



REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT

CONNECTIONS

Summer 2021

CONNECTIONS

Summer 2021

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RNANT/NU is both a regulatory body and a professional association. Our mission is to promote and ensure competent nursing for the people of the Northwest Territories and Nunavut.

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Executive Director's Report



Welcome to the summer edition of the newsletter. I hope you enjoy it. If you have any comments or stories to share, please consider contributing to the newsletter.

CNA held their Virtual Annual Member's Meeting in June and at this historic meeting the delegates voted in favor of amending CNA's bylaws changing the governance and membership structures. The new membership structure will include only one class of individual members and the Board will be restructured from a jurisdictional model to a smaller skills-based model. "These changes will help to unify the nursing profession and will ensure CNA remains an effective, relevant, and sustainable organization that will carry us through the next 100 years of nursing leadership. They also answer the calls we heard from current and future members to develop a more collaborative network that empowers a diverse community of regulated nurses to individually excel in their practices," said Tim Guest, CNA President. The new structure will come into effect in January of 2022. Stay tuned to our website and social media to see how these changes will affect you as a registered nurse and a current member of CNA.

The Canadian Nurses Foundation invites you to nominate a nurse for the Thank a Nurse Campaign. See page 35 in the newsletter for more information on how to shine the spotlight on a nurse.

Are you a practicing NP in the north? You might be interested in the Nurse Practitioner Regulation Framework Implementation Plan Project (NPR-FIPP) a multi-year, multi-faceted initiative commissioned by the Canadian Council of Registered Nurse Regulators (CCRNR). The NPR-FIPP builds on previous work with a goal to implement the recommendations endorsed by CCRNR regarding six basic elements of a Model for Nurse Practitioner Regulation in Canada. Sign up for the newsletter and find more information here. <https://www.ccrnr.ca/npr-fipp.html>

If you have questions or comments, do not hesitate to contact Amelie Duval the editor of the newsletter.

President's Report



A year ago as we welcomed summer, things looked very discouraging. For many of our members, vacation requests had been denied as employers anticipated what the effect and staffing needs of COVID-19 might be. A year later, things are beginning to look more promising for Canadians. I am looking forward to having the opportunity to visit with my family and friends and to kiss my 92-year-old mother and tell her how much I love her I am being super optimistic that I will be able to do so without wearing a mask.

The first virtual RNANT/NU annual general meeting was a success. In the hours leading up to the event, the fear of internet issues hung over our heads. As we all know too well, the northern internet sometimes leaves us in a difficult situation. I was amazed; the internet held strong and the meeting proceeded without issues. We now have a new board. I invite you to access the RNANT/NU website to check out the new board members. There is a great deal of work to be done as we continue to move forward with introducing regulation of Licensed Practical Nurses and Registered Psychiatric Nurses.

It would be remiss of me to not mention the tragic news facing Indigenous Peoples. As the threat of more mass burial sites being uncovered continues, please take a moment to remember and acknowledge the historical injustices that continue to bring so much trauma.

To all nurses, I hope you have some time this summer to spend with your family and friends to refresh and safely restore all the energy and vitality that we have desperately missed. Keep well, stay safe, and enjoy this summer.

Best wishes!
Jennifer



On behalf of the Government of the Northwest Territories and the Department of Health and Social Services, I am pleased to bring greetings for the Registered Nurses Association of the Northwest Territories and Nunavut's Annual General Meeting.

The World Health Organization designated 2020 the International Year of the Nurse and Midwife. We couldn't have predicted how much more important nursing became to all of us as the COVID-19 pandemic took shape.

We appreciate and recognize the contribution nurses make to the well-being of the people of the Northwest Territories every day of every year. Nurses provide health care services from birth to end-of-life, through periods of illness, healing and maintaining good health.

During these extraordinary times, nurses have continued to fulfill critical roles in specialized and emergency settings, in health promotion and disease prevention, and in the delivery of primary and community care. In NWT communities, nurses provide a continuum of care for residents as they move between different care providers and settings.

As clinicians, administrators, and educators, nurses are the hands, eyes, and ears of our health care system and they are advocates who lend a voice to patients. Northern nurses have built trust through partnerships with colleagues and patient-centered, evidence-based care in communities throughout the north.

I want to take this time to acknowledge and thank you for the tireless commitment to respond to COVID-19 and efforts in the vaccination roll out. Your efforts have been instrumental in the management of the risks and the relatively low case counts in the NWT.

As we work collaboratively to revise the Nursing Professions Act to bring all nurses under one regulatory framework, we appreciate the solid relationship that has been established and look forward to continuing to support the nursing profession.

Sincerely,

Julie Green
Minister of Health and Social Services
Government of the Northwest Territories

RNANT/NU

New 2021 Board of Directors



Rebecca Nash
Secretary



Mila Noordijk
NU West



Larae Muise
NU East



Lisa Burns
NT North



Kathlyn Tan
Treasurer



Denis Masson
NU Vice President



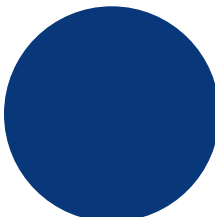
Shannon Sanquez
NT South



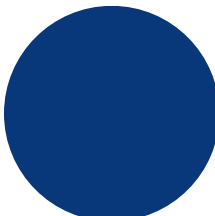
Melissa Holzer
NT Vice-President



Vivian-Lei Silverio-Chua
President-Elect



VACANT
NU Public Representative



VACANT
NT Public Representative

Meet The New Staff

Rebecca Davis
Registration Coordinator



Q: What's your favorite thing about the North?

A: Being able to step out the door and basically be surrounded by lakes, trees, and rock. I love the easy access to the land, the short commutes and the quiet once out there. Snow, rain or shine.

Q: What kinds of things do you like to do outside of the office?

A: Camp, canoe, ski, bike, walk, sit around a fire pit and sing songs, tell stories and share a few cheers as well with people from all over.

Q: If there were no barriers, what would be your idea of the perfect health care system?

A: Everyone gets treated fairly with no preconceived ideas because of race, religion, color, education, profession, or sex .A book should never be judged by its cover, and neither should a person.

RENEWAL FAQ

1. How does RNANT/NU contact me about renewal?

Information will be available on our website and social media. All members will receive a reminder email when renewal opens.

2. What if I have changed my email address?

You can update your email address in the members' portal. An email address that you check frequently is preferred as updates and information are provided by email. We do not recommend using your work email as some email may be blocked by the employer.

3. When and where do I renew?

On October 15th 2021, applications for renewal will be available in your portal ([Registered Nurses of the Northwest Territories and Nunavut \(thentiacloud.net\)](#)). Applications received after December 15th 2021 will be subject to a 100\$ late fee. If you require a copy of your 2020 membership card or invoice, you must download it before October 14th .It will not be available after October 14th.

4. When will I find out if my registration has been approved?

Upon submission of your completed renewal application, you will receive an email indicating your application is under review. When the application has been approved, you will receive a second email indicating that your registration is approved for the 2022 registration year (January 1st - December 31st, 2022). To complete your registration, pay your registration fees via your portal. Once payment is received, your account will automatically update with your membership card and receipt.

5. How can I check the status of my registration after I have renewed?

Use [Find a Nurse](#) or sign into your account for status updates. Please notify us immediately if there are any issues.

6. What happens if I do not renew?

All members must renew their licenses within the renewal period. Should you not wish to hold an active RNANT/NU registration, you may choose an associate non-practicing registration. You may also choose not to renew. If you do not renew your 2022 registration before December 31, 2021 and wish to practice in 2022 you will be required to complete the RN or NP Reinstatement Application.

7. What is the process for employer paid renewals?

Employer paid renewal is from October 15 - November 19th 2021. The payment page of the renewal application has a drop-down menu listing employers. If your employer is on the list you may choose for your registration fees to be invoiced to your employer or make the payment yourself. If your employer is not on the list, you must complete the payment portion with a valid Visa or Mastercard.

RENEWAL FAQ

8. I am missing hours and do not meet the RN requirements of 1125 in 5 years and for NPs 1125 in 4 years. What do I do?

Please refer to Policy R9: Practice hours for Registered Nurses and Nurse Practitioners. If you are in a non-traditional nursing role you can complete the Assessment of Nursing Practice Hours package on our website.

9. I am a new RN or NP; do I have to complete the Continuing Competence Program (CCP)?

Yes, all members are required to complete a CCP for each registration year (January 1 - December 31). Each January a percentage of members are audited and required to submit their CCP. More information about the program is available on our website here - <https://www.rnantnu.ca/rn-information/continuing-competence/>

10. What if I have an active registration but I'm on leave from work (maternity, disability, etc.) Do I have to complete the CCP?

Yes, all members are required to complete a CCP each year. The expectation is that you will remain current in your area of practice.

11. What are the payment options?

Payment options include Visa, Mastercard, and money order. See #7 for information on direct billing to employers.

12. How do I get a copy of my receipt and registration?

Receipts and registration cards can be printed from the members portal.

We're here to help.

If you require assistance with setting up your profile, navigating the renewal process, or paying for your renewal please email info@rnantnu.ca or call 867-873-2745 ext. 21.

For questions about CCPs or practice hours email registrar@rnantnu.ca



2022 CNPS Fees Increase for RN members of the Registered Nurses Association of the Northwest Territories and Nunavut

Dear beneficiary:

Each year, the CNPS assesses the current landscape to determine the appropriate fees for the coming registration year, and this past year has been unlike any other. We appreciate your leadership and perseverance, as you provide and guide client care, tackling head on a new challenge for which our health care system was not fully prepared.

The impact of COVID-19, as well as the related changes to nursing practice that have arisen this year, also needed to be considered in our fee assessment for the 2022 registration year.

The role of the CNPS is to work with you to limit your involvement in legal proceedings, to the extent possible, and we will continue to do so. Nonetheless, any circumstance where there has been an unanticipated illness or loss of life can lead to a legal review, whether this takes the form of claims for financial compensation, public inquiries, or other legal proceedings. As your professional liability protection provider, we must anticipate that certain COVID-19 outbreaks and instances of COVID-19 management will therefore be the subject of legal review.

In order to provide adequate support for the resulting demand in services and expected legal proceedings, the 2022 fee requirement for an RN will be \$68.00 annually, which represents an additional \$20.00 over the 2021 fee requirement.

Most of this additional fee will be invested to generate the funding necessary to cover the cost of claims and legal services related to COVID-19. Our goal remains to keep costs and fees as low as reasonably possible and the need for this additional fee will be reviewed as circumstances unfold to ensure that it's both adequate and necessary.

What can you do to reduce the risk of your involvement in a legal proceeding arising from COVID-19?

- The CNPS provides early advice or assistance, as appropriate, to prevent formal claims or investigations whenever possible. If you wish to receive legal support or understand your legal obligations in specific circumstances, please contact the CNPS at 1-800-267-3907.
- If you are working in an unfamiliar setting or circumstances, notify your manager or employer of the extent of your relevant experience.
- If you are contemplating signing a contract to provide nursing services in connection with COVID-19, please contact us to review your contract in advance of signing it.
- Follow public health directives and guidelines.

CNPS Services: More than liability protection

As a member of the Registered Nurses Association of the Northwest Territories and Nunavut you are eligible for the following services from the CNPS, in respect of matters arising from nursing practice:

- Up to \$10 million in professional liability protection
- Up to \$1 million in legal assistance for the defense of criminal prosecutions and investigations
- Up to \$1 million in legal assistance for the defense of an alleged statutory breach, such as child protection, human rights, motor vehicle or privacy legislation.
- Legal assistance for other matters related to nursing practice such as representation at a Coroner's inquest or public inquiry.
- Other proceedings in which you may be called as a witness.
- Unlimited access to professional legal or risk management advice, including pre-contractual review of agreements for the provision of nursing services and participation in medical assistance in dying.
- Risk management services, individually or as a group, including educational material on a wide range of subjects and risk management presentations and webinars.

This list is not exhaustive. The CNPS aims to provide early advice or assistance, as appropriate, to prevent formal claims or investigations, whenever possible. If you wish to receive legal support or understand your legal obligations in specific circumstances, please contact the CNPS at 1-800-267-3390.

Sincerely,

Chantal Léonard
CEO, Canadian Nurses Protective Society

“
Our 2022 fees are
changing. Check
our website for
updates.
”

RNANTNU

Q & A – 2022 CNPS Fee Requirement

1. Why is the CNPS increasing its fee requirement for the 2022 membership year?

The fee increase reflects a number of factors directly related to the legal impacts arising from COVID-19. From a liability risk perspective, any circumstance where there has been loss of life can be expected to lead to legal review, whether this takes the form of claims for financial compensation, public inquiries or other legal proceedings.

The only prudent course is to anticipate that certain COVID outbreaks and instances of COVID management, as well as other situations that have come to light in the course of the pandemic, will be the subject of legal review. At this time, class actions for tens of millions of dollars have already been commenced in several jurisdictions against health institutions in which nurses are actively providing care. The adoption of legislation to provide immunity from claims related to outbreaks, in some provinces, would not prevent claims arising from outbreaks where the occurrence or the spread of the outbreak is alleged to have occurred as a result of gross negligence.

We are also mindful that the pandemic has led to "work-arounds" or delays in care due to measures that have been put in place to mitigate the impact of the pandemic, such as the reliance on virtual care, phone consultations, decisions to delay appointments and treatments, and the re-deployment of nursing staff to new settings and functions.

2. What will be the 2022 fee requirement for RNs and NPs?

The 2022 fee requirement for an RN or RPN will be 68.00 annually, which represents an increase of \$20.00 over the 2019 fee requirement.

The 2022 fee requirement for an NP will remain unchanged at \$159.50. The CNPS will, for the time being, re-allocate a portion of the recent increase of \$74.00 to Covid-related needs.

3. To whom does this fee increase apply?

This fee increase applies to registered nurses and registered psychiatric nurses across Canada who are members of a CNPS member organization or designated beneficiary group that is listed here: <https://cnps.ca/member-organizations/>

4. When will this fee increase be implemented?

This fee increase will be in effect for the 2022 registration period.

5. When was the last fee increase implemented by the CNPS?

The CNPS last increased its fees in 2019 in direct response to the increased number of claims, higher demand for consultation services and educational presentations, as well as the complexity of cases. The emergence of COVID-19 was an unexpected development that presents a higher risk of legal implications. As such, the SNPS was required to review the current fees to ensure that funds are adequate to address legal needs arising post-pandemic.

6. What will the CNPS do with this fee if it ultimately is not required to pay COVID related claims?

The Canadian Nurses Protective Society (CNPS) is a not-for-profit organization and fees are set on a cost-recovery basis only. The CNPS is an organization created by nurses for nurses and any fees collected by the CNPS are used to support the provision of services to beneficiaries. If the costs of these services ultimately prove to be less than the sums collected, unused amounts will be used to subsidize the cost of services in subsequent years.

The CNPS will be conducting a comprehensive review in 2021 that will take into account unfolding claims information, changes to our membership system and operational needs. The need for this additional fee will be reviewed annually to ensure that it remains adequate and necessary to meet the service needs.

7. Will nurses who access CNPS services on an individual basis also see a fee increase?

RN, RPN and LPN individual beneficiaries already experienced a COVID-19 related increase in fees for the 2021 registration period. The NP individual rates, already substantially higher, have not yet been the subject of a further adjustment.

The individual beneficiary rates will be the subject of a comprehensive review in advance of the 2022 membership year as a result of changes in the overall CNPS membership structure and other changes in the nursing environment.

8. Why do I need CNPS protection if I am employed and my employer offers me professional liability protection (PLP)?

In addition to the legal or regulatory requirement for professional liability protection that exists in most jurisdictions, there are several reasons why nurses who work as employees may require access to CNPS services:

- In some cases, liability protection provided by an employer may not be sufficient to cover a claim. There is no minimum legal requirement for PLP. The amount of PLP held by employers may vary from one to the other.
- Employer PLP is generally limited to nursing activities conducted within the scope of your employment. Nurses still require professional liability protection should they volunteer as a nurse, choose to work in independent practice or for an employer who does not provide an adequate level of PLP.
- Employer PLP typically does not extend to certain claims that nurses may face, such as allegations of breach of privacy, abuse, sexual impropriety, or defamation.
- An employer who closes its doors may not maintain a policy of insurance in force for its employees, and claims can arise several years after nursing services have been rendered.
- Nurses may wish to obtain advice on a personal basis, where only their individual interests matter. CNPS legal advisors provide personal, individual advice based on your personal circumstances.
- Employer liability protection generally extend to civil proceedings (lawsuits) arising from professional practice. There are many other circumstances in which a nurse may need legal representation or legal support, which fall within the scope of CNPS assistance: police inquiries, criminal prosecutions, human rights complaints, failure to comply with legislation, requests to act as a witness, coroner's inquest and public inquiries, participation in medical assistance in dying.

9. Will nurses registered in multiple jurisdictions have to pay the CNPS fee in each jurisdiction?

Most regulators require that nurses pay the CNPS portion of their registration fees in order that they can be satisfied that all their registrants are eligible for CNPS services.

Nurses paying for CNPS membership in multiple jurisdictions may be eligible for a refund. If eligible, the refund will be automatically paid to the registrant by the CNPS on or before August 1st of each year.

10. Why is the CNPS applying a fee increase now rather than wait until it knows exactly how many COVID-related claims it will face?

Most of the increase will be invested with the goal of generating sufficient revenues to pay claims and provide the legal representation in connection with the legal proceedings that are expected to arise from COVID-related claims. This means that our beneficiaries will pay less to cover the cost of claims than if the fee was collected only when the claims need to be paid.

11. Why does the CNPS not rely on existing resources?

As a not-for-profit organization, the CNPS aims to not collect more fees than necessary. Accordingly, current reserves are not expected to be sufficient to address the legal requirements of COVID-19.

Canadian Nurses Protective Society
INFO@CNPS.CA | 1-800-267-3390 | CNPS.CA
510 - 1545 ave. Carling Ave. Ottawam ON K1Z 8P9

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Facebook page



**Registered Nurses
Association of the Northwest
Territories and Nunavut**
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Q

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CADTH Northern Team is conducting a new case study on Tuberculosis care.

The quiz takes about 2-3 minutes to complete and is 100% anonymous.

CASE STUDY:

You are a registered nurse clinician working with patients in a tuberculosis treatment program. Adherence to treatment has been mixed in your community and therefore, you have been tasked with identifying guidelines that include recommendations on the use of incentive strategies to improve adherence to tuberculosis treatment.

LINK TO QUIZ: https://cadth.qualtrics.com/jfe/form/SV_dnBoVRWj8zpy9hA



New Continuing Competence Program Launching online this summer!

Starting in October, you will be completing your 2021 Learning Plan online and starting your next year learning plan. This is a new step in the renewal process and the Continuing Competency Program (CCP) and is required to renew your registration for the 2022 year. While the process of the CCP is changing, the information you provide to meet your CCP yearly requirements will be similar. The format is user friendly and easy to navigate. Once the CCP section is available for members to access you will be notified by email. This email will have instructions for the new CCP process. There will be information about this change on our website as well.



Vaccine Injury Support Program (VISP)

The Purpose

The purpose of the VISP is to ensure that all people in Canada who have experienced a serious and permanent injury as a result of receiving a Health Canada authorized vaccine, administered in Canada on or after December 8, 2020, have fair and timely access to financial support.

The pan-Canadian VISP will serve all people vaccinated in Canada, with the exception of people vaccinated in Québec who will receive coverage from the longstanding Québec program.

Eligibility Criteria



Authorized Vaccine

Any person receiving a Health Canada authorized vaccine.



Authorized Vaccine

Claims can be filed within three years after the date of vaccination, date of death or date when an injury first becomes apparent.



Injury Reported

Injury reported to health care provider.



Eligibility Date

Date of vaccination was on or after December 8th, 2020



Administered in Canada

The vaccine was administered in Canada.



Serious and Permanent

The injury is serious and permanent or has resulted in death.

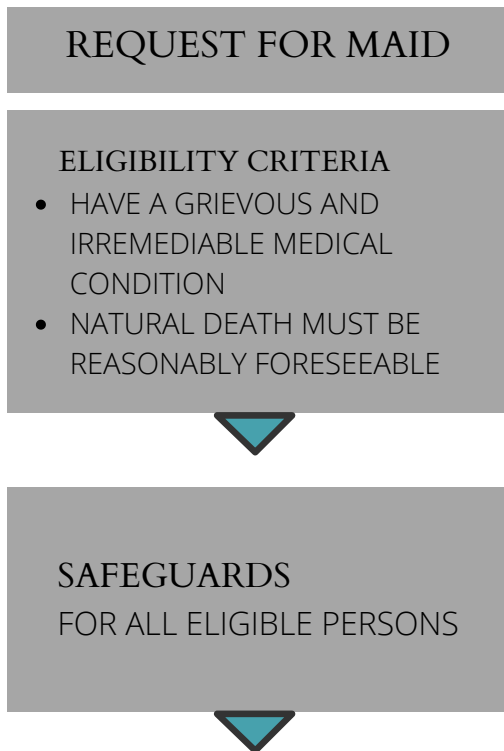
<https://www.vaccineinjurysupport.ca/en>

CANADA'S NEW MEDICAL ASSISTANCE IN DYING LAW

On March 17, 2021, changes to Canada's new medical assistance in dying (MAID) law came into force. This marks a significant milestone for Canada. The new law responds to feedback from over 300,000 Canadians, experts, practitioners, stakeholders, Indigenous groups, and provinces and territories, provided during the January and February 2020 consultations. The revised law is also informed by the testimony of over 120 expert witnesses heard throughout Bill C-7's study.

These changes to the Criminal Code now allow MAID for eligible persons who wish to pursue a medically assisted death, whether their natural death is reasonably foreseeable or not. The new law will reduce unnecessary suffering in Canada. It also supports greater autonomy and freedom of choice for eligible persons, and provides safeguards to protect those who may be vulnerable.

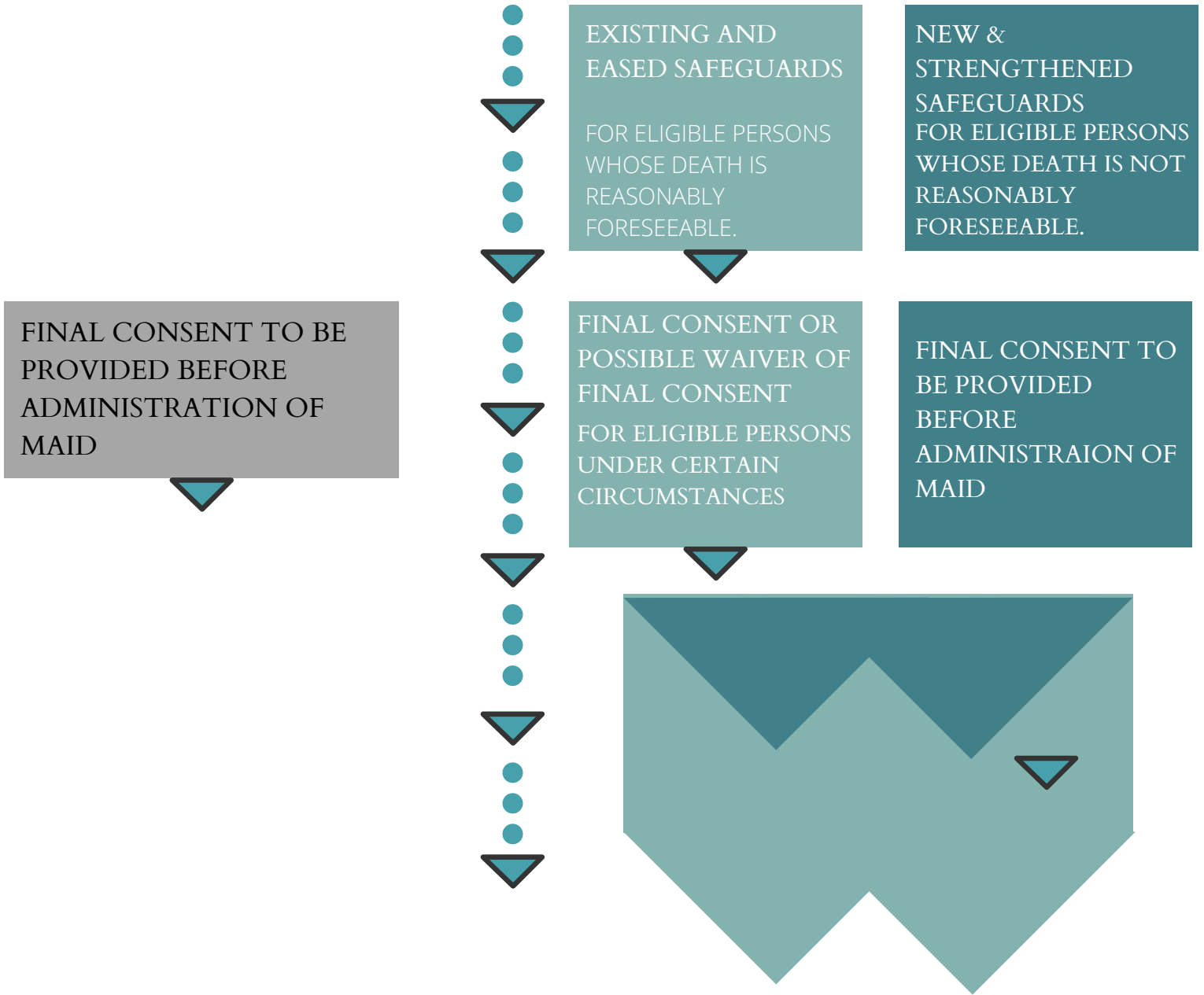
ORIGINAL MAID LEGISLATION 2016



NEW MAID LAW CAME INTO FORCE ON MARCH 17 2021



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MEDICAL ASSISTANCE IN DYING

To support health care practitioners and sustain pan-Canadian cooperation on the implementation of the new MAID law, the Government of Canada will continue to work with provinces and territories, health care practitioners and regulatory bodies on best practices, clinical guidance, training, monitoring and reporting

FOR MORE DETAILED INFORMATION ON THE CHANGES TO CANADA'S MAID LAW THAT CAME INTO FORCE ON MARCH 17, 2021, PLEASE CONSULT THE MEDICAL ASSISTANCE IN DYING WEBPAGE ON [JUSTICE.GC.CA](https://www.justice.gc.ca)

Nurses commit to action against anti-Indigenous racism

June 9th, 2021 - Nurses in Canada have been working to respond to the [Calls to Action of the Truth and Reconciliation Commission](#) since it was published in 2015. But the treatment of Joyce Ecaquan by nursing and other staff in Joliette QC in September 2020 - recorded by her and shared across multiple media outlets - ignited an outcry across nursing that accelerated action against racist treatment of Indigenous Peoples.

After meeting through the past winter to strategize on action, leaders of the [Canadian Nurses Association](#), [Canadian Federation of Nurses Unions](#), [Canadian Nursing Students Association](#), and [Nurse Practitioner Association of Canada](#), with input from the [Canadian Indigenous Nurses Association](#), are releasing a [Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care](#). The Declaration sets the context for action by nurses and lays out principles and actions for which individuals, nursing organizations, and the nursing profession at large will be held accountable.

"None of us has any interest in a document that will be locked away in a file. The declaration is a living document intended to be a blueprint to help us as organizations and as a collective to take meaningful action. My colleagues leading this group of associations are all committed to acting forcefully to dismantle historic injustices that we all know have damaged Indigenous Peoples across our health and social systems - and particularly to understand the historic and current impacts of nurses," said Tim Guest, CNA president.

The Declaration and its principles and actions have roots in the [United Nations Declaration on the Rights of Indigenous Peoples](#), the Truth and Reconciliation Commission of Canada, [Jordan's Principle](#) and [Joyce's Principle](#) - concluding with the statement that nurses "unconditionally condemn all acts of racism and discrimination against Indigenous Peoples and call for social justice to address racism and health inequity in Indigenous communities".

The group of associations will convene the first National Summit on Racism in Nursing and Health Care in Canada on November 24, 2021, to discuss the progress of individual, organizational, and cross-nursing work related to combating racism in nursing and health care.

About the Canadian Nurses Association

The Canadian Nurses Association (CNA) is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses and retired nurses across all 13 provinces and territories.

For more information, please contact:

Eve Johnston

Media and Communications Advisor

Canadian Nurses Association

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Email: ejohnston@cna-aiic.ca



CANADIAN FEDERATION
OF NURSES UNIONS
LA FEDERATION CANADIENNE
DES SYNDICATS D'INFIRMIERES
ET INFIRMIERS



CANADIAN
NURSES
ASSOCIATION
ASSOCIATION DES
INFIRMIERES ET
INFIRMIERS
DU CANADA



Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care

Nurses have an obligation to respect and value each person's individual culture and consider how culture may impact an individual's experience of health care and the health-care system.

Canadian Nurses Association, 2018

Context

Racism and discrimination adversely affect health on multiple individual, interpersonal, societal, and community levels. The lived experience of discrimination is itself a strong risk factor for morbidity and mortality while hate crimes and violence against racial minorities pose direct harm to people's bodies. These problems are compounded by the inequities of access and quality that still plague our health system.

First Nations, Inuit, and Métis Peoples, as the original peoples of this country, and as self-determining peoples, have Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.

The history of racism and discrimination against Indigenous Peoples in Canada has been well documented and is intimately entwined with the history of colonization. Anti-Indigenous racism is systemic and is expressed in Canada through stereotyping, stigmatization, violence, and many historical colonial structures that disadvantage, oppress, or harm Indigenous Peoples and that continue to exert generational impacts. Colonial practices continue to lead to alarming disparities between Indigenous and non-Indigenous Peoples' health due to their impact on the social determinants of health including health care, education, housing, employment, income, food security, community infrastructure, cultural continuity, and environmental stewardship. It is beyond time the ramifications of these practices on the health of Indigenous Peoples are addressed. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Indigenous and non-Indigenous Peoples in Canada.

Racism within health systems leads to emotional, physical, and social harm to Indigenous Peoples. The long-term impact is a loss of trust in health systems that results in reduced utilization of services, and, ultimately, to poorer health outcomes for Indigenous Peoples as is well documented in the higher burden of illness and decreased life expectancy.

Racism within health systems leads to emotional, physical, and social harm to Indigenous Peoples. The long-term impact is a loss of trust in health systems that results in reduced utilization of services, and ultimately, to poorer health outcomes for Indigenous Peoples as is well documented in the higher burden of illness and decreased life expectancy.

The United Nations Declaration on the Rights of Indigenous Peoples and the reports of the Truth and Reconciliation Commission of Canada form the framework for addressing health and social inequities and for reconciliation at all levels and across all sectors of Canadian society. To that end, as nurses, we unconditionally condemn all acts of racism and discrimination against Indigenous Peoples and call for social justice to address racism and health inequity in Indigenous communities.

Declaration

As nurses,

1. We declare racism directed at Indigenous Peoples a national health crisis.

We acknowledge that the current state of Indigenous health in Canada is a direct result of historical Canadian government policies and practices, including the residential school system (TRC Call to action #18)

2. We commit to protect and care for those whose dignity, safety, and well-being are threatened based on their Indigenous identity.

We will take public stands opposing any attempt to weaken public policies and programs designed to protect the health and well-being of Indigenous Peoples. We will fight for policies and programs that assure equality and justice.

We commit to adopting, and working with others to adopt Joyce's Principle, which aims "to guarantee to all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health. Joyce's Principle requires the recognition and respect of Indigenous People's traditional and living knowledge in all aspects of health.

3. We vow to combat bias and prejudice in our own interactions with others, as well as in our organizations and communities.

We will conduct system-wide reviews of our regulations, policies, processes, and practices to identify and address any racist systems and approaches. We will provide mandatory, system-wide anti-racism and anti-oppression education for staff, volunteers, and boards of directors in our organizations. We will monitor our organizations for instances of stereotyping, discrimination, and racism, and will take corrective actions.

4. We will develop strategic plans with measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities.

In conducting our work, we will seek, recognize, and respect the leadership of voices from the Indigenous Peoples and learn from their lived experiences of racism in Canada (TRC Call to Action #19).

5. We will recognize, respect, and address the distinct health-care needs of the Métis, Inuit, and off-reserve Aboriginal Peoples (TRC Call to Action #20).

We recognize the value of Aboriginal Healing Practices and will work to incorporate them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders when requested by Aboriginal patients (TRC Call to Action #22)

6. We acknowledge that cultural safety can only be achieved through cultural competence.





In nursing schools, we will provide education on the provision of culturally competent and relevant nursing care and require all students to learn about Aboriginal health issues (including the history and legacy of residential schools), the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices (TRC Call to Action #24)

7. We will advocate for policies at the municipal, regional, federal, provincial, territorial, and pan-Canadian levels that address health and social inequities.

Working with other health-care professionals, leaders, stakeholders, and policy-makers, we can confront bias and address behaviors and unfair practices and policies that lead to discrimination against Indigenous Peoples in order to improve well-being now and lay the foundation for excellent health for all. We will create and sustain cultures of understanding, belonging, and inclusivity in our workplaces, profession, and communities.

We will call on all levels of government to

- Undertake organization-wide reviews of their systems, regulations, policies, practices, and to fully adopt the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission of Canada: Calls to Action (TRC Call to Action #44)
- Undertake the collection of race and ethnicity-specific data to identify gaps in care and health outcomes (TRC Call to Action #19)
- Enact the intent of Jordan's Principle into health policy (TRC Call to Action #3)
- Provide sustainable funding for existing and new Aboriginal healing centers to address the physical, mental, emotional, and spiritual harms caused by historical and systemic racism (TRC Call to Action #21)
- Increase the number of Aboriginal professionals working in the health and social work fields and ensure their retention in Aboriginal communities (TRC Call to Action #23); and
- Provide educational opportunities that support nurses and health-care professionals in the provision of culturally competent and relevant care including incorporating Indigenous content into curricula for all (TRC Call to Action #23)

Tim Guest, M.B.A., B.Sc.N., RN	Linda Silas, RN, BScN	Emma Hill	Lenora Brace, MN, NP
President	President	President	President
Canadian Nurses Association	Canadian Federation of Nurses Unions	Canadian Nursing Students Association	Canadian Nursing Students Association
			

i Canadian Nurses Association. 2018. Position Statement: Promoting Cultural Competence in Nursing. Retrieved on December 14, 2020, from https://www.cna-aic.ca/-/media/cna/page-content/pdf/en/position_statement_promoting_cultural_competence_in_nursing.pdf?la=en&hash=4B394DAE5C2138E7F6134D59E505DCB059754BA9

ii We use the word “Indigenous” as an inclusive and international term to describe individuals and collectives who consider themselves as having historical continuity with “First Peoples” whose civilizations existed in what is now known as Canada prior to its colonization. An exception is made for the term “Aboriginal” when citing The Truth and Reconciliation Commission’s Calls to Action report.

iii Allan, B. & Smylie, J. (2015). First People, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: the Wellesley Institute.

iv Ibid.

v Loppie, S., Reading, C., & de Leeuw, S. (2014). Indigenous Experiences with Racism and its Impacts. Prince George, BC: National Collaborating Centre for Indigenous Health. Retrieved December 14, 2020, from http://www.nccih.ca/34/Publication_Search.nccih

vi United Nations (2007). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved on December 14, 2020, from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

vii Government of Canada (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Retrieved on December 14, 2020, from <http://nctr.ca/reports2.php>

viii Adapted in part from the Canadian Public Health Association’s Position Statement “Racism and Public Health”. Retrieved on December 14, 2020, from <https://www.cpha.ca/racism-and-public-health>

ix Council of the Atikamekw of Manawan, & Council de la Nation Atikamekw. (2020.) Joyce’s Principle. Atikamekw Nation. Retrieved June 2, 2021, from https://principedejoyce.com/sn_uploads/principe/joyce_s_Principle_brief_Eng.pdf

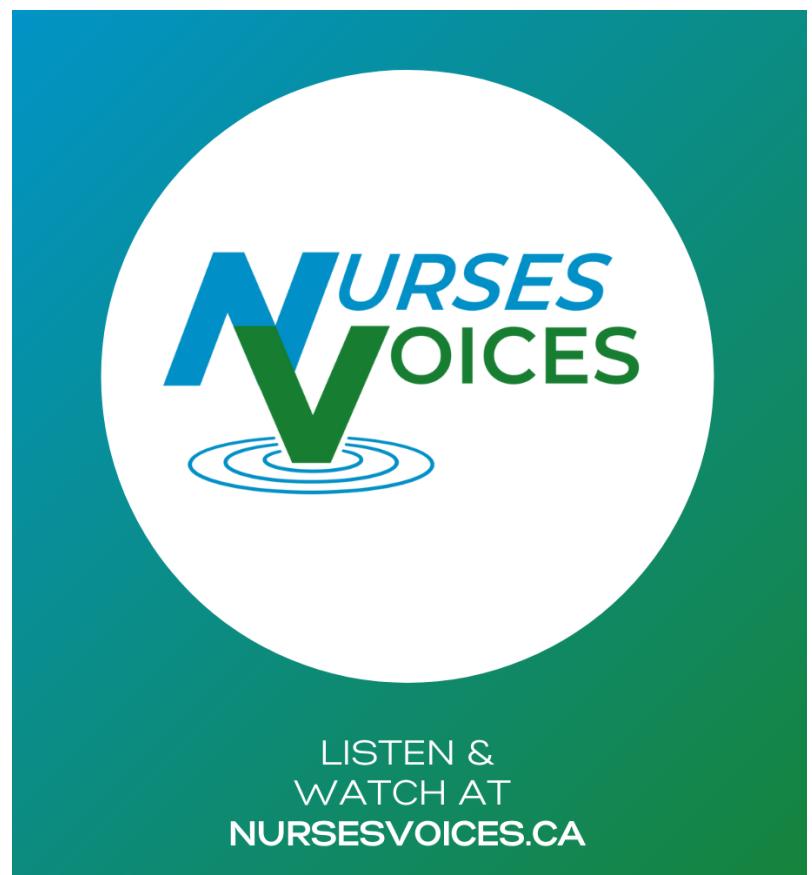
NEW AUDIO & VIDEO SERIES SPOTLIGHTING NURSES' VOICES

Nurses’ Voices is a unique new video and audio series that will amplify the voices of nurses to help them adapt and excel within these changing and uncertain times. Hosted by Gail Donner and Mary Wheeler.

You can listen and watch all episodes at:
<https://nursesvoices.ca>

BROADCASTING NURSES' VOICES THAT ARE

INSPIRING MOTIVATING THOUGHTFUL





Canadian Federation of Mental Health Nurses

Submitted by: Lea Barbosa-Leclerc
NT/NU Rep CFNHM

As a registered nurse for 21 years, the majority of my nursing career has been in NT. Since I was 16 years of age, the North has served as my second home, away from the Philippines. It has given me various opportunities to appreciate the land and its beauty and predominantly work, live, and learn from its people. My practice areas of experience include pediatrics and mental health nursing for the last 15 years. The eight years that I worked as a nursing instructor on the mental health unit afforded me valuable learning about the mental health status and challenges that northern peoples experience and their resilience. I also recognized the vast knowledge, skills, and care they received from caring and dedicated health care professionals. The same eight years left a significant imprint on me that I continue to seek to learn more and be involved in mental health nursing matters.

As the NT & NU territorial representative for the Canadian Federation of Mental Health Nurses (CFMHN), I sit in this position with privilege. I am in the infancy of my term and still learning about my role and what I have to offer. I joined CFMHN to assist in my advancement because I have a personal interest in mental health. Professionally, I joined to keep abreast of current issues and opportunities to bring into clinical practice with my students and colleagues. CFMHN has various health care professionals besides nurses that can provide a wealth of resources to its members. Being with CFMHN affords me to network and share information with other professionals across the country. My years in the North puts me at an advantage. Like many nurses from the North, I recognized that the North has many things to offer, including mental health services and approaches tailored to its peoples' needs. These unique perspectives and approaches are not familiar to others around the country. My CFMHN membership provides access to online webinars, current news, upcoming conferences, and professional standards and position papers, interactive websites, connection to CNA's certification program, and direct contact with other members in the national directory. As an RN working in the North, being a member of this group means bringing my voice to important matters that matter to me, my job, and the North. As Helen Keller says, "Alone we can do so little, together we can do so much," so I invite you to join this important professional nursing association. I and CFMHN are interested in your ideas and perspectives. Membership is open to RN's, RPN's, LPN's, student, non-practicing nurses/other health care professionals, and to groups of 5 or more qualified individuals.

What is CFMHN?

The Canadian Federation of Mental Health Nurses (CFMHN) is a national body that empowers psychiatric and mental health (PMH) nursing professionals as they pursue positive outcomes for themselves and for clients. To date, our territory's membership to this group is very low which could lead to losing our northern voice specific to mental health. The Federation speaks for and acts upon the industry's shared concerns, uniting the profession, and assuring five broad member benefits:

1. Input to national standards for PMH, set, maintained, and regularly updated in co-operation with CNA
2. Educational opportunities at regional and national Federation events and at PMH nursing conferences in Canada where members enjoy reduced fees
3. Professional networking opportunities, through the Federation's meetings, newsletters, interactive website, and direct contact with other members in the national directory
4. Past recognition initiatives involved sponsorship of a PMH Nursing Excellence Award and, working with consumers groups, the "Courage to Reach Beyond Award" for Canadians overcoming the consequences of mental illness
5. An international voice through the group's networking with organizations provincially, nationally, and internationally.

Thank you.

Lea Barbosa-Leclerc



Join Now!

Become a Member: <https://www.cfmhn.ca/sign-up/>

Become a Volunteer: <https://www.cfmhn.ca/2021/01/15/cfmhn-volunteers-wanted/>

Navigating Our Website

Where do I find documents and information?

Professional Practice

Here you will find Position Statements, Scope of Practice, Standards of Practice, Code of Ethics, Requisite Skills and Abilities, MAID, Documentation Guidelines, Verification information and Professional Development opportunities

Complaints and Professional Conduct

This section allows you to submit an online complaint, and provides information on who can submit a complaint, when to submit a complaint and what information we need to proceed. There is also a section on confidentiality and privacy considerations.

RN Information

Information for members on registration, new graduate, verification requests, the continuing competency program, and employment opportunities in the North.

Contact Us

This is where you can send us an inquiry with any questions, concerns...

About Us

This section provides information about the Association, volunteering, advocacy, Board of Directors, News, Media Releases, and documents such as Legislation, Policies, Bylaws, Annual Reports, Strategic Plan and Financial Statements.

Employer and Agency Information

This section has up-to-date information on Telehealth, Expedited Registrations, Renewal and information on the steps when hiring a new employee.

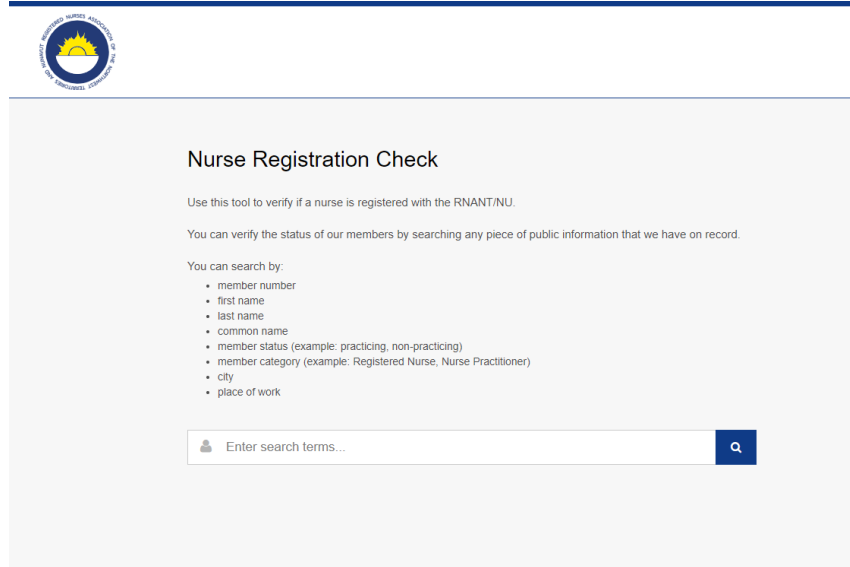
NP Information

Information for NP's on registration, practice, verifications, and the Continuing Competence Program.

FIND A NURSE

What is Find a Nurse?

Find a Nurse is an online register that provides information for the public, employers, and members about the registration status of nurses in the Northwest Territories and Nunavut.



The screenshot shows the 'Nurse Registration Check' interface. At the top left is the logo of the Registered Nurses Association of Nunavut and Northwest Territories (RNANT/NU). The main heading is 'Nurse Registration Check'. Below it, the text reads: 'Use this tool to verify if a nurse is registered with the RNANT/NU. You can verify the status of our members by searching any piece of public information that we have on record.' A list of search criteria is provided: 'You can search by:' followed by a bulleted list: member number, first name, last name, common name, member status (example: practicing, non-practicing), member category (example: Registered Nurse, Nurse Practitioner), city, and place of work. At the bottom, there is a search input field with the placeholder text 'Enter search terms...' and a blue search button with a magnifying glass icon.

What kind of information is displayed about the member?

The registration verification tool provides the name and registration number of members who currently hold active-practicing memberships and are entitled to practice (RN's, NP's and temporary certificate holders). It also will tell you if the membership has expired. If you click the blue view button all information, notices, restrictions, etc. are displayed and you can print or save this page for your records.

As an employer can I verify if a nurse is registered?

Yes, any employer or member of the public can check on the registration status of our members. Enter the employees name in Find a Nurse and click on the blue search button. The next screen will provide the employee's information. If they are not listed, they are not registered. If it says contact office under status, please call our office at 867-873-2745.

As a member, can I find my registration number and status?

Yes, just type in your name and you will see your registration number.

Professional Conduct Decisions

Submitted by: Director of Professional Conduct

RNANT/NU Member # 3729

On January 22, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member posted on Facebook, statements regarding the wearing of masks related to COVID – 19 as the posting of comments related to an anti – mask demonstration being held in Calgary. The posts consisted of fear mongering messages directed at anti – maskers, indicating they should wear a sticker stating, “I am an anti – masker therefore I am a DNR (Do Not Resuscitate/ no medical treatment needed.” The Member used profane language in the posts and clearly identified herself as a nurse. The Member entered Alternate Dispute Resolution. The Member will complete the Responsible Nursing self – study course at McEwan University.

RNANT/NU Member # 7098

On January 29, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member video recorded, without consent and / or authorization, a patient encounter with two parents and their baby. The Member entered Alternate Dispute Resolution. The Member will complete the Responsible Nursing self – study course at McEwan University. The Member will write a reflective practice paper regarding the legal and ethical aspects of video recording or taking photographs of patient interactions.

RNANT/NU Member # 6287

On February 14, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member violated professional boundaries, on more than one occasion, by 1) while in the presence of a 15 year – old female patient’s foster mother gave the 15 year old money in the amount of \$10.00, 2) giving, the same 15 year old, the member’s credit card to buy junk food to a limit of \$ 100.00, 3)during a clinical examination giving the same 15 year old a journal from the member’s personal belongings to record thoughts and feelings when chest pain occurs, 4) during a clinical examination offering to buy an airline ticket for the same 15 year old and 5) offering to house sit for the foster parents of the 15 year old female while they were away on holidays. The Member documented and completed an abdominal assessment on the 15-year-old female who presented to the health center, complaining of “chest pain occurring 5 – 10 periods at a time”. The Member failed to complete and document a thorough chest assessment as would be required for the presenting complaint. The Member will complete the NSCBN online course Professional Boundaries in Nursing. The Member will write a scholarly reflective practice paper discussing the importance of and the role professional boundaries play in therapeutic nurse patient relationships and how the Member can avoid future boundary violations. The Member will maintain a monthly counselling relationship with a mental health counsellor focusing on professional boundaries and boundary violations. A monthly counselling report will be submitted to the Chairperson of the Professional Conduct Committee. The Member will notify the Director of PCR of any plans to practice nursing in the NWT or Nunavut, the Member will provide the employer with a copy of the settlement agreement and the employer will provide a performance appraisal of the Member’s conduct and practice prior to the end of a nursing practice term or casual contract.

Professional Conduct Decisions

Cont'd

RNANT/NU Member # 6701

On January 19, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member abandoned her position, during a pandemic, without providing the obligated twenty – eight – day notice to the employer. The Member entered Alternate Dispute Resolution. The Member will complete the Responsible Nursing self – study course at McEwan University.

RNANT/NU Member # 1088

On March 3, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. In 2018, a complaint was received alleging that the Member refused to complete Functional Abilities Forms and the EMR Problem List, told a newly hired nurse that he held no respect for certain members of management and discussed human resources/ policy matters with a patient. In 2020, a complaint was received alleging the Member failed to recognize that a patient's presentation with tachycardia and low blood pressure warranted a more comprehensive examination or referral to the Emergency Department for further assessment and that follow – up assessment would be required sooner than 4 weeks. The Member entered Alternate Dispute Resolution. The Member will be subject to supervision for diagnosis and prescribing pending completion of courses in health assessment for Nurse Practitioners and Nursing Informatics and chart reviews by a Nurse Practitioner for one year from the date of the agreement.

RNANT/NU Member # 7052

On April 22, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member failed to follow the First Nations and Inuit Health Branch Clinical Practice guidelines therefore failing to assess thoroughly and accurately a 66 – year – old male who had been struck, from behind, by an ATV resulting in a delay of emergency and surgical treatment. The Member entered Alternate Dispute Resolution and will complete the Essentials of Musculoskeletal Emergencies self – study course, Trauma Nursing self – study course and the Documentation in Nursing self – study course at McEwan University.

RNANT/NU Member # 7026

On April 22, 2022, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member failed, on more than one occasion, to the “rights” of medication administration by failing to administer a prn medication, administering a medication late, administering an evening medication in the morning and not administering an iron infusion in a timely manner. The Member failed, on more than one occasion to document contemporaneously, accurately and thoroughly the pre- and post-operative care being given to the patients. The Member entered Alternate Dispute Resolution and will complete the Medication Management self – study course, Documentation in Nursing self – study course at McEwan University and will write a scholarly self – reflection paper regarding the importance of time management in nursing practice.

Professional Conduct Decisions

Cont'd

RNANT/NU Member # 4877

On January 19, 2021, 202, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member violated the Government of Nunavut's Telephone Triage Policy, on more than one occasion, by not assessing the six categories of patients in the time - line outlined in the policy. The Member failed to assist a second nurse, who was not on call, who the member, as first nurse on call, had called down to assess an infant who was cyanotic and in acute respiratory distress. The Member failed to assess a 2 - year - old child who the member thought was in anaphylaxis, leaving the child in the waiting room so one of the three other nurses, who were all busy with a very ill one month old, could care for the 2 - year - old. The Member left the health center, while first nurse on call, to go to a sewing group knowing that the nurse covering the call phone had called three other nurses to the health center to care for three emergent patients who were coming to the health center. The Member, as the nurse in charge, signed and filed abnormal diagnostic test results without advising the nurses or acting on the abnormal results. The Member shouted at the mother of a 7 - year - old sexual assault victim, while examining the child, to stop crying. The Member yelled at, criticized, humiliated, scolded, intimidated, bullied, using passive aggressive communication style, on more than one occasion, with the support staff and the community health nurses in front of other community health nurses, support staff and in a public area of the health center. The Member called in her second nurse on call, while first nurse on call, to care for a patient with shortness of breath. The Member, then called another nurse who was on a day off to come down to care for a patient with a drug overdose, while she administered an IV antibiotic to a patient. Finally, the member then went on break, without completed the care of the IV site following antibiotic infusing, leaving the two nurses who were not the responsible nurse for either of the patients in the clinic. The Member sent an email to a pharmacist advising that a patient, who the Member had not cared for at all, with a traumatic back injury no longer needed the medication for pain hindering the treatment and care of the patient. The Member told the outreach worker, who was dating an Inuit man, that there is a policy against dating "these people." The Member refused, while second nurse on call, to give assistance to the first nurse on call who was caring for a patient being medevac'd with a diagnosis of COPD/Pneumonia. The Member refused, as second nurse on call, to assist with two emergencies: one being a high-risk prenatal twin pregnancy and the second being a patient with cardiac chest pain. The Member certificate of registration to practice nursing pending completion of course work. The Member will complete the Leadership in Nursing self - study course, the Relational Practice and Communication self - study course at McEwan University and will write a reflective practice paper on the importance of cultural awareness and sensitivity when working with Indigenous patients. For a period of 12 months following reinstatement of the certificate of registration to practice nursing the Member will not apply for or temporarily hold any of the following positions Nurse in Charge of a Community Health Centre in Nunavut or the Northwest Territories, Supervisor of Community Health Programs in any community in Nunavut or the Northwest Territories, and the Director of Nursing.

CALL FOR NOMINATIONS!



Let's shine a much-deserved spotlight on our nursing heroes. Thank A Nurse is an initiative that aims to recognize nurses from all domains of practice from each and every province and territory across Canada. We invite you to nominate a Canadian nurse who you would like CNF to nationally recognize and celebrate.

Each nominated nurse will have the opportunity to be:

- Gifted a complimentary ticket to this year's immersive CNF 2021 Nightingale MaskerAide virtual event on October 28, 2021
 - Recognized nationally during the CNF 2021 Nightingale MaskerAide
 - Spotlit in a #ThankANurse social post on CNF's channels this year
- The first 65 nurses to accept their nomination will be gifted a custom-made gold face mask by Canadian fashion brand Diana Coatsworth Design and an accompanying frontline tote bag.

Deadline: July 29th at 5:00 pm EST
Forms available at <https://cnf-fiic.ca/thank-a-nurse/>

We want to hear from you!

Snap a Picture

We are looking at updating our pictures on the RNANT/NU website and in our Newsletters to more clearly reflect where our Registered Nurses work and live. Our goal is to have one photo from each community!

Share your Story

We are also collecting stories and comments from all over the Northwest Territories and Nunavut to feature in upcoming newsletters. Tell us about your new work initiatives, nursing travel, student news, upcoming events, or nominate a fellow nurse for our *Nurse to Know* feature!

When you email your pictures please include where and what time of year the picture is taken and that we have permission to use the photo. You will be given credit for the photo when used. If you include people in the photos we must have the Photo Release form completed by each person in the photo, which can be found on our website.

