitment to transparency and accountability, as well as its dedication to serving the community.

The organization has achieved significant milestones in the past year, including the launch of several new initiatives and the completion of major projects. These accomplishments are a testament to the hard work and dedication of our staff and volunteers.

In addition, the organization has maintained a strong financial position, ensuring that all resources are used effectively to support our mission. We look forward to continuing our work in the coming year.

The 2022-2023 Annual Report is available for download on our website. We encourage all stakeholders to review the report and provide their input on our future direction.

The organization's commitment to transparency and accountability is a key principle of our work. We believe that open communication and regular reporting are essential for building trust and ensuring that our resources are used effectively.



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Member Organizations' News

TOGETHER
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St. John's Regional Health Services (SJRH)

On Dec 15, 2020, SJRH held a virtual meeting with the Board of Directors. The meeting was held via Zoom and was attended by all Board members and management. The meeting was held in a virtual format due to the COVID-19 pandemic. The meeting was held in a virtual format due to the COVID-19 pandemic.

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Member Organizations' News

United Way of the Valley

The United Way of the Valley is proud to announce that we have received a grant from the State of California to support our community development projects. This grant will allow us to expand our reach and provide more services to those in need.

Our community development projects focus on providing affordable housing, job training, and financial literacy education. We are currently in the process of securing funding for a new affordable housing project in the downtown area.

We are also working on a new job training program for at-risk youth. This program will provide participants with the skills and experience they need to enter the workforce. We are currently in the process of recruiting participants and identifying potential employers.

Finally, we are launching a new financial literacy education program. This program will provide participants with the knowledge and skills they need to manage their finances effectively. We are currently in the process of developing the curriculum and recruiting instructors.

We are excited about these new initiatives and look forward to making a positive impact in our community. Thank you to our donors and volunteers for their support.

We are also pleased to announce that we have received a grant from the State of California to support our community development projects. This grant will allow us to expand our reach and provide more services to those in need.

We are currently in the process of securing funding for a new affordable housing project in the downtown area.



The meeting was held in a conference room with a large presentation screen. Several people were seated around the table, and they appeared to be in the middle of a discussion. The room was well-lit and had a professional atmosphere.

We are currently in the process of securing funding for a new affordable housing project in the downtown area.

Member Organizations' News

**TOGETHER
we got this**

The RN Federation of Newfoundland and Labrador (RNFL) is pleased to announce that it has been elected as the representative of registered nurses on the board of the Newfoundland and Labrador Health Services Commission (NLHSC). This is a significant milestone for the profession and a testament to the hard work and dedication of our members.

The RNFL is committed to advocating for the interests of registered nurses and ensuring that they are represented on the NLHSC board.

Registration of Nurses

The RNFL is pleased to announce that it has been elected as the representative of registered nurses on the board of the Newfoundland and Labrador Health Services Commission (NLHSC). This is a significant milestone for the profession and a testament to the hard work and dedication of our members.

The RNFL is committed to advocating for the interests of registered nurses and ensuring that they are represented on the NLHSC board. This is a significant milestone for the profession and a testament to the hard work and dedication of our members.

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Member Organizations' News

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Member Organizations' News

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Member Organizations' News

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[View all member organizations' news](#)

The NSW's government D1DS2022 has been a success for the NSW's health sector. The NSW's health sector has been a success for the NSW's health sector. The NSW's health sector has been a success for the NSW's health sector.

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Members of the NSW's health sector standing together for a group photo.

The NSW's health sector has been a success for the NSW's health sector. The NSW's health sector has been a success for the NSW's health sector. The NSW's health sector has been a success for the NSW's health sector.

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Member Organizations' News

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Photo courtesy of the University of Alberta

Our first step in the process is to
take a look at the current situation
and then we will be able to
provide you with the information
you need to make a decision
on whether or not to proceed
with the project. We will be
in touch with you again soon
regarding the next steps in
the process.

The first step in the process is to
take a look at the current situation
and then we will be able to
provide you with the information
you need to make a decision
on whether or not to proceed
with the project. We will be
in touch with you again soon
regarding the next steps in
the process.

The second step in the process is to
gather all the necessary information
and then we will be able to
provide you with the information
you need to make a decision
on whether or not to proceed
with the project. We will be
in touch with you again soon
regarding the next steps in
the process.

The third step in the process is to
analyze the information and
then we will be able to
provide you with the information
you need to make a decision
on whether or not to proceed
with the project. We will be
in touch with you again soon
regarding the next steps in
the process.

The fourth step in the process is to
develop a plan and then we will
be able to provide you with the
information you need to make
a decision on whether or not to
proceed with the project. We
will be in touch with you again
soon regarding the next steps
in the process.

The fifth step in the process is to
implement the plan and then we
will be able to provide you with
the information you need to make
a decision on whether or not to
proceed with the project. We
will be in touch with you again
soon regarding the next steps
in the process.

How to Contact Us

The first step in the process is to
take a look at the current situation
and then we will be able to
provide you with the information
you need to make a decision
on whether or not to proceed
with the project. We will be
in touch with you again soon
regarding the next steps in
the process.

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Member Organizations' News

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Member Organizations' News

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[Picking up the Pieces: A Call to Action](#)

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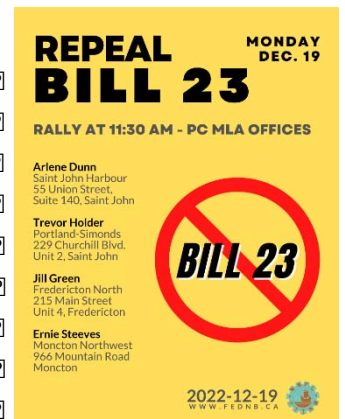
English and Bilingual News and the 2022-2023 season is over. The 2022-2023 season was a very successful one for the organization. We have many thanks to our members and supporters who made this possible. We will be holding a meeting on December 19th at 11:30 AM at the PC MLA Offices. The meeting will be in English and Spanish. We will be discussing the 2023-2024 season and the future of the organization. We will also be discussing the 2022-2023 season and the future of the organization.

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I work in long term care

Our government has turned dignity into disaster. Cries for help coming from patient rooms. 20-1 ratios with nurses running from one situation to the next...

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Member Organizations' News

2024-2025 Member Organizations' News

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The 2024-2025 Member Organizations' News is a bi-annual publication that provides an overview of the activities and achievements of our member organizations. This year's issue features a special section on the impact of our member organizations on the lives of our members and the community. We are proud to have a diverse group of member organizations that are committed to making a positive difference in the lives of our members and the community.

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Member Organizations' News

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2023-2024 National Conference Report

The 2023-2024 National Conference Report is a collection of news items and reports from the various member organizations. It provides a comprehensive overview of the activities, achievements, and challenges faced by these organizations during the past year. The report is organized into several sections, including a general overview, news items, and reports from individual organizations. It is a valuable resource for anyone interested in the work of the member organizations.

The report highlights the many ways in which the member organizations have worked together to address the needs of the community. It also provides a glimpse into the future, as the organizations look ahead to the challenges and opportunities ahead. The report is a testament to the power of collaboration and the dedication of the members of these organizations.

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2023-2024 National Conference Report: A woman speaking at a conference.

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Member Organizations' News

UNEP

UNEP is pleased to announce the launch of the new UNEP Member Organizations' News. This new publication will provide a platform for member organizations to share their news, activities, and achievements. The first issue of the new publication is now available. It features articles from member organizations such as the International Chamber of Commerce (ICC), the International Union of Pure and Applied Chemistry (IUPAC), and the International Union of Pure and Applied Physics (IUPAP). The new publication is available in both print and digital formats. For more information, please visit the UNEP website.



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[English](#) [Français](#)

Our members have been working hard to support our community during these challenging times. We are proud to announce that we have successfully raised over \$10,000 for the local food bank. This amount will go towards providing food for those in need. We will continue to work together to support our community and make a difference.

We are also pleased to announce that we have received a grant from the local government to support our community outreach programs. This grant will allow us to provide more services to our members and support those who are most vulnerable. We are grateful for the support of our community and the local government.

[United Nurses of Alberta](#)

The United Nurses of Alberta (UNA) is a proud member organization of the Canadian Nurses Association (CNA). We are committed to providing high-quality nursing care to our patients and supporting our members. We are currently working on several initiatives to improve patient care and support our members. We are also working on a new contract with the local government to ensure that our members are properly compensated for their work.

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[English](#) [Français](#)

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2020 Annual Meeting and Report on the State of the Union

The 2020 Annual Meeting and Report on the State of the Union was held on November 12-13, 2020. The meeting was held virtually due to the COVID-19 pandemic. The meeting was a success and provided an opportunity for members to connect and share their experiences. The Report on the State of the Union highlighted the challenges we face and the progress we have made. It also outlined our vision for the future and the actions we will take to achieve it.

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2021-2022 Strategic Plan Report

The 2021-2022 Strategic Plan Report is a key document for the nursing profession. It outlines the vision, mission, and strategic priorities for the future. The report is a result of a collaborative process involving nurses, employers, and the public. It provides a clear roadmap for the profession and a commitment to excellence in patient care.



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[GBCA and UGC meet with the Prime Minister](#)

On 10 July, the Chair of GBCA, Pauline O'Neill, and the Chair of UGC, Pauline O'Neill, met with the Prime Minister, Leo Varadkar, to discuss the impact of the COVID-19 pandemic on the construction industry. The meeting was held in the Prime Minister's office and was attended by senior officials from both bodies.

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[CITB and the Construction Industry Training Board \(CITB\) meet with the Prime Minister](#)

The Chair of CITB, Pauline O'Neill, and the Chair of the Construction Industry Training Board (CITB), Pauline O'Neill, met with the Prime Minister, Leo Varadkar, to discuss the impact of the COVID-19 pandemic on the construction industry. The meeting was held in the Prime Minister's office and was attended by senior officials from both bodies.

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[GBCA and UGC meet with the Prime Minister](#)

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The Prime Minister meeting with the Chair of GBCA and the Chair of UGC

Member Organizations' News

**TOGETHER
we got this**

2022-2023 is a time of challenge and opportunity for our member organizations. As we navigate the ongoing impacts of the COVID-19 pandemic, we are also addressing the urgent need for a fair and sustainable healthcare system in Ontario. We are proud to support our members in their efforts to improve patient care and advance the health of all Ontarians. We will continue to work together to ensure that our healthcare system is equitable, efficient, and effective. We are committed to supporting our members and their patients, and we will continue to work together to ensure that our healthcare system is equitable, efficient, and effective. We are committed to supporting our members and their patients, and we will continue to work together to ensure that our healthcare system is equitable, efficient, and effective.



Three individuals standing behind a podium with a sign that reads "ONTARIO'S FRONTLINE IN CRISIS: FORD'S FAILING HEALTHCARE PLAN".

University of Toronto

The University of Toronto is a leading institution in research, teaching, and innovation. We are committed to advancing knowledge and promoting the well-being of our community. We are proud to support our members and their patients, and we will continue to work together to ensure that our healthcare system is equitable, efficient, and effective. We are committed to supporting our members and their patients, and we will continue to work together to ensure that our healthcare system is equitable, efficient, and effective.

Ontario's 2022-2026 Anti-Racism and Anti-Oppression Action Plan Summary



**ONA's 2022-2026
Anti-Racism and Anti-Oppression
Action Plan Summary**

Strengthening Our Union Collectively
Through Anti-Racism and Anti-Oppression



Our commitment to anti-racism and anti-oppression is a core value of our organization. We are dedicated to creating a safe and inclusive environment for all our members and patients. We will continue to work together to ensure that our healthcare system is equitable, efficient, and effective. We are committed to supporting our members and their patients, and we will continue to work together to ensure that our healthcare system is equitable, efficient, and effective.

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TOGETHER
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Member Organizations' News

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Member Organizations' News

TOGETHER
we got this

2022-2023 Annual Report: A Year of Progress and Growth

The 2022-2023 fiscal year was a period of significant growth and progress for the organization. We achieved our goals in all key areas, including financial performance, program expansion, and community engagement. Our revenue increased by 15% compared to the previous year, and we successfully launched several new initiatives that have had a positive impact on our members and the community.

Our financial performance was strong, with a 15% increase in revenue. This was primarily due to the success of our fundraising efforts and the implementation of new pricing strategies. We also managed to reduce our operating expenses, resulting in a net increase in our surplus. This financial strength allows us to continue our commitment to providing high-quality services and programs to our members.

Our program expansion was a key focus for the year. We successfully launched several new initiatives, including a new youth program, a community outreach program, and a new financial counseling service. These programs have been well-received by our members and the community, and we are looking forward to continuing to expand our program offerings in the future.

Our community engagement efforts were also a success. We held several community events, including a charity gala, a fundraising walk, and a community meeting. These events were well-attended and generated significant support for our organization. We also worked closely with our members and the community to address their needs and concerns, resulting in a stronger relationship and increased support for our organization.

Our financial performance was a key factor in our success. We achieved a 15% increase in revenue, which was primarily due to the success of our fundraising efforts and the implementation of new pricing strategies. We also managed to reduce our operating expenses, resulting in a net increase in our surplus. This financial strength allows us to continue our commitment to providing high-quality services and programs to our members.



2022-2023 Annual Report: A Year of Progress and Growth. The group photo shows the leadership team and staff members who have worked hard to achieve our goals. We are proud of the success we have achieved and look forward to continuing to serve our members and the community in the future.

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Member Organizations' News

**TOGETHER
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Member Organizations' News

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TOGETHER
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Member Organizations' News

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The 2022-23 season has been a busy one for our member organizations. We have seen a lot of great work being done, and we are proud to share some of the highlights with you. The organizations have been working hard to support our members and the community, and we are grateful for their dedication and hard work.

The organizations have been working hard to support our members and the community, and we are grateful for their dedication and hard work. They have been providing many services and programs, and we are proud of the impact they have made.

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Photo courtesy of [Organization Name]

News

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Member Organizations' News

TOGETHER
we got this

- [Rural Economy Development Fund](#) (RDF) has awarded a grant to support the development of a community center in the village of Rbiv. The grant will be used to purchase equipment and materials for the center. The RDF is a member organization of the Ministry of Agriculture, Forestry and Fisheries.



The four individuals shown in the photograph are representatives of the Rural Economy Development Fund (RDF) and the Ministry of Agriculture, Forestry and Fisheries. They are standing in front of the Latvian and Georgian national flags during a meeting or press event. The individuals are wearing face masks, indicating adherence to health and safety protocols. The meeting likely concerns the recent grant award mentioned in the news item.

The Rural Economy Development Fund (RDF) has awarded a grant of 10,000 EUR to support the development of a community center in the village of Rbiv. The grant will be used to purchase equipment and materials for the center. The RDF is a member organization of the Ministry of Agriculture, Forestry and Fisheries.

The grant is part of the RDF's support for rural communities. The center will provide a meeting place for the community and will be used for various social and cultural activities. The RDF is committed to supporting the development of rural areas and improving the quality of life for rural residents. The grant is a testament to the RDF's commitment to rural development and community support.

[Rural Economy Development Fund](#) (RDF) has awarded a grant to support the development of a community center in the village of Rbiv.

The grant will be used to purchase equipment and materials for the center. The RDF is a member organization of the Ministry of Agriculture, Forestry and Fisheries. The center will provide a meeting place for the community and will be used for various social and cultural activities.

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Member Organizations' News

**TOGETHER
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Member Organizations' News

**TOGETHER
we got this**

AFPO's 2021-22 Report

The AFPO 2021-22 Report is a key document for members and stakeholders. It provides a comprehensive overview of the organization's activities, achievements, and challenges over the past year.

The report highlights the AFPO's commitment to excellence in service and its focus on member engagement. Key areas of focus include:

- Member Engagement:** Initiatives to strengthen relationships and support members.
- Operational Excellence:** Efforts to improve efficiency and service quality.
- Financial Performance:** A balanced budget and prudent financial management.
- Community Impact:** Contributions to the wider community and industry.



The image shows a group of people, including nurses, holding flags and banners during a public demonstration or rally in front of a large building. The banners feature the AFPO logo and other symbols.

The AFPO's 2021-22 Report is a key document for members and stakeholders. It provides a comprehensive overview of the organization's activities, achievements, and challenges over the past year.



The image shows a woman in a dark jacket shaking hands with a man in a dark suit, likely a political figure, in an indoor setting.

The AFPO's 2021-22 Report is a key document for members and stakeholders. It provides a comprehensive overview of the organization's activities, achievements, and challenges over the past year.

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**TOGETHER
we got this**

Member Organizations' News

2022-2023 Annual Report



The 2022-2023 Annual Report is now available for download. It provides a comprehensive overview of the work done by our member organizations over the past year, including our achievements, challenges, and future plans. You can find the report on our website.



The 2022-2023 Annual Report is now available for download. It provides a comprehensive overview of the work done by our member organizations over the past year, including our achievements, challenges, and future plans. You can find the report on our website.

MAY & AUGUST & JANUARY BOD MEETINGS



The 2022-2023 Annual Report is now available for download. It provides a comprehensive overview of the work done by our member organizations over the past year, including our achievements, challenges, and future plans. You can find the report on our website.

Member Organizations' News

**TOGETHER
we got this**

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The following are the members of the Strategic Plan 2022-2026 working group. The group is currently in the process of reviewing the draft plan and providing feedback. The group is also responsible for the implementation of the plan. The group is currently in the process of reviewing the draft plan and providing feedback. The group is also responsible for the implementation of the plan.


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STRATEGIC PLAN 2022-2026



CANADIAN NURSING STUDENTS' ASSOCIATION

WORKSHOP SERIES	 Workshop Series NURSING OUTSIDE OF THE BOX	WORKSHOP SERIES
	Speakers <ul style="list-style-type: none"> Barbara (@yournursingeducator) Jieun (@yyznurse) Brennan Belliveau (travel nurse) Nurse Blake (@nurse.blake) Rebecca and Laura (@nurseitiskeyoumeanit) ...and more to come! 	
	Topics and Panel Discussions <ul style="list-style-type: none"> Military Nursing Panel CNA Specialty Speed-Dating Session Legal Considerations in Virtual Care Practicing Emotional Intelligence and Choosing Kindness ...and more to come! 	
More information on workshops to come!		

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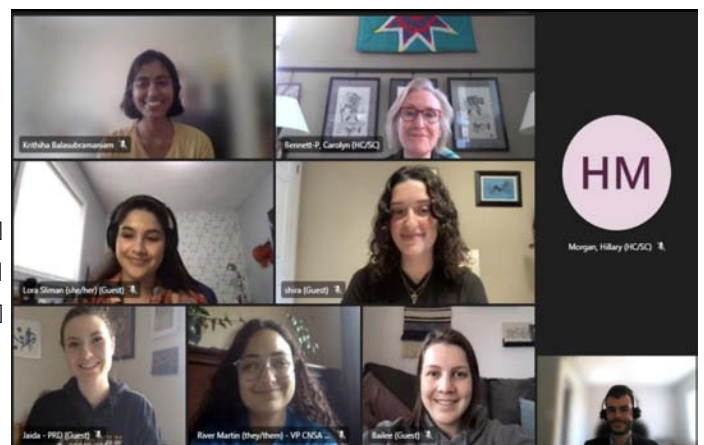
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**TOGETHER
we got this**

Member Organizations' News

MEETING NOTES

25 JANUARY 2023

TOPIC: The Needs of Nursing Students and New Grads in 2023

PRIORITIES

1. Paid practicums for nursing students
2. Formal mentorship for new grad nurses
3. Programs to help PCAs and nurses get higher education
4. Better anti-racism policies to protect POC nursing students
5. Standardized list of skills for each year
6. Funding for professional development, especially for rural and northern nursing students and new grads
7. Nursing leadership after the pandemic



The meeting was held on January 25, 2023, at the BC Nurses' Association office. The meeting was attended by representatives from various nursing organizations, including the BC Nurses' Association, the BC Association of Registered Nurses, the BC Association of Nurse Practitioners, and the BC Association of Health Care Assistants. The meeting was moderated by [Name] and focused on the needs of nursing students and new grads in 2023. The meeting was held in a virtual format and was recorded. The meeting was held in a virtual format and was recorded. The meeting was held in a virtual format and was recorded.

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On the heels of the 100th anniversary of the CLC, we are proud to...

As we look back on our long history, we are proud to see the work we have done...



As we move forward, we will continue to work together to build a better future for all.

WHAT WE DID TOGETHER IN 2022

In 2022, we won campaigns and fought for workers and their families through our actions, stories and more. As the year draws to a close, pour yourself a cup of something warm and read about our wins.



Helping workers' wallets

We pushed for the NDP and Liberals to cooperate — and put more money in Canadians' pockets. We won dental care for kids, support for renters and doubled the GST rebate. We also secured deals for \$10/day child care in every province — an essential investment in our kids' future.



Showing we care

Thousands have joined us to demand better working conditions for care workers and quality public care for all. Pressure from workers and unions helped win \$2 billion in new public health care funding. With underpaid and overworked staff in all corners of the care economy and ERs overflowing with sick kids, our fight isn't over.



TOGETHER
we got this

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CLC Report

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Putting workers first

The federal government announced anti-scab legislation — a victory for workers fighting for fairness at the bargaining table. We forced Doug Ford to back down when he tried to override workers' rights. We also made huge strides towards protecting workers' hard-earned pensions in the event of employer bankruptcy; now we need pension protection to become law.

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**TOGETHER WE'RE OVER 3 MILLION
WORKERS ACROSS CANADA
AND OVER 50 UNIONS AND
LABOUR FEDERATIONS.**

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CLC Report

**TOGETHER
we got this**

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CLC Report

TOGETHER
we got this

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The CLC is proud to have been named one of the top 100 most innovative companies in the United States by Entrepreneur Magazine. This recognition is a testament to the hard work and dedication of our team and our commitment to providing high-quality services to our clients. We are committed to continuous improvement and staying at the forefront of the industry. Our focus is on providing innovative solutions that meet the needs of our clients and drive growth. We are proud to be a part of a company that has achieved this level of success and we look forward to continuing to build on our achievements in the future.

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CHC Report

TOGETHER
we got this

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The 2022 CHC Report is a key document for the public health system. It provides a comprehensive overview of the current state of public health in Ontario, including a detailed analysis of the challenges and opportunities facing the system. The report also outlines the strategic vision for the future of public health and the actions that will be taken to achieve this vision.

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CHC Report

TOGETHER
we got this

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HEALTH + HOPE

PARLIAMENTARIANS' BRIEFING NOTE 2023

From the desk of Pauline Worsfold, RN

March 28, 2023

Dear Parliamentarian,

Thank you for meeting with members of the Canadian Health Coalition. We appreciate the work you do on behalf of your constituents and everyone in Canada and urge you to consider these policy proposals carefully.

Founded in 1979, our organization's members work to defend and improve our public health care system. We comprise citizens, frontline health care workers' unions, community groups, and public health experts.

Access to health care is a principle of the *Canada Health Act*. Medicare is a cherished national program that has kept this promise for generations. Today, it is in critical need of protection and strengthening so we may continue this legacy for future generations.

Please join us in our efforts to promote health and hope in Canada.



Pauline Worsfold, RN
Chairperson



INVEST IN MEDICARE: STOP PRIVATIZATION

THE ISSUE:

Health care emergency: Patients are struggling to receive timely access to care. Frontline health care workers are stressed and hospital wait times are getting longer, but some provinces are failing to sufficiently invest in public health care.

Weak accountability: The federal government has committed \$198 billion over 10 years in provincial health transfers with few strings attached (Macdonald, 2023).

Privatization: Some provinces are outsourcing medical services to private for-profit clinics that will draw even more health care workers away from public hospitals, and put patients at risk of extra-billing or high-pressure upselling of non-insured services.

THE SOLUTION:

Strings attached: It is important federal funding comes with strings attached to ensure the dollars are spent by the provinces on ways that improve patient outcomes.

Protect patients: The Health Minister must continue to vigorously enforce the principles and conditions of the *Canada Health Act*, and beef-up investigation and monitoring for prohibited practices such as user fees and extra billing.

Public care: Public dollars, including federal transfers, should support our cost-effective public, non-profit health care system, and not be squandered on profits to investors in private for-profit clinics.



[Data] shows that knee replacement surgery in a public hospital, paid by the province, costs about \$10,000. The same surgery in a private clinic can reportedly cost patients up to \$28,000.”

— Cuttler, M. & Birak, C. (2023). *Do private, for-profit clinics save taxpayers money and reduce wait times? The data says no*. Retrieved from CBC.ca website: <https://www.cbc.ca/news/health/private-health-care-taxpayer-money-1.6777470>

IMPLEMENT PUBLIC UNIVERSAL PHARMACARE

THE ISSUE:

The patient pays: Our public Medicare system does not cover the cost of prescription medicines, leaving many patients on the hook to pay for necessary drugs unless they're in a hospital.

No coverage: One-in-five people report they do not have private drug insurance – from low-paid workers to self-employed entrepreneurs (Cortes & Smith, 2022). It's an issue of affordability for families. Immigrants and racialized people are hit especially hard.

People don't heal: This situation leaves people struggling to pay for essential medicine, or they might skip taking their meds for their physical or mental health altogether. Their condition worsens, and they may end up in the hospital's Emergency Department.

THE SOLUTION:

Hoskins Report: In 2019 after extensive consultations, the federal government's Advisory Council on the Implementation of National Pharmacare, led by Dr. Eric Hoskins, recommended: "the federal government work with provincial and territorial governments and stakeholders to establish universal, single-payer, public pharmacare in Canada" (Health Canada, 2019).

Universal coverage: The Hoskins plan will expand Medicare to provide universal publicly-funded and publicly-delivered drug coverage to everyone in Canada, based on their medical need and not their ability to pay.

Save lives and money: Not only will pharmacare save lives, many families would save hundreds, and potentially thousands of dollars each year, too. Employers will save money on private health coverage costs, while provinces and territories will reap billions of dollars in savings through bulk purchasing of pharmaceuticals.



Eight in ten Canadians support the federal government taking primary responsibility for funding Pharmacare in order to make sure all provinces and territories implement equitable and universal drug coverage as quickly as possible.”

— Environics Research. (2023). *Attitudes towards pharmacare 2023*. [Slide presentation]. Retrieved from Canadian Federation of Nurses Unions.

Cortes, K. & Smith, L. (2022). *Pharmaceutical access and use during the pandemic*. Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2022001/article/00011-eng.pdf?st=RNjlpqev>

Health Canada. (2019). *A prescription for Canada: Achieving pharmacare for all - final report of the advisory council on the implementation of national pharmacare*. Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report.html>

CREATE SAFE LONG-TERM CARE: PHASE OUT FOR-PROFIT INVESTORS

THE ISSUE:

Not enough care: Too few staff mean too many residents do not receive safe and appropriate long-term care. Governments have failed to address the needs of our aging population despite years of warnings, leaving too many people without necessary care and too many staff facing precarious, stressful working conditions.

Failed regulation: Detailed regulations that primarily target staff means they spend more time documenting rather than caring. Combined with weak standards in some areas and poor enforcement, residents' and staff lives are put at risk.

Deadly profit: The pandemic unleashed a nightmare for residents and families, especially in for-profit long-term care homes which had nearly twice as many residents infected during its first year and 78 percent more resident deaths compared with non-profit and municipal homes (Science Briefs of the Ontario COVID19 Science Advisory Table. 2021).

THE SOLUTION:

National standards: Federal leadership is needed in program funding for long-term care, and so is legislation mandating enforceable national standards.

Staffing hours of care: Standards should include a requirement for a minimum of 4.1 hours of daily direct care for residents, with an appropriate number and skill mix of the workforce (Health Standards Organization, 2023).

Removing profit: For-profit long-term care homes and commercial delivery of care services should be phased out in favour of public, and non-profit management and operation where care will not come second to profits and shareholder dividends.



In response to the treatment of LTC home residents during the COVID-19 pandemic, many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC.”

— Health Standards Organization. (2022). *What We Heard Report #1 - Findings from HSO's Inaugural National Survey on Long-Term Care*. Retrieved from <https://longtermcarestandards.ca/engage>



IMPLEMENT PUBLIC DENTAL CARE

THE ISSUE:

Missing piece: Proper dental care is an essential part of everyone's health, but it has been excluded from our public Medicare system.

Gaps in coverage: It is estimated that 32% of Canadians have no dental insurance. That's 12 million people (Office of the Parliamentary Budget Office, 2021). Even people who have dental coverage, regions with lower income and Indigenous communities have challenges accessing dental care providers, and many still struggle with co-pays and yearly limits.

Worse outcomes: Poor dental care leads to other diseases that increase the amount of care required by the patients.

THE SOLUTION:

Public dental care: As the Prime Minister has promised, the federal government should launch a new public dental care program for low-income Canadians, covering under-18-year-olds, seniors and persons living with a disability in 2023, with full implementation by 2025.

Under Medicare: Dental care should be included within the public universal health care system as a medically necessary service (Sheikh, H., and Doucet, 2022).



Participants were asked to name the best and worst things about the Canadian health care system. The best things mentioned always included the concept of universality.”

— Health Canada. (2022). *Canadians' Priorities for Primary Health Care - Final Report*. Retrieved from: https://publications.gc.ca/collections/collection_2022/sc-hc/H14-395-2022-eng.pdf

Sheikh, H., & Doucet, B. (2021). *Honour Tommy Douglas and stand up for public denticare*. Retrieved from Policy Options website: <https://policyoptions.irpp.org/magazines/june-2022/stand-up-for-public-denticare/>

Office of the Parliamentary Budget Office. (2021). *Cost estimate of a federal dental care program for uninsured Canadians*. Retrieved from <https://www.pbo-dpb.ca/en/publications/RP-2021-028-M--cost-estimate-federal-dental-care-program-uninsured-canadians--estimation-couts-lies-un-regime-soins-dentaires-federal-destines-tous-canadiens-non-assures>



BOARD OF DIRECTORS AND MEMBER ORGANIZATIONS OF THE CANADIAN HEALTH COALITION 2022-2023

We comprise frontline health care workers' unions, community groups, and public health experts.

Pauline Worsfold, RN, Chair, Canadian Federation of Nurses Unions (CFNU)

Siobhan Vipond, Vice-Chair, Canadian Labour Congress (CLC)

Rita Morbia, Co-Treasurer, Inter Pares

Vanessa Gruben, (Legal) Co-Treasurer

Julie White, Secretary, and Keith Newman, Congress of Union Retirees of Canada (CURC)

Pat Armstrong (Research)

Dr. Michèle Brill-Edwards (Medical)

Ryan Campbell, Professional Institute of the Public Service of Canada (PIPSC)

Barb Cape, SEIU Canada

Dianne Frittenburg, NS Health Coalition

Chris Gallaway, Friends of Medicare

Michele Girash, Public Service Alliance of Canada (PSAC)

Kellee Janzen, Unifor

Dr. Joel Lexchin (Research)

Linda McLaren, United Church

Jane Mulkewich, UFCW

Anil Naidoo, National Union of Public and General Employees (NUPGE)

Riaz Nandan, Canadian Federation of Students

Archana Rampure, Canadian Union of Public Employees (CUPE)

Carol Rivière, BC Health Coalition

Robin Tress, Council of Canadians

Pat Van Horne, USW

Staff members

Tracy Glynn, National Director of Operations and Projects

Steven Staples, National Director of Policy and Advocacy

Anne Lagacé Dowson, Media Director

Canadian Health Coalition

116 Albert St. Suite 300, Ottawa, Ontario K1P 5G3

(343) 558-1788 hello@healthcoalition.ca

[@healthcoalition](https://www.healthcoalition.ca)

www.healthcoalition.ca





NOMINATIONS

- Report of the Nominations Committee

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Nominations

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we got this

2022-2023 Nominations Form for the 2023-2024 School Year

The purpose of this form is to provide an opportunity for you to nominate a candidate for the following positions:

Non-Executive Director

2023-2024 Nominations Form for the 2023-2024 School Year

2023-2024 Nominations Form

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2023-2024 Nominations Form for the 2023-2024 School Year

2023-2024 Nominations Form for the 2023-2024 School Year

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2023-2024 Nominations Form for the 2023-2024 School Year

2023-2024 Nominations Form

CANADIAN FEDERATION OF NURSES UNIONS
21st BIENNIAL CONVENTION 2023
CHARLOTTETOWN, PRINCE EDWARD ISLAND

RECEIVED

FEB 09 2023

NOMINATION FORM

CANADIAN FEDERATION
OF NURSES UNIONS

I, Paula Doucet, a member in good standing of the
NEW BRUNSWICK NURSES UNION
(name of member organization)

92

do nominate LINDA SILAS
who is a member in good standing of the
NEW BRUNSWICK NURSES UNION
(name of member organization)

for the election to the membership on the National Executive Board as
CFNU PRESIDENT
(position)

for the 2023-2025 Biennial.

Signed this 8 day of FEBRUARY, 20 23
Paula Doucet
Moved by (signature)

NEW BRUNSWICK NURSES UNION
member of (union)

Aman Ghewal
Seconded by (signature)
BRITISH COLUMBIA NURSES UNION
member of (union)

I, Linda Silas, do hereby consent to accept nomination for the
position of President of the Canadian Federation of Nurses Unions.

Signed this 8th day of February, 20 23
[Signature]
(signature)
NEW BRUNSWICK NURSES UNION
(member organization)

CANADIAN FEDERATION OF NURSES UNIONS

2023 ELECTED OFFICER CANDIDATE FORM

Name of candidate: Linda Silas

Position running for: President

Particulars of union involvement

For those who don't know my union history, I got involved the same way most of you did: I got upset at what was happening on my nursing unit and I wanted to do something about it. So I got involved in my local only a year after I graduated. From 1984 to 1990, I held numerous positions both at the local and provincial union levels.

In October 1990, I was elected President of the NBNU. I held this position until October 2000. My ten years at NBNU proved to be full of successes, the occasional turmoil and many lessons learned. In June 2003, you gave me your confidence in electing me as CFNU President, and it's been a 20-year roller-coaster ride. By listening to and building on our members' values I, like the CFNU, grew to take a strong presence on the national stage. We have been recognized both in the research and policy fields, and for making things happen. I am also proud to have been and continue to be a key lead in the development of Global Nurses United (GNU), the first international voice for nurses' unions, and lastly, very proud to be your voice at the Canadian Labour Congress.

Employment summary

June 2003 to present
President of the Canadian Federation of Nurses Unions (CFNU)

March 2001 to May 2003
Project Coordinator for Beauséjour Regional Health Authority

- Developed interdisciplinary and teaching tools as well as implemented and promoted our Organ and Tissue Donation Program

October 1990 to October 2000
President of the New Brunswick Nurses Union (NBNU)

May 1983 to October 1990
Staff nurse at l'Hôpital Dr-Georges-L.-Dumont: Intensive Care Unit, Emergency and Labour Unit

Other important particulars

Education: Bachelor of Science in Nursing in 1983 from l'Université de Moncton. Received several certificates in nursing, public relations, labour relations and negotiations.

- Member of the CLC Executive Committee since 2003
- Member of the CLC Women's, International and Political Action committees since 2003
- Chair of the CLC Finance Committee since 2017
- Provincial, national and international speaker on nursing, health care, women, leadership and union issues
- Seasonal lecturer at several universities
- Published articles in magazines and books
- Member of numerous research/advisory bodies

On a more personal note, I started my full-time journey with the union movement with a 14-month-old baby boy, and now Alexandre is an adult who is into his first elected position within his union (Public Service Alliance of Canada). Making me prouder every day.

The leadership I bring to the CFNU is one of respect, inclusiveness and hard work. We listen to our members who are the grassroots, the foundation of our union and of our health care system. This is what makes the CFNU the national voice for frontline nurses. Our credibility and our strength are why we became and still are the voice of reason during this pandemic and throughout this critical nursing shortage. The voice that says it loudly: you need to protect our health care workforce because patients do not go in a hospital or LTC facility for a comfy bed! As nurses, we know the realities of health care, and with this, we can maintain a strong and powerful voice on behalf of those providing care 24/7. We know the harsh truth of being disrespected and ignored for too long.

To conclude, I would like to thank the New Brunswick Nurses Union for their ongoing confidence in nominating me for CFNU President. I would also like to extend a special thank you to our member organizations (UNA, SUN, MNU, ONA, NSNU, PEINU, RNUNL, CNSA and now BCNU ☺). To the NEB - every minute of your time is accounted for with your provincial work, and you still find the energy to be dedicated to our national organization. Each of your strengths and experiences makes the CFNU the incredible organization it is today. Your work and dedication are what makes us the largest, proudest and boldest nursing organization in Canada and most will say in North America. Merci! To our small team in our Ottawa office - be very proud of our reputation as the mighty mouse of the Labour Movement. ☺

In solidarity always,

Linda Silas

RECEIVED

MAR 06 2023

CANADIAN FEDERATION
OF NURSES UNIONS

NOMINATION FORM

I, Bernadette Robinson, a member in good standing of the

Ontario Nurses Association
(name of member organization)

do nominate Angela Preocanin

who is a member in good standing of the

Ontario Nurse Association
(name of member organization)

for the election to the membership on the National Executive Board as

Secretary Treasurer
(position)

for the 2023-2025 Biennial.

Signed this 2nd day of March, 2023

Bob
Moved by (signature)

ONA
member of (union)

Elizabeth Audibert
Seconded by (signature)

Ontario Nurses Association
member of (union)

I, Angela Preocanin, do hereby consent to accept nomination for the

position of Secretary Treasurer of the Canadian Federation of Nurses Unions.

Signed this 3rd day of March, 2023

Angela Preocanin
(signature)

ONTARIO NURSES' ASSOCIATION
(member organization)

2023 ELECTED OFFICER CANDIDATE FORM

NAME OF CANDIDATE: Angela Preocanin

POSITION RUNNING FOR: Secretary-Treasurer

PARTICULARS OF UNION INVOLVEMENT: Thank you for considering my candidacy for the Ticket of Nomination. I am seeking your support for election as Secretary-Treasurer so I can effectively represent your interests and advocate strongly on our members' behalf. This important mandate at a critical period in our profession will be my top priority.

My union career began in 1998 when I first met my BUP, who was advocating on our behalf against the employer ordering-in staff to deal with a weekend staffing shortage in Hemodialysis. Taking part in this action fueled my desire to become a union activist and fight for the rights of our members under the collective agreement. Since then, I have been proudly and passionately serving our members as part of the local Executive Team in progressively senior roles over 22 years including Grievance Chair and First Vice President of my local. From December 2020 until 2021, I sat on the ONA Board of Directors as Region 4 Vice President.

For the past 16 months, I have been faithfully serving as First Vice-President of the ONA Board of Directors, representing Registered Nurses and Health-Care Professionals in all sectors across the province. Over this period, I have experienced firsthand the devastating impact of Covid-19 and have helped lead ONA's unprecedented efforts to protect and support our members during an extraordinarily difficult time. It was seeing our members' incredible dedication to patients, colleagues and the public on display 24/7 that made it unmistakably clear the critical importance of the nursing profession in this country, and the unparalleled role nurses play in providing quality care. This has served as my inspiration and the impetus for my leadership and advocacy on behalf of our members throughout my career.

EMPLOYMENT SUMMARY:

Below is a summary of my related and relevant career experience:

Positions

January 2022-present

First Vice-President, ONA Board of Directors

January 2020-2021

Region 4 Vice-President, ONA Board of Directors

January 1998-December 2020

Local Executive, St. Joseph's Healthcare Hamilton

Executive Vice president, JOHS Worker Co-Chair

Grievance Chair, First Vice President

June 1990-December 2020

Staff Nurse, St. Joseph's Healthcare Hamilton, Surgical Head and Neck, Thoracics, Urgent Care, Home Hemodialysis

Education

Graduate, George Brown College, Diploma Program, 1990
Queens's Industrial Relations Centre, Governance and Leadership Excellence Certificate, 2021
Conflict Management Resolution McMaster University, 2003

Affiliated Roles and Activities

Media Spokesperson, ONA
NEB National Officer, ONA
Board member, Nurse Help Program CNO Finance Committee
Chair, Provincial Political Action Committee
Strategic Plan Guidance Committee, assisted with development of 5 year Strategic Plan
Enterprise Risk Management, past Chair and current member
Speaker, Ontario Health Coalition Town Halls
Presenter, provincial government standing committees, pre-budget and Bill 60 submissions
5 Union Joint Steering Committee member
Previous Chair, Nurse Help Program CNO

OTHER IMPORTANT PARTICULARS:

As a nurse and a long serving leader for our profession, I strongly believe in the importance of teamwork and people working together to pursue common goals, in the interests of our members. My approach has always been to seek outcomes that help move us forward. I've utilized diplomacy and communication to achieve this in every position I've held. This approach is in strong keeping with how CFNU operates – as a respected, strong and united team. As part of this team, I will continue to stand up for our members as they continue the important work of caring for people.

In the role of Secretary-Treasurer, I will work hard to advance the common mandate of the statutory authority and obligation to protect and enhance the work and assets of CFNU and its members. My personal commitment is to ensure that our members are informed, valued, respected and heard. I will strive to inspire and motivate the organization by being a visible and active ambassador – igniting pride in the CFNU as a champion, helping to create champions and advocating on behalf of our grassroots labour movement.

Thank you once again for your consideration of my candidacy and your confidence in nominating me to this important role on one of the largest and most widely respected nursing organizations in North America.

In solidarity
Angela Preocanin RN



CONSTITUTION

- Constitution amendments
- CFNU Constitution

**TOGETHER
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we got this

Constitution Amendments

TOGETHER
we got this

Amendments to the Constitution

Article I, Section 9, Clause 2

Article I, Section 10, Clause 1

Article I, Section 10, Clause 2

Article I, Section 10, Clause 3

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Article I, Section 10, Clause 4

Article I, Section 10, Clause 5

Article I, Section 10, Clause 6

Article I, Section 10, Clause 7

Article I, Section 10, Clause 8

Article I, Section 10, Clause 9

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Article I, Section 10, Clause 10

Article I, Section 10, Clause 11

Article I, Section 10, Clause 12

Article I, Section 10, Clause 13

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Article I, Section 10, Clause 14
Article I, Section 10, Clause 15
Article I, Section 10, Clause 16
Article I, Section 10, Clause 17
Article I, Section 10, Clause 18
Article I, Section 10, Clause 19
Article I, Section 10, Clause 20
Article I, Section 10, Clause 21
Article I, Section 10, Clause 22
Article I, Section 10, Clause 23
Article I, Section 10, Clause 24
Article I, Section 10, Clause 25
Article I, Section 10, Clause 26
Article I, Section 10, Clause 27
Article I, Section 10, Clause 28
Article I, Section 10, Clause 29
Article I, Section 10, Clause 30
Article I, Section 10, Clause 31
Article I, Section 10, Clause 32
Article I, Section 10, Clause 33
Article I, Section 10, Clause 34
Article I, Section 10, Clause 35
Article I, Section 10, Clause 36
Article I, Section 10, Clause 37
Article I, Section 10, Clause 38
Article I, Section 10, Clause 39
Article I, Section 10, Clause 40
Article I, Section 10, Clause 41
Article I, Section 10, Clause 42
Article I, Section 10, Clause 43
Article I, Section 10, Clause 44
Article I, Section 10, Clause 45
Article I, Section 10, Clause 46
Article I, Section 10, Clause 47
Article I, Section 10, Clause 48
Article I, Section 10, Clause 49
Article I, Section 10, Clause 50

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Article I, Section 10, Clause 51

Constitution Amendments

TOGETHER
we got this

<p>Amendment 1</p>	<p>Amendment 2</p>	<p>Amendment 3</p>
<p>Amendment 1: The rights of the people shall not be violated. No soldier shall in time of peace be quartered in any house without the consent of the owner, nor in time of war but in a manner prescribed by law. The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.</p>	<p>Amendment 2: A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed.</p>	<p>Amendment 3: No Soldier shall, in time of peace, be quartered in any house in any State without the consent of the Owner, nor in time of War, but in a manner to be prescribed by Law. No excessive Bail shall be required, nor excessive Fines imposed, nor cruel and unusual Punishments inflicted. The right of the People to be secure in their Persons, Houses, Papers, and Effects, against unreasonable Searches and Seizures, shall not be violated, and no Warrants shall issue, but upon probable Cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.</p>
<p>Amendment 4: The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.</p>	<p>Amendment 5: No person shall be held to answer for a capital or otherwise infamous crime unless on a presentment or indictment of a Grand Jury, except in cases arising in the land or naval forces, or when the State makes no provision therefor; nor shall any person be subject for the same offense to be twice put in jeopardy of life or limb; nor shall any person be compelled in any criminal case to be a witness against himself, nor be deprived of life, liberty, or property, without due process of law; nor shall private property be taken for public use without just compensation.</p>	<p>Amendment 6: In all criminal prosecutions, the accused shall enjoy the right to a speedy and public trial, by an impartial jury of the State and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the charges against him, to have the assistance of counsel for his defence, to confront the witnesses against him, to examine the witnesses against him, and to have compulsory process for obtaining witnesses in his favor, and to have a fair and public hearing, by the judgment of the law.</p>
<p>Amendment 7: In Suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved, and no fact shall be tried by a judge, in the absence of jury, except in cases of death, or infirmity of mind or body, or infancy of one party, or absence of a party, or for other special reasons, which shall be determined by the court. This Article shall be construed so as to give the National Judiciary the same power as the Judiciary of the States in the cases before mentioned.</p>	<p>Amendment 8: Excessive Bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.</p>	<p>Amendment 9: The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.</p>

Constitution Amendments

TOGETHER
we got this

<p> The first amendment to the Constitution states that Congress shall not make any law which shall infringe upon the right of the people to peaceably assemble together to petition the Government for redress of grievances </p>	<p> The second amendment states that a well regulated Militia being necessary to the security of the State the right of the people to keep and bear Arms shall not be infringed </p>	<p> The third amendment states that no Soldier shall be quartered in any house in time of peace without the consent of the owner nor in time of war except as provided in the law </p>
<p> The fourth amendment states that the right of the people to be secure in their persons houses papers and effects against unreasonable searches and seizures shall not be violated and no Warrants shall issue without probable cause supported by oath or affirmation and particularly describing the place to be searched and the persons or things to be seized </p>	<p> The fifth amendment states that no person shall be held to answer for a capital or otherwise infamous crime without a presentment or indictment of a grand jury except in cases arising in the land and sea forces or in the militia in time of war or public danger nor shall any person be subject to the same double jeopardy or be compelled in any criminal case to be a witness against himself nor shall any person be deprived of life liberty or property without due process of law nor shall private property be taken for public use without just compensation </p>	<p> The sixth amendment states that in all criminal prosecutions the accused shall enjoy the right to a speedy and public trial by an impartial jury of his peers to be informed of the nature and cause of the accusation to be confronted with the witnesses against him to have compulsory process issued for the attendance of witnesses and to have the benefit of the rules of criminal procedure </p>

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CFNU Constitution

TOGETHER
we got this

Enacted by the 9th General Assembly

Chapter 1, Article 1

1

Section 1

2. The purpose of this constitution is to provide for the good government of the State and to secure the rights and liberties of its people.

Section 2

3. The powers of the government are divided into three branches: legislative, executive, and judicial, and no branch shall exercise the powers of another.

4. The legislative power is vested in the General Assembly, which shall consist of a Senate and a House of Representatives.

5. The executive power is vested in the Governor, who shall hold office for a term of four years and shall be eligible for re-election.

6. The judicial power is vested in the Supreme Court and such other courts as may be established by law.

7. The General Assembly shall have the power to impeach and remove any officer of the State.

8. The Governor shall have the power to pardon and commute the sentences of criminals.

9. The General Assembly shall have the power to declare war, make peace, and send and receive ambassadors.

10. The General Assembly shall have the power to raise and support the State militia, to regulate the Militia, and to govern the Territory and other public lands.

11. The Governor shall have the power to appoint and remove all officers of the State, except judges, who shall be appointed by the General Assembly.

Section 3

12. The General Assembly shall have the power to create, alter, or abolish any office of the State.

Section 4

13. The General Assembly shall have the power to regulate commerce and trade.

14. The Governor shall have the power to grant pardons and commutations.

CFNU Constitution

TOGETHER
we got this

Article 1

Article 2

Article 3

Article 4

Article 5

Article 6

Article 7

Article 8

Article 9

Article 10

Article 11

Article 12

Article 13

Article 14

Article 15

CFNU Constitution

TOGETHER
we got this

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RESOLUTIONS

- Report of the Resolutions Committee
- 2021 resolutions action
- 2023 resolutions submissions

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Resolutions

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Report of the Resolution Committee

to the Canadian Federation of Nurses Unions
21st Biennial Convention
Charlottetown, Prince Edward Island
June 5-9, 2023

Resolutions Committee Chair:

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:

Paula Doucet, President, New Brunswick Nurses Union

Angela Preocanin, Vice-President, Ontario Nurses' Association

Danielle Larivee, Vice-President, United Nurses of Alberta

Adriane Gear, Vice-President, British Columbia Nurses' Union

Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and videoconference. The Committee reviewed the resolutions submitted at the 2021 Biennium and prepared a report on follow-up actions.

Notice was sent to all counterparts regarding the March 10, 2023, deadline for submission of resolutions. The Committee will meet again following the June 8, 2023, emergency resolution deadline to review emergency resolutions.

CFNU biennial resolutions

The Committee reviewed 11 draft resolutions and found them all in order. The Resolution Committee accordingly submits the following 11 resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)

Resolutions

2021 resolutions actions

RESOLUTION	ACTION
<p>Resolution #1 – Long-Term Care</p> <p>BE IT RESOLVED that the CFNU work with stakeholders and allies to pressure the federal government, along with the provinces and territories, for a moratorium on private, for-profit care from the long-term care sector; and</p> <p>BE IT FURTHER RESOLVED that the CFNU work with stakeholders and allies to eliminate the use of agency staff and ensure that at least 70% of long-term care staff have permanent full-time positions with paid sick leave and benefits.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Roundtable with MO researchers • Promote research that already exists • Work with stakeholders • Advocate for safe nursing hours of care (4.1 hours per patient per day) • Increase home care services and work to eliminate for-profit home care services • Work with technical committee to establish strong Health Standards Organization (HSO)'s LTC standards
<p>Resolution #2 – COVID-19 Infection and “Long-hauler” Syndrome</p> <p>BE IT RESOLVED that the CFNU lobby and advocate for legislation requiring presumptive workplace insurance coverage of any health impacts arising due to COVID-19 infection; and</p> <p>BE IT FURTHER RESOLVED that the CFNU advocate and lobby government to ensure that no nurse or health care worker suffers any loss of occupational income due to an illness associated with COVID-19.</p> <p>Carried</p>	<ul style="list-style-type: none"> • OH&S network • Presumptive legislation
<p>Resolution #3 – Endorsing Joyce’s Principle</p> <p>BE IT RESOLVED that the CFNU endorse Joyce’s Principle, committing the organization to working with Indigenous stakeholders and allies towards its implementation by governments, teaching institutions and health and social service organizations; and</p> <p>BE IT FURTHER RESOLVED that the CFNU acknowledges the existence of anti-Indigenous racism among Canada’s nurses, and commits to addressing this through education and awareness.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Ongoing work • Possible workshop for next convention

Resolutions

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Resolution #4 – Securing PPE for Canada’s Health Care Workforce

BE IT RESOLVED that the CFNU calls on all Canadian health authorities to work in collaboration with health care unions as partners to ensure the stability and adequacy of an appropriate PPE supply (including N95 respirators or better and/or PAPRs, Full Face Shields, Gowns, Gloves, Bouffant and Shoe Covers) for HCWs, including ensuring transparency about PPE supplies through regular detailed updates on the status of PPE stockpiles;

BE IT FURTHER RESOLVED that the CFNU calls on all Canadian governments to develop a made-in-Canada PPE supply chain so that it can maintain a minimum PPE stockpile, and develop an effective stockpile management system; and

BE IT FURTHER RESOLVED that Canada establish a worker safety research agency to empower employers and workers to create safe and healthy workplaces, with staff representing a wide diversity of fields (i.e., nursing, medicine, epidemiology, occupational hygiene, engineering, etc.) modelled after the US National Institute for Occupational Safety and Health (NIOSH), with the authority to make decisions on worker safety, including the preparation of guidelines, directives and policies.

Carried

- OH&S network
- Common collective agreement language for negotiators

Resolutions

<p>Emergency Resolution #1 – Addressing the health human resources crisis</p> <p>BE IT RESOLVED that the CFNU work with other health care organizations, such as the Canadian Health Workforce Network, to pressure governments to address the health human resources crisis facing nurses and other health care workers through national initiatives that support health human resources planning at the provincial and territorial levels, such as the creation of a federal health workforce agency;</p> <p>FURTHER BE IT RESOLVED that the CFNU continue to reiterate our demands to the federal government to provide urgent funding to the provinces and territories to hire additional nurses and health care workers, and to fund retention and recruitment initiatives to stem the disturbingly high flow of workers out of the sector.</p> <p>Carried</p>	<ul style="list-style-type: none"> • HHR agency • Work with Dr. Ivy Bourgeault • Health Canada proposal on a nursing retention fund
<p>Emergency Resolution #2 – Declaring and mobilizing around a National Nurses Day of Action</p> <p>BE IT RESOLVED that the CFNU declare September 22, 2021 (the end of summer), as a National Nurses Day of Action, in which the CFNU will assist with coordinating Member Organizations to mobilize members to demonstrate outside of their workplaces in solidarity with those impacted by unacceptable working conditions; and</p> <p>FURTHER BE IT RESOLVED that this National Nurses Day of Action will serve as an opportunity to highlight our demands on governments to take concrete actions to address unacceptable working conditions for our members.</p> <p>Carried</p>	<p>Day of Action – done (September 17, 2021)</p>

Resolutions

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Resolution #1 – There is no health without mental health

WHEREAS it is clear that there is a need to support the mental health of nurses;

WHEREAS the 2019 CFNU-University of Regina report on nurses' mental health revealed rates of mental health disorder symptoms similar to public safety personnel (PSP). Almost half (47.9%) of participants screened positive for a mental disorder;

WHEREAS two pan-Canadian CFNU surveys carried out in 2021 and 2022 reveal that the disconcerting state of nurses' mental health continues. In 2021, 67% of nurses said their mental health was worse when compared to one year ago. In 2023, nearly half of nurses said their mental health was worse when compared to one year ago;

WHEREAS the CFNU has been in partnership with Health Canada with expanding the Wellness Together Canada program to better serve nurses during the pandemic;

WHEREAS the federal government has been supporting public safety personnel (PSP) through a well-funded program called PSPNET. PSPNET is an internet-delivered cognitive behaviour therapy program which offers therapist-guided courses designed to improve depression, anxiety and posttraumatic stress injuries,

BE IT RESOLVED that the CFNU partners with the Public Health Agency of Canada on the development and deployment of a mental health program specifically tailored to nurses, modelled on PSPNET.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Support the mental health of nurses

- The 2023 CFNU member survey found that:
 - Nearly half of nurses said their mental health was worse when compared to one year ago.
 - 2 in 10 nurses were unable to work 1 to 2 days due to a mental health issue.
 - Early- and mid-career nurses are more likely to experience symptoms of burnout, compared to late-career nurses.
 - In a recent 2-week span, a majority of nurses felt symptoms of anxiety and depression on some or all days.
- A 2019 survey of over 7,300 nurses from across Canada found that 1 in 3 nurses screened positive for major depressive disorder, 1 in 4 nurses screened positive for generalized anxiety disorder and clinical burnout, 1 in 3 reported having suicidal thoughts, and 20% screened positive for PTSD and panic disorder.¹
- Based on the co-design work undertaken by the CFNU staff and our nurse advisory team consisting of Pauline Worsfold, Barb Abele (SUN) and Barb Campbell (UNA), the CFNU has promoted offerings of MindWell for Health Care Workers and the Togetherall platform. Both programs fall under the federal government-funded platform, Wellness Together Canada.
- The MindWell program has been very successful – with participants surveyed showing that, in just four weeks of the program, their levels of mindfulness and resilience increased, while PTSD, exhaustion and anxiety decreased over time.
- Togetherall is a virtual peer-to-peer support community that allows for supportive forum discussions monitored 24/7 by mental health professionals. It also includes online courses and articles on topical mental health issues to help deepen knowledge and spur further discussion through the platform. The CFNU engaged in a co-design process with the Togetherall team, creating a self-directed course on PTSD, two articles (one on compassion fatigue and another on critical incident stress) and a health care-specific peer-to-peer community within their system.
- The CFNU has long been interested in obtaining federal support for nurses' mental health to the same degree such supports have been provided to public safety personnel. Through the federally funded PSPNET, which provides internet-delivered cognitive behavioural therapy to PSP under therapist-guided online courses, there is the potential to model a similar program for nurses.
- The CFNU has been in discussions with the Public Health Agency of Canada (PHAC) about tailoring PSPNET for nurses and piloting a program in one or two provinces. The PHAC agreed to fund the tailoring of a nursing version of the program, but within a very short window of time. Unfortunately, with our partners at PSPNET, we were unable to take advantage of that opportunity based on the challenging timing. However, we have a commitment from PHAC to accept an unsolicited proposal from us, and they will try to find sufficient funding to cover all the costs of tailoring and piloting the project later this year.

¹ Carleton, N. and Stelnicki, A. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. CFNU. <https://nursesunions.ca/research/mental-disorder-symptoms/>

Resolutions

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Resolution #2 – Fairness to internationally educated nurses

WHEREAS many internationally educated nurses (IEN) already living in Canada are unemployed or underemployed due to many barriers they encounter, from immigration to licensure recognition to employment;

WHEREAS a 2019 OECD study found that 61.7% of foreign-born, foreign-trained RNs in Canada were not working in their trained profession;

WHEREAS the CFNU has a responsibility to these future members to support them in their registration process and support them when integrating in our health workplaces. All of this must be done ethically both for the receiving workforce and the country they leave,

BE IT RESOLVED that the CFNU continue its work with expert partners such as World Education Services (WES) to develop an IEN Blueprint that will inform all parties on the best practices to recruit and integrate IENs in Canada's health workplaces and communities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): CFNU position statement on internationally educated nurses

In an attempt to address the nursing shortage crisis in Canada, which has been significantly worsened by the COVID-19 pandemic, many provincial governments are turning to internationally educated nurses (IENs), both those currently in Canada and through international recruitment.

Recruiting nurses internationally should be part of a comprehensive health human resource plan. All efforts to address nurse shortages within the domestic context must be a priority for all provincial and territorial governments. A multi-pronged approach to health human resources must focus on both short-term and long-term measures to enhance the retention and recruitment of nurses within Canada, which would include IENs.

The CFNU endorses the ethical recruitment strategies as outlined by the International Council of Nurses (ICN) and encourages governments and organizations, including employers, recruiters and non-governmental organizations, to adopt the ICN principles², including:

- Access to full and flexible employment opportunities
- Regulation of recruitment and good faith contracting
- Comprehensive and effective nursing regulation
- Freedom of movement, freedom of association, freedom from discrimination
- Equal pay for work of equal value
- Access to grievance procedures, safe work and effective orientation/mentoring/supervision
- National self-sustainability to effectively match health human resources to population needs

In keeping with these principles, the CFNU would discourage the targeted recruitment of nurses from countries that are experiencing a chronic or temporary shortage of nurses. When international migration occurs, the CFNU will advocate to protect nurses' interests and rights to ensure decent work. The CFNU also strongly supports IENs' right to freedom of association, including the right to join a union in the pursuit of collective workplace goals arrived at through the collective bargaining process.

The CFNU recognizes that many internationally educated nurses currently in Canada are unemployed or underemployed. Internationally educated health professionals are significantly less likely to work in their field than their Canadian-born counterparts. Faced with many barriers to employment in their fields, many internationally educated nurses may experience deskilling. Getting a good data picture is difficult, but we do know that thousands of internationally educated nurses have applied to nursing regulators to work in nursing. Even as Canada desperately needs nurses on the front lines, non-practising nurses continue to be unemployed or underemployed. IENs may be working as personal support workers, as live-in caregivers, in home care, or even in non-health care jobs like retail – because the barriers to working as a nurse in Canada are onerous, expensive and time-consuming. According to World Education Services, many of these nurses will be unable to return to practise in their chosen field.

Internationally educated nurses have the right to expect appropriate clinical and cultural orientation and supportive supervision in their workplaces. IENs have the right to fair and equal treatment on employment-related issues, including working conditions, promotion and access to career development.

² International Council of Nurses (ICN). (2019). ICN position statement. *International career mobility and ethical nurse recruitment*. Retrieved from <https://www.icn.ch/nursing-policy/position-statements>

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They must be educated about union rights and occupational hazards, including workplace violence. When nurses' rights, benefits or safety are threatened or violated, appropriate processes must be in place to hear grievances in a timely manner.

The Canadian Federation of Nurses Unions (CFNU) and its Member Organizations are committed to representing our IENs and ensuring that they are educated about the provisions in the collective agreement, and ensuring that IENs have access to all provisions within it and are supported by the union. Nurses will be provided with a union orientation, focusing on areas such as seniority, job postings, hours of work, overtime, no discrimination/harassment, etc., to ensure that they are aware of their rights and are able to actively participate in the workplace. Nurses' unions will actively engage with employers to ensure that IENs have conditions of employment as favourable as those of other nurses in Canada, and to encourage a workplace environment that is culturally safe, and respects diversity and multicultural perspectives. IENs will be provided contact information for union representatives, who will provide advocacy and support for workplace issues.

In September 2021, the Ontario Council of Agencies Serving Immigrants (OCASI) coordinated an open letter to the federal government, signed by over 50 organizations and calling for better, more timely and comprehensive data on internationally educated health professionals to support systems-wide reforms. The letter included the following recommendations for a national strategy on the effective integration of IENs and IEHPs into Canada's health human resource pool.

- Rebuild and strengthen Canada's health care human resources and fortify the health care system.
- Address the longstanding underutilization of the skills of Canada's IEHPs.
- Address the needs of Francophone IEHPs in primarily English language communities.
- Re-invest in the health care workforce for the future and reduce economic losses associated with underutilization.
- Provide inclusive, and linguistically and culturally representative patient care services for an increasingly diverse population.
- Empower talented IEHPs economically, professionally and personally.
- Modernize and scale up the equitable integration of IEHPs across all sectors of the health care system³.

On an immediate basis to help address the nursing shortage, Canada and employers must act to better utilize internationally educated nurses in Canada.

Federal and provincial governments must adopt a pan-Canadian approach to addressing the underutilization of IENs systematically, and in a coordinated and coherent way, including:

- Establishing a dedicated coordinating body to address critical health workforce data gaps, including with respect to basic data on IENs currently in Canada (i.e. numbers, status in licensure process) to significantly enhance existing health workforce data infrastructure, and standardize data collection and analysis across workers, sectors and jurisdictions.
- Creating a coherent system-wide approach across the country, built by all the key stakeholders that would ensure systematic, equitable and accountable labour force integration of IENs. The strategy must address the three interconnected elements of the IEN journey, and the roots of underutilization and inequity: the immigration and licensure process, as well as employment.

³ World Education Services. Addressing the Underutilization of Internationally Educated Health Professionals in Canada: What the Data Does and Doesn't Tell Us. <https://knowledge.wes.org/canada-report-addressing-the-underutilization-of-iehps-in-canada.html>

Resolutions

- Implementing existing best practices and solutions, drawing on the dozens of successful programs and models that exist across the country (and internationally) to effectively assess, orient, bridge or upgrade, where necessary, and integrate IENs into our workplaces. Scale up externship pilots and expand successful externship pilots, including in LTC, community health and home care settings.
- Taking a multi-stakeholder approach, bringing all players to the table, to identify the barriers and design solutions collaboratively, engaging governments, occupational regulatory bodies, employers, unions, health education faculties, immigrant service delivery agencies that support IENs, consulting directly with IENs themselves and the unions that represent them.
- Providing financial support to preceptors and for the cost of the registration support.
- Developing national strategies to recognize the contribution of IENs and to encourage an environment that respects diversity and multicultural perspectives.

The employer must demonstrate accountability for third parties contracted to recruit nurses, including the following:

- Appropriate accommodations
- Relocation allowances
- Demonstrated sensitivity and attention to cultural issues faced by both internationally educated nurses and their co-workers
- Facilitating contact so that internationally educated nurses are assisted in establishing a community
- Ensuring that any recruitment initiatives do not create additional fees or barriers to IENs obtaining employment in Canada and joining one of its affiliate bargaining units

Resolutions

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Resolution #3 – Tax credit for nurses’ return and retention

WHEREAS nurses need financial supports as part of a multipronged strategy to retain and return nurses in our public system;

WHEREAS a pan-Canadian CFNU survey found nurses indicating that paying less taxes is one of the top retention solutions that would keep them in their job;

WHEREAS retired nurses are concerned the income they would receive if they return to work would reduce their other entitlements (e.g., Old Age Security). Meanwhile, frontline nurses are paying higher taxes due to extra shifts and extensive mandatory overtime;

WHEREAS nurses need a temporary tax incentive that will help ensure nurses are financially supported, rather than burdened, for the extra work they are being called on to perform during this pandemic;

WHEREAS The government can model this on existing tax measures, such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year,

BE IT RESOLVED that the CFNU continue its work with the Department of Finance Canada to establish a new two-year income tax incentive for nurses, either in the form of a deduction or a tax credit.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

Facts (May 2023): Financial supports for nurses

- The CFNU has heard directly from retired nurses, who have stated that their tax treatment is a deterrent for them to return to the workforce. Retired nurses are concerned the income they would receive if they return to work would bump them into a higher tax bracket and reduce their other entitlements (e.g., Old Age Security). We also hear from frontline nurses, including those working in hard-to-recruit areas, that they are paying higher taxes due to working extra shifts and extensive mandatory overtime. Surveyed nurses have indicated that paying less taxes is one of the top retention solutions that would keep them in their job.⁴
- The CFNU is calling on the Department of Finance to launch consultations with stakeholders such as nurses' unions to hear the perspective of frontline nurses, to design details of this tax incentive. This tax incentive can take the form of a tax deduction or a tax credit.
- The tax credit will create a benefit that is typically based on the lowest tax bracket of 15%. A tax deduction is a more comprehensive measure, given that it would reduce taxes at nurses' marginal tax rate. This deduction in taxable income will ensure nurses do not see reductions in governmental benefits they may utilize such as the Canada Child Benefit, GST/HST Credit and Old Age Security.
- The government can model costing on existing federal measures such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year. The credit is calculated by applying the lowest personal income tax rate to a credit amount of \$3,000 per individual. Approximately 43,000 individuals claimed this credit in 2019.⁵
- The government can also consider tax incentives in other jurisdictions. Quebec, for instance, has previously offered a tax credit of \$10,000 to retired nurses to return to work.⁶ In the state of Hawaii, there is a bill that has been introduced which would establish a \$10,000 income tax credit to health workers, including nurses, to support retention efforts.⁷
- The public reaction to this financial incentive should be positive, given that polling data has shown that nurses are perceived positively by Canadians.⁸ In addition, recent polling data has shown that health care is the top national issue of concern for Canadians, ahead of inflation, jobs and the environment.⁹
- In the face of an unprecedented exodus of nurses from the profession, the federal government must act to ensure nurses are not being forced to pay more through their taxes because of the extra, emergency work they are being called on to perform. A tax measure, such as deducting mandatory overtime and other financial incentives from nurses' income tax, could help tip the scales for frontline nurses on the verge of throwing in the towel while helping entice departed nurses back into the profession. Alongside other critical actions to recruit, return and retain nurses, this will help sustain our collapsing health care system.

⁴ CFNU. (2023). Viewpoints Research survey results. <https://nursesunions.ca/new-poll-alarming-number-of-nurses-are-looking-for-the-exit-sign/>

⁵ Department of Finance Canada. (2022). *Report on Federal Tax Expenditures: Concepts, Estimates and Evaluations*. <https://www.canada.ca/content/dam/fin/publications/taxexp-depfisc/2022/taxexp-depfisc-22-eng.pdf>

⁶ Lévesque, L. (2019). Quebec health care centres working to hire more nurses, minister says. *Montreal Gazette*. <https://montrealgazette.com/news/local-news/quebec-health-care-centres-working-to-hire-more-nurses-minister-says>

⁷ Hawai'i State Legislature. Health care provider tax credit.

https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives8-12.aspx?year=2022&billtype=HB&billnumber=2437

⁸ Abacus Data. (2022). Impressions of Public Sector Workers and Wages.

⁹ Nanos. (2023). Healthcare ahead as the top national issue of concern. <https://nanos.co/wp-content/uploads/2023/02/Political-Package-2023-02-03-FR-with-tabulations.pdf>

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Resolution #4 – No more mandated overtime, it's not safe

WHEREAS the evidence is clear, Canada is experiencing a critical nursing shortage; in 2009 we predicted Canada would be almost 60,000 nurses short by 2022 if no new solutions were put into place. No comprehensive nursing workforce planning has been undertaken by the federal government since that time;

WHEREAS across the country we are not only hearing anecdotal stories of nurses working 24-hours shifts, but employers are now admitting they have no choice but to mandate a nurse to stay beyond their scheduled shift;

WHEREAS working excess hours poses serious concerns around nurse fatigue, which in turn increases risk of medical errors and has implications for patient outcomes;

WHEREAS nurses are making it clear that they expect safe hours of care (i.e. knowing that during their shift they will work with safe nurse-to-patient ratios and at the end of their shift they can go home); safe hours of care impact all recruitment and retention initiatives,

BE IT RESOLVED that the CFNU initiates research and a campaign for regulation/legislation to limit hours of work for nurses – similarly to pilots, truckers and bus drivers. This work will need to be done in collaboration with the Canadian Nurses Protective Society to protect nurses' professional responsibilities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Resolutions

Facts (May 2023): Safe hours of care for nurses and patients

- The CFNU is undertaking research and a campaign that would provide recommendations on safe nursing work hours. Project specifics include:
 - A CFNU-appointed advisory committee (made up of staff from the CFNU and member unions) will provide guidance throughout the project.
 - The CFNU is contracting a researcher that will be expected to conduct activities, such as:
 - A literature review of excess work hours, fatigue and its implications. This literature review will focus on the nursing profession and other safety-sensitive industries such as aviation, trucking and the military, among others. This literature review will lead to an analysis providing recommendations to inform this project.
 - A jurisdictional scan of approaches to safe nursing work hours. This would include an overview of nurses' collective agreements across the provinces. It will additionally include a review of international approaches thought to be informative for the Canadian context.
 - Gathering information about nursing practice professional responsibilities and liability considerations.
 - Key informant interviews and/or focus groups of nurses, employers, occupational health and safety experts, union leadership, regulatory bodies and other relevant stakeholders.
- The CFNU is also exploring a national survey of nurses on this subject. This survey will be designed to elicit feedback from nurses on current work hours and their perceptions on the effect of work hours on their health and well-being, performance and patient safety.
- Key outcomes of this project include:
 - Advocate for new legislation and regulations by decision-makers around safe hours of continuous work and safe hours per week.
 - Offer supports for nurses to escalate concerns around safe hours of work internally within their place of work in a timely manner.
 - Provide clarity on whether nurses can lose their license over leaving workplace due to unsafe hours of work.
 - Offer improvements to the design of fatigue management interventions.

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Resolution #5 – Bill C-3

WHEREAS on December 17, 2021, Bill C-3 received Royal Assent, and the Government of Canada enacted changes to the *Criminal Code*, amending it in such a way that intimidation of a health professional is considered a criminal offence, including threats or other forms of violence intended to provoke fear and interfere with the professionals' duties;

WHEREAS the changes to the *Criminal Code* also made the intimidation of a health care worker and obstruction of their work an aggravating factor when sentencing offenders;

WHEREAS nurses continue to face barriers from employers, police and government when pursuing justice in the form of charges against perpetrators of violence in their workplaces,

BE IT RESOLVED that the CFNU and its Member Organizations meet with provincial ministers of justice and attorney generals to educate them on the application of Bill C-3 and its importance as a tool in deterring workplace violence, and as an avenue for nurses to seek justice when they experience violence in the workplace.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts: Media release: Canada's nurses applaud new federal legislation to protect health care workers against violence

November 26, 2021 (OTTAWA, ON) – The Canadian Federation of Nurses Unions (CFNU) welcomes the federal government's announcement of new legislation intended to protect health care workers from violence at work.

Nurses are applauding measures outlined today aimed at protecting health care workers, including criminalizing activities blocking access to health facilities and amending the *Criminal Code* to recognize violence against a health worker as an aggravating factor during sentencing.

"Nurses' unions are pleased that the government is committing to tackling rampant violence against health care workers with the introduction of this new bill," said Linda Silas, CFNU President. "This is an essential measure that responds to longstanding calls for our federal leaders to step up and recognize the serious risks of assault and injury that health care workers face on the job."

The CFNU spearheaded this effort targeting the *Criminal Code*, first calling for an amendment in 2017 and working with NDP health critic MP Don Davies to bring about this change.

In 2019, the House of Commons Standing Committee on Health included an amendment to the *Criminal Code* as one of the recommendations in its wide-ranging study, *Violence Facing Health Care Workers in Canada*. Other critical recommendations include the development of a national public awareness campaign to sensitize Canadians on the violence faced by health care workers and highlight the valuable role health care professionals play in providing care, along with collaborating with the provinces and territories to address staffing shortages by updating the Pan-Canadian Health Human Resources Strategy. Canada's nurses urge the federal government to implement these key recommendations as well.

"This represents the culmination of a long fight to protect nurses and all health care workers from the very troubling physical and emotional assaults they experience all too often at work," added Silas. "It's a critical step toward making health care workplaces safer and addressing one of the underlying factors that is driving nurses out of their jobs and the nursing profession altogether."

Similar federal legislation already exists to safeguard workers in other sectors who perform high-risk jobs, including public safety personnel and transit workers.

"Nurses are pleased to hear the government has finally listened to our call to hold perpetrators of violence against health care workers accountable and recognize that we provide an essential service and deserve to be protected as we do so," said Silas.

Ultimately, safer workplaces for health care workers also mean safer care for patients and residents.

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Resolution #6 – Urgent retention plan for nurses

WHEREAS the nursing workforce is struggling with numerous complex and intersecting issues, including chronic shortages, inadequate staffing, excessive workloads, mandatory overtime, toxic workplaces and endemic violence;

WHEREAS the COVID-19 pandemic has exacerbated these challenges and introduced new concerns with occupational exposures, overcapacity issues and resource shortages;

WHEREAS nurses at all levels are increasingly experiencing frustration, moral distress, burnout, growing mental and physical illness themselves due to being overworked, insufficient supports, an absence of control over their work and home lives, and lack of respect;

WHEREAS too many nurses are deciding to leave their professions in public health care and long-term care, feeling they have no other choice, and turning to the private sector or other occupations to seek out work-life balance and protect their own health and well-being;

WHEREAS nurses remaining in their jobs in the public health care system and in long-term care are left with little hope for change;

WHEREAS long-term care facilities are too often not even meeting legislative requirements for adequate, let alone quality, care to patients and residents;

WHEREAS nurses have borne the brunt of too little planning and preparation for the growing acuity and complexity of patients, clients and residents for whom they provide care amid insufficient resources, including a well-known impending and forecasted labour shortage;

WHEREAS nurses are left with workforce issues unaddressed leaving them unsafe and with the quality of health care access and delivery increasingly compromised;

WHEREAS there is at this point a national health care labour crisis creating also a health care access and delivery crisis;

WHEREAS there is every reason to believe these issues will worsen in the absence of a strong, focused and immediate health care labour force strategy;

WHEREAS health care employers are turning to private agency/travel nurses at double the costs to taxpayers to fill growing gaps in crises modes, who are too often unfamiliar with worksites to which they are assigned;

Resolutions

WHEREAS nurses still love their professions but are increasingly not seeing an ability to provide the professional practice that they have been educated and become skilled to provide;

WHEREAS in the absence of a national health care workforce strategy, provinces and employers are left competing unsuccessfully and inefficiently for the same few resources,

BE IT RESOLVED that the CFNU and its Member Organizations lobby the federal government to utilize an evidence-informed, made-in-Canada, coordinated, collectively planned and carefully sequenced national health care workforce strategy to be implemented, focused on retention, recruitment and return of nurses, and respect for nurses;

BE IT FURTHER RESOLVED that, as part of a workforce strategy, Health Canada launch a Nurse Retention Fund for \$35 million over 4 years, starting in 2023-2024, as a partnership with the CFNU aimed at identifying and scaling-up proven initiatives for nurse retention and return; and

BE IT FURTHER RESOLVED that for the duration of the labour force crisis, tuition for nurse education at all levels be covered by government immediately.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

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Facts (May 2023): Better retain nurses and bring back nurses who have left the profession

- The CFNU has approached Health Canada to partner with the CFNU to identify and scale up proven mentorship projects as our first Nurse Retention Fund proposal.
- Mentoring programs have been recommended as a way to retain new nurses in the workforce by providing a more supportive environment while they adjust to a fast-paced and high-stress work environment. Mentoring has also proven to be key to integrating knowledge transfer into the everyday work environment and help new nurses transition successfully to autonomous, professional nursing.
- Mentorship programs also give value to, and utilize the experience of, veteran nurses. In fact, these programs can also help to retain nurses who may be contemplating retirement because it reinforces the value of their experience and the importance of their contribution to building a high-quality workforce.
- This project would look to work with employers and frontline nurses to identify, share and implement existing mentorship programs. The focus will be on at least nine projects that will provide much needed support to better retain late-career nurses and reduce the attrition of new nursing graduates and nurses who transition into other specialties.
- It is critical these mentor-mentee programs are delivered as supernumerary programs. The CFNU has consulted various provincial nursing officers across the country, who have stated mentors and mentees need paid protected time to ensure that they are not in a mentorship arrangement that is an add-on to their already overwhelming workload.
- There will be training and coaching support provided to designated mentors through a pan-Canadian mentorship training program.
- The project will be overseen by a national steering committee composed of key stakeholders. A provincial steering committee will be established to oversee each jurisdiction's efforts.
- The national steering committee will look to identify and advance concurrent HHR solutions along with this project. For instance, it will be important to advance measures such as staff staffing so there is system capacity for mentors/mentees to actually have supernumerary status.

Resolutions

RESOLUTION #7 – No more private for-profit long-term care

WHEREAS long-term care is not covered by the *Canada Health Act*, even though it is an integral piece of the overall health care system;

WHEREAS deep-rooted and systemic problems have plagued the Canadian long-term care sector for decades, including underinvestment, insufficient staffing, and substandard living and working conditions;

WHEREAS Canada’s nurses and health and long-term care advocates have called for urgent government leadership to address the lack of resources and high resident-to-staff ratios in most long-term care facilities;

WHEREAS 91% of Canadians feel that all older Canadians should be guaranteed the same standards of care, regardless of where they live or how much money they have;

WHEREAS the CFNU has called for the elimination of private for-profit care from the long-term care sector;

WHEREAS 94% of Canadians feel that long-term care should focus on making sure seniors live with dignity, not on private profit, and 83% of Canadians agree that Canada is failing to provide sufficient public long-term care options for seniors;

WHEREAS increasingly private places of care operate as businesses with a profit focus, rather than a focus of “every penny should go for care” (CFNU/Armstrong, 2021) approach;

WHEREAS close to 70% of all COVID-19-related deaths in Canada have taken place in long-term care facilities – 54% of which are privately-owned;

WHEREAS the catastrophic impact of COVID-19 on the long-term care sector was likely worsened by the outdated and unsuitable physical infrastructure in many facilities, which led to conditions that hindered infection prevention and control measures;

WHEREAS research has revealed that for-profit long-term care homes had worse patient outcomes with COVID-19 than not-for-profit homes, and the highest mortality rates, prioritizing “profit at the expense of other goals” (Martine August, University of Waterloo, 2021),

BE IT RESOLVED that the CFNU and its Member Organizations pressure the federal government for a moratorium on private for-profit care from the long-term care sector; and

BE IT FURTHER RESOLVED that all CFNU’s Member Organizations pressure their provincial governments for a moratorium on private for-profit care from the long-term care sector.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Long-term care

- Total Canadian spending on LTC represents approximately 2% of its GDP.¹⁰
- 18.5% of Canadians were 65 and older in 2021; projected to increase between 21.3% (slow-aging scenario) and 22.9% (fast-aging scenario).¹¹
- In April 2021, CIHI reported that COVID-19 deaths in LTC in Canada represented 69% of total deaths, a proportion significantly higher than the international average (41%).
- One study found that the pandemic approximately doubled the risk of dying among residents of long-term care homes in Canada, compared to comparable groups in the community.¹²
- Overall, 54% of LTC homes in Canada are privately owned, and 46% are publicly owned.¹³
- An Ontario study found that an increasing proportion of LTC residents are older and have greater multimorbidity and limitations in physical functioning over time.¹⁴
- Public versus private LTC: majority of research studies favour public LTC as the quality of care was found to be lower in most for-profit nursing; not-for-profit ownership is associated with higher staffing levels, lower staff turnover and better health outcomes.¹⁵
- Multiple studies have demonstrated the link between staffing levels and quality care. Experts recommend four hours of direct care per resident per day. More recent research would suggest that figure should be closer to six hours.¹⁶
- “The conditions of work are the conditions of care” (Dr. Pat Armstrong).

¹⁰ OECD. Health at a Glance 2021: OECD Indicators. Safe long-term care. https://www.oecd-ilibrary.org/sites/ae3016b9-en/1/3/10/5/index.html?itemId=/content/publication/ae3016b9-en&_csp_=ca413da5d44587bc56446341952c275e&itemIGO=oecd&itemContentType=book

¹¹ Statistics Canada. Population Projections for Canada (2021 to 2068), Provinces and Territories (2021 to 2043) <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2022001-eng.htm>

¹² Grignon, M., & Hothi, H. (2023). *Life and death in long-term care: Are we learning the wrong lessons from COVID-19?* IRPP Study No. 89. Montreal: Institute for Research on Public Policy.

¹³ Canadian Institute for Health Information. Long-term care homes in Canada: How many and who owns them? [infographic]. Accessed March 31, 2023: <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>

¹⁴ Ng, R., Lane, N., Tanuseputro, P., Mojaverian, N., Talarico, R., Wodchis, W.P., Bronskill, S.E., Hsu, A.T. Increasing Complexity of New Nursing Home Residents in Ontario, Canada: A Serial Cross-Sectional Study. *J Am Geriatr Soc.* 2020 Jun;68(6):1293-1300. doi: 10.1111/jgs.16394. Epub 2020 Mar 2. PMID: 32119121.

¹⁵ McGregor, M. J., & Harrington, C. (2020). COVID-19 and long-term care facilities: Does ownership matter? *Cmaj*, 192(33), E961-E962. <https://www.cmaj.ca/content/cmaj/early/2020/07/22/cmaj.201714.full.pdf>

¹⁶ CFNU. (2021). Long-Term Care: “We know what needed to be done, we just haven’t done it.”

<https://nursesunions.ca/canada-beyond-covid-magazine/long-term-care-we-know-what-needed-to-be-done-we-just-havent-done-it/>

Resolutions

Resolution #8 – Implementation of the Health Standards Organization (HSO)'s National Long-Term Care Services Standard

WHEREAS the Health Standards Organization has released standards for LTC operators that focus on delivering resident-centred, safe, high-quality care by a healthy and safe workforce;

WHEREAS quality concerns and poor working conditions have plagued the Canadian long-term care sector for decades;

WHEREAS use of the standards is currently voluntary, with application by Accreditation Canada utilizing the standards resulting in 94% of publicly operated homes being assessed but only 36% of privately owned homes nationwide;

WHEREAS the COVID-19 pandemic revealed the vulnerabilities of inadequate staffing in long-term care with deadly results,

BE IT RESOLVED that the CFNU and its Member Organizations advocate to federal and provincial/territorial governments to legislate, fund and enforce the application of the National Long-Term Care Services Standard in all of Canada's long-term care workplaces;

BE IT FURTHER RESOLVED that CFNU's advocacy specify that these standards apply equally to public and privately owned and operated long-term care facilities;

BE IT FURTHER RESOLVED that the CFNU pressure the federal government to tie any federal funding for provincially regulated long-term care homes to those standards.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): Voluntary national long-term care standards

- The Health Standards Organization (HSO) has published new national standards for long-term care homes as part of the federal government's commitment to improve the provision of long-term care (LTC). The report can be found here: <https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/>
- HSO established a 32-member LTC Services Technical Committee to guide the development of the standards, which includes notable leaders such as Dr. Pat Armstrong. It also integrated feedback from over 18,000 Canadians.
- The standards do a commendable job highlighting key elements of advancing high-quality long-term care. It correctly points to LTC homes being both homes and workplaces, where the conditions of work are the conditions of care. It offers important guidance on fostering a healthy and competent workforce and advancing quality improvement efforts to deliver high-quality resident-centered care. The report also recommends CFNU's longstanding recommendation of ensuring there are staffing levels to guarantee a minimum four hours of care per resident per day.
- However, the standards are glaringly limited in terms of actual implementation. At this juncture, the Federal government has indicated that the HSO standards will not be mandated in all Canadian LTC facilities, and leaves uptake to the discretion of provincial and territorial jurisdictions. As it stands right now, the standards will be applied through Accreditation Canada in a disjointed manner across the country. As reported by the *Globe and Mail*, the organization accredits 94 per cent of nursing homes across Canada that are publicly owned, but only 36 per cent of privately owned facilities (including for-profit ones). Furthermore, only select provinces such as Quebec require LTC homes to be accredited. In Ontario, for instance, accreditation remains voluntary.¹⁷
- The CFNU will push for full implementation of these HSO standards (and beyond), that should be backed by federal funds to enhance the provision of long-term care. The government needs to put a stop to for-profit ownership of LTC homes to ensure that we don't see a repeat of the alarming number of outbreaks and deaths we witnessed during the pandemic. Ultimately, the government must deliver on its promise to implement a Safe Long-Term Care Act to ensure that all seniors can access high-quality long-term care.

¹⁷ Howlett, K. New national long-term care standards unveiled, but Ottawa not planning to make them mandatory. *Globe and Mail*. <https://www.theglobeandmail.com/canada/article-new-national-long-term-care-standards-unveiled-but-ottawa-not-planning/>

Resolutions

Resolution #9 – Private nursing agencies

WHEREAS Canada’s publicly funded health care system is struggling with a severe nursing shortage that has been exacerbated with each wave of the COVID-19 pandemic;

WHEREAS without nurses, emergency departments and intensive care unit beds are closing, and surgeries continue to be backlogged;

WHEREAS nurses continue to leave the profession due to stagnant wages, unmanageable workloads, moral injury and unsafe staffing levels;

WHEREAS little has been done to meaningfully recruit and retain registered nurses and other health care professionals;

WHEREAS health care employers, including hospitals, long-term care facilities, public health units, and home and community care support services, are turning to private nursing agencies to supplement their staffing needs;

WHEREAS private agencies are employing contract nurses at staggering rates and charging public health care providers double or triple the amount of a nurse on staff;

WHEREAS taxpayer dollars could be better and more efficiently spent creating more full-time nursing positions and strengthening the public system;

WHEREAS nurses and health care workers need and deserve respect, manageable workloads and wages that allow them to live dignified lives,

BE IT RESOLVED that the CFNU and its Member Organizations pressure the provincial and territorial governments to restrict the use of private nursing agencies and require employers to hire permanent staff to fill vacant nursing positions in the public health care system.

BE IT FURTHER RESOLVED that the CFNU lobby provincial and territorial governments to legislate a cap on the salary of private agency nurses. If the agency exceeds the cap, they would have fines imposed on them.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): CFNU letter to Auditor General of Canada regarding private nursing agencies (April 2022)

The Canadian Federation of Nurses Unions (CFNU) requests that the Office of the Auditor General of Canada conduct an audit, jointly with provincial auditors general, into private agencies employing contract nurses to fill vacant nursing positions in the public health care system around the country.

Across Canada, health care facilities are experiencing a severe shortage of nurses and are increasingly relying on contract nurses to deliver care and fill gaps in our overburdened health care system. This affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – money that could be better invested in strengthening Canada’s public health care system.

We note that on March 25, federal Minister of Health the Hon. Jean-Yves Duclos announced an additional \$2 billion in funding, on the condition that it be used to address five priority areas identified by the federal government, including medical procedure backlogs, access to family health services, long-term care and home care, mental health and substance abuse, and health data and virtual care.

In keeping with the principles of the *Canada Health Act*, Minister Duclos reiterated the federal government’s commitment to sustainable, predictable health care funding, emphasizing that any new investments must deliver results for people in Canada. The provinces and territories are in agreement that the five areas highlighted by the federal government represent key priorities.

Establishing the effectiveness of previous health care spending is vital to ensuring these new investments lead to the desired outcomes. The recognition of these shared priorities is similar to federal/provincial/territorial governments’ agreement to earmark \$6 billion in targeted funding to improve access to mental health resources, home care and palliative care services in 2017.

The federal government plays a critical role in ensuring the sustainability of Canada’s provincial and territorial health care systems, administering the *Canada Health Act* and delivering health care to certain populations. In light of this, we believe that it is critical that the Office of the Auditor General of Canada along with provincial auditors general examine health care funding on a joint basis so we can establish a comprehensive Canada-wide picture of the effectiveness of health care investments.

Canada’s nurses are concerned that the astronomical increase in the use of nurses employed by private agencies in the past few years represents a significant and potentially dangerous challenge to the sustainability of our public health care system. The question of whether federal and provincial investments are delivering value to Canadians warrants a close joint examination by your offices.

Key questions these audits could reveal include the total amount of dollars being spent to hire contract nurses in each province and territory, average pay rates for contract nurses in each province and territory, and the change in average pay rates for contract nurses in each province and territory over the past five years.

We believe these audits could also determine to what extent the ongoing and increasing use of contract nurses has a direct effect on patients and residents, and how this may be impacting our ability to retain and recruit nurses within the public system, thereby jeopardizing the future of our cherished Canadian health care.

The CFNU is proud to represent nurses and to serve the Canadian public, and it is with this in mind that we request your offices work together on this critical audit. We stand ready to assist you in this effort and ensure that Canadians get the answers they deserve about how their tax dollars are being spent.

CFNU position statement on agency nurses

In Canada, decades of underinvestment, privatization and weakened regulation have led to catastrophic gaps in funding, staffing and the delivery of health care services.

Untenable working conditions, including unsafe staffing levels, mandated overtime and rampant violence, are driving an exodus from the nursing profession. A January 2022 Conference Board of Canada report revealed that Canada could lose about 20% of all its health care workers to retirement between 2021 and 2026.¹⁸ A CFNU survey conducted in late 2021 confirmed this trend, with more than half of all respondents considering leaving their current position in the next year.¹⁹

Similarly, the Canadian Institute for Health Information (CIHI) notes that Ontario's ratio of registered nurses to population is the worst in Canada, and the Ontario Nurses' Association (ONA) estimates that the province's shortage of nurses now stands at close to 30,000.²⁰

Faced with perennial shortfalls in funding along with the unprecedented challenges brought on by the COVID-19 pandemic, the provinces and territories are increasingly relying on agency nurses to deliver care and fill gaps in our overburdened health care system.

All premiers are currently lobbying the federal government for billions more by increasing the federal share of health care spending through the Canada Health Transfer to the tune of an additional \$28 billion per year. With no obligation to invest these funds in strengthening public health care, the CFNU has significant concerns that the unchecked use of private nursing agencies will only grow.

This approach affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – funding that could be better invested in strengthening Canada's public health care system and improving patient safety.

Unfortunately, there is little publicly available data that reveals the extent of the use of agency nurses across Canada, though nurses report that the problem is both widespread and growing.

Where data is available, it paints a stark and alarming picture. Canada's largest research and teaching hospital network, the University Health Network in Toronto, reports that for its last fiscal year ending in March 2022, it has already spent \$6.7 million on agency nurses. This figure represents a significant increase from 2018, when UHN spent \$1.035 million.²¹

¹⁸ Francis, J., Florko, L., Thibault, T. (2022, January). *Talent Trends: Languishing and the Great Attrition*. Conference Board of Canada. <https://www.conferenceboard.ca/product/talent-trends-languishing-and-the-great-attrition/>

¹⁹ CFNU. (2022, January). Viewpoints Research survey results summary. <https://nursesunions.ca/governments-need-to-act-now-nurses-are-hanging-on-by-a-thread/>

²⁰ Registered nurses. Canadian Institute for Health Information. <https://www.cihi.ca/en/registered-nurses>

²¹ Yang, J., Mojtahedzadeh, S. 'It's going to bankrupt health care': Spending on temp agency nurses up more than 550% since pre-pandemic at one Toronto hospital network. *Toronto Star*. <https://www.thestar.com/news/investigations/2022/08/16/its-going-to-bankrupt-healthcare-spending-on-temp-agency-nurses-up-more-than-550-per-cent-since-pre-pandemic-at-one-toronto-hospital-network.html>

Resolutions

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CFNU POSITION

The Canadian Federation of Nurses Unions (CFNU) recommends that:

- The federal government work with the provinces and territories to determine spending on agency nurses, including disclosure of total dollars spent, average pay rate, numbers utilized, changes in pay over the past five years, and how this data compares between health care sectors, including hospitals, long-term care and home care.
- The federal government work with the provinces and territories to investigate and determine the value Canadians are receiving for the monies spent on agency nurses.
- The federal government work with the provinces and territories to limit how much hospitals can spend on agency nurses.

Resolutions

Resolution #10 – Nursing students

WHEREAS nursing students represent the future of the nursing workforce in Canada’s public health care system;

WHEREAS nursing students in Alberta are the only nursing students in Canada who have the option of financial compensation for a portion of their practicums;

WHEREAS nursing students in every province and territory deserve to be fairly compensated for their labour during their final practicums;

WHEREAS it is in the best interest of the nursing profession and Canada’s health care system for nursing students to have as much practicum experience as possible before entering the workforce as nurses,

BE IT RESOLVED that the CFNU partner with the CNSA to advocate that all Canadian provinces provide the option of financial compensation for nursing students for the nursing work done during their final practicums;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations work with employers to ensure that nursing students across Canada be provided the opportunity of employment providing nursing care as undergraduate nurses.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): Nursing students represent the future of the nursing workforce

- The Long-Term Bargaining Goals statement, which was approved by the NEB in February 2023, also articulates CFNU member unions' commitment to support nursing students. Salient long-term objectives include the following:
 - Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
 - Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurse employees, which support their nursing development in a safe and enriching environment. Undergraduate student nurse employees should be mentored by experienced nurses and assigned work that is commensurate with the demonstrated skill level of the student.
 - Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical components of their educational programs.

Resolutions

Resolution #11 – Dues Structure Committee

WHEREAS the current CFNU dues structure is based on the full dues-paying membership of each Member Organization;

WHEREAS the CFNU dues structure should be reviewed on a regular basis to ensure the growth and sustainability of the CFNU;

WHEREAS there is a need to ensure that the CFNU dues structure not only provides financial stability for the CFNU but also meets the needs of all the individual Member Organizations;

WHEREAS a report on the dues structure should be made to each CFNU Convention,

BE IT RESOLVED that the CFNU create a Dues Structure Committee by January 2024, which will review and provide recommendations regarding the Member Organizations' dues to the National Executive Board for consideration of any necessary resolutions/constitutional amendments to be presented at the 2025 CFNU Convention.

Submitted by: Ontario Nurses' Association