

## Report from the Chair

Patty Rout-Chair- OPSEU Local 348

In December the Executive approved a pre-bargaining conference {PBC} to provide information and training on the central bargaining process for our Division. The conference will be held Saturday June 16, 2001 at the Crown Plaza in Toronto. Also approved by the Executive Board in March was a 2 day Divisional meeting to be held with the BPS conference. We are working with staff to develop training sessions around the Division's needs as well as elections. Friday will be for BPS needs, and Saturday and Sunday will be for Divisional business. The conference will be held November 2-4, 2001 at the Crown Plaza.

Our Division plan is coming together. We are gathering information for bargaining to be ready for the PBC. Formal training for negotiations has started. Contact and Email lists are more complete. We now have representatives attending several of the College meetings and we are developing a public campaign to inform the people of the province of Ontario just what we do!

**We need your feedback NOW!**

Contact us at the OPSEU website: [www.opseu.org](http://www.opseu.org) or call any of us to discuss your issues.

### E-mail/Phone Tree

One of the Division's goals and objectives is an e-mail/phone tree. This is to be used to speed up our communication with the Locals in the Division. At this point we have e-mail addresses for a contact person in about 50% of our locals. Locals who have not been contacted by a member of the Division Executive can be added to the list by e-mailing:

Pat Collyer - [pcollyer@home.com](mailto:pcollyer@home.com)

## Public Policy Report

Pat Collyer-Head of Public Policy Committee  
OPSEU Local 575

### Regional Lab Reform

In our last report in the October issue of MEDLINE we indicated that we would be meeting with the OHA to express our concern that OPSEU and its members were not included as members of the Planning Committee put together by the Ministry of Health. Since then Patty Rout, Chair of HHPD, Diane Bull, OPSEU Negotiator, Catherine Bowman, Health Care Supervisor and myself have met with members of the OHA who are involved in the process. They indicated that the regional planning committees will be submitting their initial reports to the MOH in March.

Patty Rout sent a letter to the MOH requesting standing on these Committees. This letter was politely acknowledged, but did not result in an invitation to participate in the process.

The OHA representatives at this meeting encouraged OPSEU to submit a position paper to the Ministry of Health on the Human Resources issues of Laboratory Reform. Those of us at the meeting agreed that a paper needs to be done, and that OPSEU's Research department and a member of the HHPD would create the document to be submitted to the Ministry. The OHA indicated that they believe regional reform will take three to five years to accomplish. The MOH will be approaching the rest of the regions in the province to see who wants to go next.

The OHA also indicated they wish to continue to meet with OPSEU to share information. We also made inquiries as to whether the OHA was taking any position regarding the competency examination for RRCs. The OHA indicated they would be meeting with the College of Respiratory Therapists in the near future on behalf of the Hospitals.

# Report from the Health & Safety Committee

Frank Pezzutto-Head of Health and Safety Committee-  
OPSEU Local 662

## **Extended Hours of**

### **Work: a timely issue**

**Fatigue can kill and injure.**

This fatigue is caused in large by the number of hours spent without adequate rest. As much as 30 per cent of Canada's workforce is now engaged in work schedules requiring longer hours other than traditional daytime working.

These hours can lead to fatigue and increased risk of physical injury. Extended working hours also results in increased exposure to workplace hazards. Non-standard hours disrupt family and social life so necessary to emotional well being.

**What are non-standard work schedules?** The standard workday starts in the morning, usually at a time ranging from 7:00 a.m. to 10:00 a.m., and ends in the afternoon, some time between 3:00 p.m. to 6:00 p.m. Also, it usually lasts for eight hours. Shifts that start or finish outside these hours are considered non-standard work hours.

There are various types of non-standard work hours. They include: Fixed shifts (e.g. Permanent nights); Rotating shifts; Extended-workdays and Split shifts.

Not surprisingly, most workers prefer to work a standard shift. However, this choice isn't always available to them.

Those involved in occupations providing essential services such as health care, police services or emergency response are also required to work non-standard schedules.

**What are the health effects of these schedules?** Working non-standard hours creates many health problems for workers such as sleep disorders and digestive problems.

**Short-term health effects of working non-standard hours can include:** heartburn/indigestion; constipation/diarrhea; sleep loss/fatigue; insomnia/jet lag; depression/mood swings irritability/nervousness and loss of appetite.

**Lack of sleep, inadequate eating habits, physical and mental fatigue, social isolation and family problems are all stressors.** Stress also causes a higher susceptibility to common ailments such as flu, colds and headache. Instead of adapting to the stressors, the body's reactions may in fact worsen over time.

**Long-term associated health effects include:** heart problems; duodenal ulcers; rheumatoid arthritis; and weight problems. **What are the associated safety risks?** Although there is some debate about when accidents most frequently occur, there is ample evidence linking non-standard hours of work to serious workplace accidents.

**What control strategies are available?** The most effective way to control a hazard is at its source. In other words, eliminate non-standard hours from work schedules. However, when it comes to hours of work this is not always possible. Therefore strategies must be implemented such as the following:

### **Work Organization**

**Alter the existing schedule to make it more healthy and convenient for workers.** For example, increase the break periods on non-standard shifts.

**Rotate repetitive jobs to reduce fatigue.**

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### **Off Site Parking**

With all the recent mergers a number of workplaces now have off site parking. This can pose problems for people walking to their cars. They are vulnerable to assaults, especially at night. A number of hospitals have contracted out hospital security. Part of the contract with security firms is that they must escort you to your car and ensure that you drive off. If you do not have this as part of you security, push for it through your Joint Health and Safety committee.

## **Workplace Design**

**A**dequate lighting, good indoor air quality and a well-designed workstation can all help reduce the overall demands of a particular job. These measures, in turn, will decrease fatigue and stress.

What can workers do in the meantime?

**K**eep a regular eating schedule.

**M**aintain a balanced and nutritious diet. Limit intake of stimulants like caffeine and sugar.

Try to set aside at least one meal or activity per day with your family or friends to avoid social isolation.

**P**ractice relaxation techniques that can improve the quality of health by reducing stress.

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## **OPSEU and the RTSO**



Bob Reid - EBM -OPSEU Local 106

The struggle of the Respiratory Therapists with the College of Respiratory Therapists of Ontario is one that has been of great interest to OPSEU and its Hospital Health Care Professionals Division, and has received great support from all the professions involved. The spill over effect of the CRTO on the other Colleges is a real danger to all, and OPSEU has opened its coffers in a big way ( \$70,000+ ) to help support the embattled RTs in their quest to bring some sense of fair treatment back to their licensing body.

**I**n June, they won a stay on having to write the Core Competency Exam (an entry to practice or re-certification exam) until December or until a Tribunal of Judges has heard their case on the legality of having to re-certify. The Tribunal case in October was nothing short of a travesty of justice. The judges were very hostile toward the RT's legal Council and quite the opposite toward the CRTO's Council (judges and council being close friends). The office of the Solicitor General had obviously made known to the judges their position on the case (not to tie the hands of the Government from making any future legislation, e.g. the teachers) and ruled on the case with lightening speed in favour of the CRTO.

**V**iewing this as a minor set back, the Respiratory Therapy Society of Ontario and the Respiratory Therapists for Positive Change decided to use civil disobedience as a tool to get the message across to the CRTO by boycotting the exam. A large majority of them refused to write. The registrar threatened these RTs with on-site assessments at a cost of \$1600 to each RT. To date no one has been penalized and no one scheduled for the June exam date is planning to write the exam. At London Health Sciences Centre, a group of RTs went to their Hospital for support and support is what they got. The Chair of the Board (Dr. Wesley Dunn) spoke with the Minister of Health expressing his and the Hospital's concern over the policies of the CRTO. The CEO and President (Tony Dagnone) went to the OHA and expressed the concern of LHSC and their support for their RTs in this conflict. They communicated with other hospitals urging them to support their position. The VP of Human Resources (Paul Fagey), working with an OHA group, met with government officials and presented them with a 29 page document outlining the problems the RTs face, showing the hospitals support for the RTs. This document can be obtained from the RTSO head office. The RTSO web site can give you further information or you can link into the RTsPC site and discussion group ([www.rtso.org](http://www.rtso.org)).

**T**he RTs also organized themselves to strategically vote in new Council members that would be sympathetic to the plight faced by the profession. They were successful in all contested positions and at the first Council meeting took control of Council by voting in as President and Vice-President two members who are well

respected amongst the RTs in the province. One elected obstructionist still remains, but hopefully her days are numbered. The Registrar of the College still remains as the biggest obstacle for harmony between the College and the profession. Since the boycott the College has issued a notice of complaint of Professional Misconduct against the Board of the RTSO, the leaders of the RTsPC as well as myself for promoting the boycott. It was filed by an ex-council member from Thunder Bay, who also filed a complaint against the only public member who was sympathetic to the profession and who was subsequently removed from Council. This conflict between the Respiratory Therapists and the CRTO is far from being over, but the momentum and rallied support from RTs, employers and OPSEU has given hope for victory. Recruitment and Retention of RTs has reached a crisis and this conflict exacerbates the problem. OPSEU will continue to support the RTs. Local leadership should be consulting with their employers to give the same support London Health Sciences Centre has shown, helping out financially if needed as demonstrated by the Sudbury Local and just showing moral support to these RT's during these difficult times.

## **CHANGES TO ONTARIO'S LABOUR RELATIONS AND EMPLOYMENT STANDARDS LEGISLATION ENACTED**

Jim O'Leary-Head of Education and Membership Communication - OPSEU Local 106



**O**n December 20, 2000, two pieces of legislation affecting labour relations and employment rights received third reading in the Ontario Legislature.

**B**ill 139, the Labour Relations Amendment Act, 2000 requires employers in unionized workplaces to post and distribute a document advising employees how to decertify a union. Under the previous legislation, the prominent posting of such material and its distribution to individual employees would have constituted an unfair labour practice. The new Act also gives decertification applications priority over applications to have the terms of a first contract settled by arbitration. As a consequence, first-contract applications will proceed only if the decertification application fails.

**O**ther changes introduced by Bill 139 include a mandatory one-year cooling off period following a failed certification drive and a requirement that unions disclose the income of officials with a total compensation package of salary and benefits in excess of \$100,000.

**B**ill 147, the Employment Standards Act, 2000 purports to "modernize" the province's employment standards by providing for greater flexibility in the rules for hours of work, rest periods and overtime

arrangements. Under the new Act, the maximum number of working hours has been increased from 48 to 60 per week. Moreover, employers and employees can agree to average the weekly maximum of 60 hours over a period of up to four weeks. The effect of the averaging is that no overtime will be payable by an employer unless an employee works more than 176 hours in a four-week period. Initially, the Harris government opposed the inclusion of a provision in the Act extending parental leave, despite the federal government's extension of employment insurance benefits for employees on parental leave from 35 to 50 weeks. However, in the end the government retreated and added a provision extending parental leave to 50 weeks

### **Ontario government seeks leave to appeal in "retired judges" case**

On Friday, January 19, 2000, the Ontario government served notice that it is seeking leave to appeal the Ontario Court of Appeal's decision in CUPE and SEIU v. The Minister of Labour for Ontario to the Supreme Court of Canada. In that case, the Court of Appeal quashed the Minister's unilateral decision to deviate from the established practice of appointing chairs of interest arbitration

boards from a roster of experienced labour arbitrators and to appoint retired judges instead. "The action taken by the Minister must reasonably be seen as an attempt to seize control of the bargaining process," the Court found, "and not only to exclude the appellants from it, but in addition to replace mutually acceptable arbitrators with a class of persons seen to be inimical to the interests of labour." In the circumstances, the Court of Appeal concluded, the appointment procedure had the appearance of bias. Moreover, the unions' legitimate and reasonable expectations of an unbiased procedure were not met.

Failure to inform employee on resignation for work related stress of a disability constitutes  
**CONSTRUCTIVE DISMISSAL.**

**Menard v Royal Insurance Co. of Canada  
Ontario Superior Court of Justice, June 2, 2000**

In this case an Ontario Court has ruled that a mentally disabled employee who resigned was constructively dismissed since the employer failed to review with the employee her entitlement to disability benefits. By processing the employee's resignation in the face of the facts pointing to her disability, the employer demonstrated its intention not to be bound by the employment contract. This judgment is worth reading to give information to any of your members contemplating resignation for reasons of stress.

**Labour Law Web Sites**

**Industrial Relations Legislation in Canada**

<http://labourtravail.hrdcdhrc.gc.ca/doc/spp-ppsp/eng/index.cfm>

**Supreme Court of Canada:**

<http://www.lexum.umontreal.ca/csc-scc/en/index.html>

**Centre for Industrial Relations:**

<http://www.chass.utoronto.ca/cir/hrirlinks/index.shtml>

**Human Resource Management Links**

[http://www.nbs.ntu.ac.uk/depts/hrm/hrm\\_link.htm](http://www.nbs.ntu.ac.uk/depts/hrm/hrm_link.htm)

**Canadian Human Rights Commission:**

<http://www.chrc-ccdp.ca/menu.asp?l=e>

**Emond Harnden Law Firm:**

<http://www.emondharnden.com/english.html>

**Bora Laskin Law Library:**

<http://www.lawlib.utoronto.ca/resources/intro.htm>

**Ontario Court of Appeal:**

<http://www.ontariocourts.on.ca/appeal.htm>

**Internet Legal Resource Guide:**

<http://www.ilrg.com/>

**Labour Market Information:**

<http://www.hrdcdhrc.gc.ca/common/lmi.shtml>

**Ontario Ministry of Labour:**

<http://www.gov.on.ca/lab/main.htm>

**Alberta Human Resources Employment Library:**

<http://www.gov.ab.ca/lab/facts/av/arbitr.html>



**Professional Advancement Committee**

Aimee Axler- Chair Central Negotiating Team - OPSEU Local 444

The last round of central bargaining marked the beginning of an exciting and unique opportunity for the Hospital Health Care Professionals Division (HHPD) of OPSEU. The hospitals (through the OHA) made a commitment to work with OPSEU to gain public and government support, knowledge and recognition for the work performed by the members of this division. For a long time it has been our belief that the services we provide go largely unnoticed and unappreciated by the public, politicians and even our healthcare colleagues. We hope that by raising the profile of the contributions we make as an integral part of a healthcare team, we will engender public support and ultimately effect public policy to improve opportunities to negotiate even better collective agreements and long waited wage improvements.

We have all witnessed the public outcry when doctors and nurses are threatened by the government at the bargaining table, and the positive effects this has on the ultimate outcome. This is what we are striving for. A committee has been formed between the OHA and OPSEU to form a campaign around this issue. The hospitals' willingness to participate in this initiative is largely related to recruitment and retention concerns. The committee is made up of Barb Linds (Campaigns, OPSEU), Aimee Axler (Chair, HHPD Central Negotiating Team), Ricki Grushcow, (Hospital Human Resources, OHA) Sheila Quigley (Hospital Employee Relations, OHA), and Michael Forbes (Public Affairs, OHA).

We have met 3 times in the past 4 months to identify the areas that need to be addressed and how this can best be achieved. We are currently working on a plan that will include posters, brochures, media, etc. to be distributed throughout waiting rooms in clinics, emergency departments, radiology departments, high school guidance departments, etc. Another part of this plan includes relating healthcare experiences that will illustrate that many health care professionals other than doctors and nurses provide services that are an essential component in providing a positive outcome.

If any member is willing to share a personal medical experience relating to either a medical crisis or an ongoing medical condition that illustrates the positive role of a healthcare professional, we can use your help. We would like to put together some human interest stories that chronicle an illness and that demonstrate the vital roles played by the various members of our bargaining units. We would like to receive either a written or verbal summary of your experience. For those who wish we would be happy to protect your identity.

Please contact Aimee Axler at:  
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**HOSPITAL HEALTH CARE PROFESSIONALS DIVISION- EXECUTIVE**

<b>Chair</b>	Patty Rout	Local 348	Oshawa Lakeridge Health Corp.
<b>Vice-Chair</b>	Mary Sue Smith	Local 464	Ottawa Hospital -General Campus
<b>Secretary</b>	Christine Luscombe-Mills	Local 466	Perth & Smith Falls District Hospital
<b>Treasurer</b>	Pat McNamara	Local 566	Toronto East General Hospital
<b>Education &amp; Membership</b>	Jim O’Leary	Local 106	London Health Sciences Centre
<b>Health &amp; Safety</b>	Frank Pezzutto	Local 662	North Bay General Hospital
<b>Job Security</b>	Jan O’Leary	Local 659	St. Joseph’s Health Centre
<b>Public Policy</b>	Pat Collyer	Local 575	The Scarborough Hospital
<b>Chair -Central Negotiating Team</b>	Aimee Axler	Local 444	Kingston General Hospital
<b>First Alternate</b>	Karen Parsons	Local 483	St. Mary’s of the Lake Hospital



