

RESOLUTIONS

- Report of the Resolutions Committee
- 2023 resolutions actions
- 2025 resolutions



CANADIAN FEDERATION
OF NURSES UNIONS



Resolutions

Report of the Resolution Committee

to the Canadian Federation of Nurses Unions

22nd Biennial Convention

Niagara Falls, Ontario

June 2-6, 2025

Resolutions Committee Chair:

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:

Paula Doucet, President, New Brunswick Nurses Union

Alan Warrington, Vice-President, Ontario Nurses' Association

Danielle Larivee, Vice-President, United Nurses of Alberta

Adriane Gear, 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 2023 Biennium and prepared a report on follow-up actions.

Notice was sent to all Member Organizations regarding the March 7, 2025, deadline for submission of resolutions. The Committee will meet again following the June 5, 2025, emergency resolution deadline to review emergency resolutions.

CFNU biennial resolutions

The Committee reviewed 16 draft resolutions and found them all in order. The Resolution Committee accordingly submits the following 16 resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)



Resolutions

2023 resolutions actions

	ACTION
<p>Resolution #1 – There is no health without mental health</p> <p>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; and</p> <p>BE IT FURTHER RESOLVED that the CFNU and its affiliates will advocate for the prevention of psychological injury through proper assessment and intervention programming in line with the Psychological Safety Standard from the CSA and the Mental Health Commission of Canada.</p> <p>Carried</p>	<ul style="list-style-type: none"> • CFNU to submit funding proposal to PHAC/HC – done and was rejected by PHAC • Prepared analysis on what provinces/employers do on the Psychological Safety Standard – ongoing work • Added to LTBG
<p>Resolution #2 – Fairness to internationally educated nurses</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Continue work with WES • Created advisory committee of IENs (Angela Crawford BCNU, Marierose Acero SUN, Baljinder Singh NSNU) • Report done <i>Bolstering Pathways to practice; Empowering IEN in Canada</i> (February 2025) • Webinar held on March 19, 2025
<p>Resolution #3 – Tax credit for nurses’ return and retention</p> <p>BE IT RESOLVED that the CFNU continue its work with the Department of Finance Canada to establish a new income tax incentive for CFNU members, either in the form of a tax credit or deduction.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Request discussion paper on options for tax incentives (on-going) • Lobby governments • In Nova Scotia eligible nurses under 30 can take advantage of a program which returns the provincial income tax paid on the first \$50,000 of income earned
<p>Resolution #4 – No more mandated overtime, it’s not safe</p> <p>BE IT RESOLVED that the CFNU initiates research and a campaign for regulation/legislation to limit</p>	<ul style="list-style-type: none"> • Prepare research paper and lobby tool • Yearly surveys done by Viewpoints • Research paper done: <i>Safe Hours Save Lives</i> (December 2023)



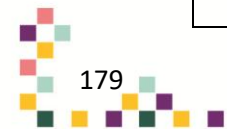
Resolutions

<p>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 and nursing regulatory organizations to protect nurses’ professional responsibilities.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Education presentations rolled out (2023-2024) • Hosted webinar (December 2023)
<p>Resolution #5 – Bill C-3</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Work with HESA committee • Bring forward to CFNU OH&S network • Support Bill C-321 – An Act to amend the <i>Criminal Code</i> (assaults against persons who provide health services and first responders) • CFNU, BCNU and ONA made official presentation to government
<p>Resolution #6 – Urgent retention plan for nurses</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • #1 priority for CFNU • Work with CNO/PNAs • Lobby Health Canada • Worked on and promoted Health Canada’s <i>Nursing Retention Toolkit</i> • Webinar with Chief Nursing Officer in May 2024 • Be part of federal election asks • Campaign/lobby – video produced for CNSA conference January 2025 • Produced updated research paper <i>Nurse-Patient Ratios: Current evidence report</i> September 2024 • Hosted International Summit on NPR November 2024 • Created NPR video and campaign • Included NPR as part of CFNU election ask in Patient Safety Bill of Rights • Releasing ratios report in May 2025
<p>Resolution #7 – No more private for-profit long-term care</p> <p>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</p>	<ul style="list-style-type: none"> • Continue lobby • Part of federal election ask • Convening meeting with stakeholder organizations • Created a LTC advisory committee (Karen Jantzen MNU, Glenda Sabine)



Resolutions

<p>BE IT FURTHER RESOLVED that all CFNU's Member Organizations pressure their provincial governments for a moratorium on private for-profit care in the long-term care sector.</p> <p>Carried</p>	<p>NSNU, Leanne Robertson-Weeds BCNU)</p> <ul style="list-style-type: none"> • LTC position statement February 2025 • Ongoing work on LTC • Part of Health Canada consultation on LTC and the care economy
<p>Resolution #8 – Implementation of the Health Standards Organization (HSO)'s National Long-Term Care Services Standard</p> <p>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;</p> <p>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;</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Continue lobby to be enforceable • Determine if cultural awareness is included
<p>Resolution #9 – Private nursing agencies</p> <p>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;</p> <p>BE IT FURTHER RESOLVED that the CFNU lobby provincial and territorial governments to legislate a cap on the fees and charges paid to private nursing agencies, and mandate full public disclosure of all health ministry or employer contracts with such agencies. If the agency exceeds the cap, they would have fines imposed on them.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Research paper done <i>Opening the black box: unpacking the use of nursing agencies in Canada</i> (September 2024) • Lobby campaign – video produced February 2025 • Added to LTBG
<p>Resolution #10 – Nursing students</p>	<ul style="list-style-type: none"> • NEB to meet with CNSA board to develop plan



Resolutions

<p>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;</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Report to be presented at CFNU convention • Survey of 4,000 nursing students done with CNSA • Video produced for CNSA national conference • CBC editorial done • Position paper to be released at convention
<p>Resolution #11 – Dues Structure Committee</p> <p>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.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Finance committee to develop terms of reference • Meetings in progress
<p>Emergency Resolution #1 – Standardizing the registration process (or licensing process) for IENs</p> <p>BE IT RESOLVED that the CFNU will initiate a campaign to highlight the need for a standardized approach to licensing IENs, i.e.:</p> <ol style="list-style-type: none"> 1. Align credential assessment and immigration processes to eliminate duplications in the collection of documentation. 2. Issue a single credential assessment report which aligns an IEN’s qualifications with the different levels within the nursing professions (RN, RPN/LPN) to save time and money. 3. Refer IENs directly to clinical skills assessments as needed to reduce waiting time. <p>BE IT FURTHER RESOLVED that the CFNU should allocate resources and, in partnership with regulatory bodies, then conduct public awareness campaigns to promote the value and contributions of IENs to the Canadian health care system,</p>	<ul style="list-style-type: none"> • Continue work with WES • Created IEN advisory committee • Report done <i>Bolstering Pathways to Practice : Empowering Internationally Educated Nurses in Canada</i> (February 2025) • Webinar March 2025



Resolutions

<p>addressing any misconceptions or biases that may hinder their integration.</p> <p>BE IT FURTHER RESOLVED that the CFNU will create an IEN committee to work on the above resolutions, and will monitor, evaluate and have feedback mechanisms to assess the effectiveness of the standardized registration process and identify areas for improvement.</p> <p>Carried</p>	
<p>Emergency Resolution #2 – Equity</p> <p>BE IT RESOLVED that the CFNU commit to ensuring that the voices of equity-seeking members are heard on the national level;</p> <p>BE IT FURTHER RESOLVED that the CFNU commit to ensuring that the principles of truth and reconciliation are heard on the national level;</p> <p>BE IT FURTHER RESOLVED that the CFNU commit to making available equity-related education materials to all members;</p> <p>BE IT FURTHER RESOLVED that the CFNU provide support to constituent unions to develop and enhance their capacity to undertake and support equity-oriented initiatives.</p> <p>Carried</p>	<ul style="list-style-type: none">• Work with Member Orgs on how to better promote• Commissioned research paper by Dr. Lisa Bourque Bearskin in Indigenous health and nurses – to be released June 2025• Created advisory committee (Candi DeSousa BCNU, Marla Johal MNU, Brigitte Goar ONA)• National nurse apology planned for June 3, 2025, and CFNU pledge on June 5, 2025• Commissioned 2 videos on Indigenous nursing



Resolutions

Resolution #1 –Gender-Based Violence

WHEREAS most nurses are women, and women make up a substantial portion of the health care workforce;

WHEREAS women and girls are disproportionately impacted by gender-based violence;

WHEREAS gender-based violence is, in addition to being discriminatory, a critical health care issue that requires action and attention, and that all impacted individuals be treated with dignity, respect and care;

WHEREAS individuals belonging to historically, persistently, or systemically marginalized groups, and in particular Indigenous women, girls and 2SLGBTQQIA people, are at greater risk of experiencing gender-based violence;

WHEREAS the health care system must evolve to include proactive measures to address and help prevent gender-based violence, ensuring a safe and inclusive environment for all patients and workers;

WHEREAS, gender-based violence affects the well-being and mental health of nurses and health care workers and impacts their ability to provide care to patients; and

WHEREAS, addressing all forms of violence against nurses and health care workers is critical to ensuring a sustainable, safe, and effective health care workforce,

BE IT RESOLVED THAT, CFNU develop a campaign for member organizations with a primary focus on increasing awareness of gender-based violence;

FURTHER BE IT RESOLVED THAT, this campaign be supported by materials and resources to ensure that all nurses are made aware of the knowledge and skills necessary to act effectively in these situations, based on the principles of cultural safety and anti-racism (including Indigenous-specific anti-racism), through a trauma-informed approach;

FURTHER BE IT RESOLVED THAT, this campaign place particular emphasis on creating safe, and culturally responsive spaces for patients, nurses and health care workers who identify as women, Two-Spirit, transgender, and gender diverse, inclusive of Indigenous women, girls and 2SLGBTQQIA people, and inclusive of individuals who belong to historically, persistently, or systemically marginalized groups; and



Resolutions

FURTHER BE IT RESOLVED THAT, the theme for the 2027 convention be centered around addressing gender-based violence in health care, with plenary and workshop sessions designed to cover topics such as, though not limited to:

- Defining gender-based violence and highlighting its impact on Indigenous women, girls and 2SLGBTQQIA people, individuals from HPSM groups, families, communities and our health care system;
- Identifying early signs of gender-based violence;
- Providing support to patients and co-workers who are victims/survivors of gender-based violence; and
- Identifying actions to take and protocols to follow when encountering gender-based violence.

Submitted by: Adriane Gear, President, BCNU & Tristan Newby, Vice President, BCNU

Motion Summary Intent:

Everyone has the right to live free from violence. However, many people in Canada continue to face violence every day because of their gender, gender expression, gender identity or perceived gender. This is referred to as gender-based violence (GBV) and it is a violation of human rights. While GBV affects all people, systemic and persistent gender inequality results in women and girls being disproportionately impacted by gender-based violence.

Individuals belonging to historically, persistently, or systemically marginalized (HPSM) groups are at greater risk of experiencing GBV. This includes Indigenous women, girls, Black women, and other racialized women, immigrant and refugee women, 2SLGBTQQIA people, women with disabilities, and women living in northern, rural and remote communities.

Furthermore, the “persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada’s staggering rates of violence against Indigenous women, girls and 2SLGBTQQIA people.”¹

Intimate partner violence (IPV), also known as spousal or domestic violence, is a prevalent form of GBV. It refers to multiple forms of harm caused by a current or former intimate partner or spouse and, likewise, significantly impacts individuals belonging to historically, persistently, or systemically marginalized groups.

¹ <https://www.mmiwg-ffada.ca/final-report/>



Resolutions

This motion aims to raise awareness and advocate for initiative-taking strategies to combat GBV. Nurses are well-positioned to identify signs of GBV within their clinical practice and are best prepared to respond to these situations with compassion, competence, and care. It is imperative that CFNU lobby for the provision of supports, education, and resources for the nursing profession.

Additional Background

CBC News, (Nov. 6, 2024). Trail, B.C., mourns mother after estranged husband charged with murder.

A small community of about 8,000 people is mourning the loss of a beloved local nurse, whose estranged husband has been charged with her Monday death, which occurred just east of Trail, B.C.

RCMP say Lindsay Danchella, also known as Lindsay Batts, suffered fatal injuries after being assaulted on the front lawn of a Montrose residence, and died in hospital later in the day.

One of her close friends says it was the home of Danchella's estranged husband, and that she had been there to hand over their two-year-old son as part of their custody arrangement.

The ex-husband in question, 46-year-old Donald James Danchella, was arrested by RCMP at the scene and has since been charged with second-degree murder.

The charge has not been proven in court. The 46-year-old is scheduled to appear next on Nov. 18.

Heather Wiley, who was a good friend of the victim, alleges the 44-year-old had been abused by her estranged husband.

"There's a real general sense of disbelief that something so violent and tragic could occur in our own community," said Wiley, speaking at a vigil held at Danchella's workplace, Kiro Wellness Centre, on Wednesday.

Wiley, who has lived in Trail her whole life, said her family offered Danchella a place to stay after she left her husband and went into transitional housing.

Wiley said Danchella was well-loved at her work and in the community.

"In the world of give and take, Lindsay was the give. She was a big giver. She showed up always with something in hand," Wiley said of her friend. "She was the bringer of gifts. She was the bringer of treats."

She added that Danchella's heart has been "bursting full of love" for her two-year-old son, and that she had done everything possible to take the high road in her relationship.

"And for this to be the outcome is completely unimaginable. And this community, I think our whole community is reacting to this," Wiley said.



Resolutions

CBC News, (Sept. 27, 2007). Slain Windsor nurse often harassed by doctor, colleague testifies

A Windsor nurse who was stabbed to death at the hospital where she worked was often harassed by the doctor who eventually killed her, a colleague testified Thursday at a coroner's inquest.

Lori Dupont was slain at Hôtel-Dieu Grace Hospital on Nov. 12, 2005, by her ex-boyfriend Marc Daniel, who worked there as an anesthetist. Daniel later killed himself with a drug overdose.

Nurse Brenda Hooper told the inquest she had to run interference between Dupont and Daniel, who she characterized as a bully who often threw his weight around.

She said on one occasion she saw Daniel purposely hip-check Dupont into a wall. Another time, Hooper said, she herself felt threatened when Daniel told her, "I hate you all. If I could take you all down, I would."

She reported her concerns about Daniel's behaviour to her supervisor on several occasions and was told the administration was aware of the situation and would take care of it, Hooper said.

She said when she pressed further, she was told that "Lori and Marc were grown adults and could deal with their own problems."

Daniel had already tried to commit suicide earlier in 2005, reportedly when Dupont was trying to get him out of her life.

Dupont had applied for a peace bond to keep Daniel away from her and was waiting for a court date when he resumed working at Hôtel-Dieu in June that year.

The hospital, which had helped Dupont prepare the court application, offered her security escorts to her car and reserved a parking spot for her next to the security office.

Elizabeth McIntyre, the lawyer representing the Ontario Nurses' Association, said outside the inquest that given the pair's history, hospital management should have done more to protect Dupont.

"They should have been aware... of what the situation was," she said. "He shouldn't have been back. If he was brought back, he certainly should have been monitored. And at the very least he should not have been put on that weekend with Lori Dupont."

More of Dupont's co-workers are scheduled to testify at the inquest.



Resolutions

Fact and Statistics (www.canada.ca)

Gender-related homicides:

From 2011 to 2021, an average of 102 women and girls were victims of gender-related homicide per year in Canada, totaling 1,125 over the period.

- Of these homicides, 93% were committed by a male intimate partner or family member of the victim.

Human trafficking:

- 89% of all victims were under the age of 35 (2019).
- 95% of identified victims were women and girls

Intimate partner violence:

- More than 11 million people in Canada have experienced intimate partner violence (a type of gender-based violence) at least once since the age of 15.
- The rates of intimate partner violence are higher for the following groups²:
 - o 67% for LBG+ women
 - o 61% for Indigenous women
 - o 57% for women living in poverty
 - o 55% for women with disabilities
 - o 44% for all women

Sexual assaults:

- More than 4 in 10 (43%) of Indigenous women have been sexually assaulted at least once since the age of 15,
 - o 45% of First Nations women
 - o 44% of Metis women
 - o 26% of Inuit women

Unwanted sexual behaviours

- In 2018, more than 6 in 10 (61%) of women aged 15-24 had experienced unwanted sexual behaviours in a public place

Violent victimization

- Transgender and gender-diverse people experience more violent victimization
 - o 59% of transgender and gender-diverse people experience violent victimization
 - o 37% of cisgender people experience violent victimization

² <https://www.canada.ca/en/women-gender-equality.html>



Resolutions

Resolution #2 – Scholarship for Palestinian nurse education

WHEREAS, under Israel’s siege, the education³ and healthcare⁴ systems in the Gaza Strip have been and continue to be systematically dismantled and each medical centre or humanitarian delivery system is being destroyed;

WHEREAS, our Palestinian nursing colleagues are among the over 1200 health care workers killed and over 380 health care workers illegally detained since October 2023, furthering the suffering of civilians by denying them medical expertise and care⁵;

WHEREAS, the CFNU’s International Solidarity Fund was designed in part to strengthen the capacity of workers to advance the right to health, and to develop long term partnerships with workers in developing countries;

WHEREAS, in line with its commitment to promote human rights and equity for all, the CFNU has the opportunity during this critical global moment to demonstrate true international solidarity by supporting Palestinian nurses’ education,

BE IT RESOLVED THAT, CFNU develop a scholarship and related outreach plan for Palestinian nurse education to show solidarity with our colleagues

FURTHER BE IT RESOLVED THAT, by 6 months time the CFNU will provide an update to federation members on the development of this scholarship and its related outreach plan

Submitted by: Ben Fussell, RIVA region BCNU

³ MSF (<https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-4-march-2025>)

⁴ UN: <https://www.msf.org/attacks-medical-care>

⁵ Healthcare Workers Watch: <https://healthcareworkerswatch.org/guardian>



Resolutions

Resolution #3 – Arms Embargo Now Campaign

WHEREAS, On January 26, 2024, the International Court of Justice issued a provisional ruling that Israel was plausibly committing genocide against Palestinians in Gaza. At this time, South Africa’s legal team concluded, “Almost above all else, Israel’s military assault on Gaza has been an attack on Gaza’s medical healthcare system, indispensable to the life and survival of the Palestinians in Gaza”.

WHEREAS, Since October 7th, 2023, Healthcare Workers Watch (HWW) has confirmed the killing of a total of 587 healthcare workers in Gaza by Israel and are in the process of verifying the killing of a further 420 healthcare workers, totalling 1007. One third of those confirmed killed are women (194). As of February 25, 2025, HWW documented 384 cases of unlawful detention of healthcare workers in Palestine by Israeli Occupation Forces, including 97 physicians, 111 nurses, and 62 paramedics. At least 185 are currently in detention, including the bodies of 4 healthcare workers killed in detention and 24 remain missing after hospital invasions. At least 96 healthcare workers have provided testimonies of torture and inhumane treatment to HWW or other platforms.

WHEREAS, The ongoing genocide is taking place against the backdrop of 76+ years of Israeli settler colonialism involving military occupation, apartheid, and siege. The crime of Israeli apartheid has long been acknowledged by the United Nations, Amnesty International, Human Rights Watch, and Israeli human rights NGO B’Tselem. Likewise, it has been acknowledged that Israeli apartheid draws inspiration from Canada’s reserve system imposed upon the Indigenous people of Turtle Island, as was the case with South African apartheid.

WHEREAS, On July 19, 2024, the International Court of Justice declared that Israel’s occupation of Palestine is illegal and all states have an obligation not to support it. Moreover, on September 13, 2024, the United Nations General Assembly adopted a resolution demanding Israel end its occupation within 12 months, and called on UN Member States like Canada to take concrete steps to end the occupation, including “to halt the transfer of arms, munitions, and related equipment to Israel”.

WHEREAS, On October 16, 2023 and again on October 16, 2024, Palestinian trade unions issued a call for urgent solidarity from the global labour movement, imploring workers across the world to halt the arms trade with Israel, in addition to other demands.

WHEREAS, On December 19, 2024, Doctors Without Borders published a report which reinforced the previous findings and calls to action, stating, “...ethnic cleansing and genocide are taking place in Gaza. MSF calls on States, particularly Israel’s closest allies, to end their



Resolutions

unconditional support for Israel and fulfill their obligation to prevent genocide in Gaza.” Since 2019, CFNU has supported the work of Doctors Without Borders through its International Solidarity Committee and humanitarian funds.

WHEREAS, On November 26, 2024, in a letter to Prime Minister Trudeau, CFNU recognized the necessity of concrete action to end the genocide in Palestine by expanding on previous calls and demanding the government “Immediately impose a two-way arms embargo on Israel”.

WHEREAS, Article 4.08 of the CFNU Constitution specifies one of the objectives of the Federation is to “Be advocates for social justice, equity and inclusion...”. Furthermore, the CFNU’s Human Rights and Equity Position Statement asserts that the Federation “promotes and supports human rights and equity for all” and supports “the principles of human rights as proclaimed in the Universal Declaration of Human Rights”. To this end, the Federation encourages members to “Use our collective voice to lobby for human rights, equity and inclusion”

BE IT RESOLVED THAT, The CFNU and provincial affiliates sign onto and publicize the Arms Embargo Now campaign (<https://armsembargonow.ca/>) initiated by civil society organizations, along with unions such as the Public Service Alliance of Canada (PSAC), Canadian Union of Public Employees (CUPE) and Canadian Union of Postal Workers (CUPW).

FURTHER BE IT RESOLVED THAT, The CFNU and provincial affiliates lobby the federal government to implement a comprehensive two-way arms embargo on Israel.

Submitted by: Janice Glen, ONA Local 095



Resolutions

Resolution #4 – Post-secondary programs for Psychiatric Nurses

WHEREAS developing Post-Secondary Programs for Psychiatric Nursing: Psychiatric Nurses are members of CFNU and therefore, in the spirit of equity and inclusion, CFNU should encourage national solidarity and unity among nursing workforces and discourage regionalization of Psychiatric Nurses and their postsecondary training;

WHEREAS since the pandemic (and indeed even before that time), the need has sky-rocketed for specialized Mental Health workers in our communities and within our healthcare systems. The addition of specifically-trained Psychiatric Nurses,

BE IT RESOLVED THAT CFNU collaborate with Canadian Nurses' Association (CNA) and the Canadian Federation of Mental Health Nurses (CFMHN) and the existing provincial regulatory bodies for Registered Psychiatric Nurses, lobby Provincial and Federal governments for and promote the creation and expansion of post-secondary training programs for Psychiatric Nurses in all the provinces and territories across Canada.

Submitted by: United Nurses of Alberta



Resolutions

Resolution #5 – Registered Psychiatric Nurses inclusion

WHEREAS Legislation changes to Health Professions Acts that would recognize Psychiatric Nursing practice: The need for immediate, short-term relief of the nursing/staffing crisis are well-served by utilizing some of the existing (and in some cases inactive) Psychiatric Nurses (Domestic and International) to help out.

WHEREAS Psychiatric Nursing is recognized internationally, specifically in most commonwealth nations, and the practice of incapacity for Psychiatric Nurse registration in parts of Canada does not align with many International jurisdictions and ignores the value of this long-established, highly respected and valued profession, and does not recognize one of the distinct differences in our system from the system in the United States.

WHEREAS The establishment of a Psychiatric Nursing workforce in a new jurisdiction is best supported by the recruitment of both new and experienced Psychiatric Nurses.

WHEREAS Psychiatric Nurses are members of CFNU and therefore, in the spirit of equity and inclusion, CFNU should encourage national solidarity and unity among nursing workforces and discourage regionalization of Psychiatric Nurses and their postsecondary training.

WHEREAS Recently implemented legislation in PEI did not include consideration for currently practicing, diploma Psychiatric Nurses and therefore did not allow for this large part of the workforce to help provide immediate relief for some of their nursing/staffing crisis.

WHEREAS Since the pandemic (and indeed even before that time), the need has sky-rocketed for specialized Mental Health workers in our communities and within our healthcare systems. The addition of specifically-trained Psychiatric Nurses, capable of independent practice would help address this overwhelming need.

BE IT RESOLVED THAT CFNU and its member organizations collaborate with Canadian Nurses' Association (CNA) and the Canadian Federation of Mental Health Nurses (CFMHN) and the existing provincial regulatory bodies for Registered Psychiatric Nurses, lobby for and promote pan-Canadian legislative inclusion of Registered Psychiatric Nurses or an equivalent designation/title in the Provincial Health Professions Acts in all provinces and territories in Canada, including allowances for entry-to-practice requirements that align with the four western provinces.

Submitted by: United Nurses of Alberta



Resolutions

Resolution #6 – Prioritizing the mental health of nurses and other health care workers

WHEREAS there is a critical and ongoing need to support the mental health of nurses and other health care workers, as their well-being is essential to both their personal health and the effective functioning of the health care system;

WHEREAS the 2019 CFNU-University of Regina report on nurses' mental health revealed that nearly half (47.9%) of participants screened positive for a mental disorder, showing rates comparable to those of public safety personnel (PSP);

WHEREAS CFNU's 2025 *National Nurses' Survey* with Viewpoints Research found that nurses continue to struggle with their mental health (of the 4,736 nurses surveyed, 17% were unable to work for at least one week in the preceding year due to mental health issues; 31% of nurses surveyed screened positive for anxiety, 24% screened positive for depression and 31% of nurses screened positive for clinical burnout, while more than 91% show at least some symptoms of burnout; half of nurses surveyed (49%) rate the level of stress they experience at their job as high or very high, and less than half of nurses (46%) feel they have access to sufficient mental health supports);

WHEREAS the CFNU partnered with Health Canada to expand the Wellness Together Canada program to better serve nurses and other health care workers during the pandemic, yet ongoing and expanded supports are necessary;

WHEREAS the federal government has provided dedicated mental health support to public safety personnel (PSP) through the well-funded PSPNET program, which offers therapist-guided internet-based cognitive behavioral therapy (CBT) for depression, anxiety and post-traumatic stress injuries;

WHEREAS nurses and other health care workers face unique occupational stressors, including high workloads, moral distress, exposure to trauma and workplace violence, which require targeted mental health supports tailored to their profession,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the development and implementation of comprehensive mental health supports for nurses and other health care workers by:



Resolutions

1. Pushing for the adoption and enforcement of the standard CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2022), *Psychological health and safety in the workplace*, by all health care employers either through collective bargaining or through provincial legislation.
2. Lobbying federal and provincial governments for sustained and increased public funding for accessible evidence-based mental health resources tailored to the needs of nurses and other health care workers.
3. Advocating for employer-supported mental health initiatives that include confidential counseling services, peer support programs and workplace accommodations to address psychological distress.
4. Ensuring that all nurses and health care workers have access to proactive mental health resources, including stress management training and trauma-informed care education.
5. Calling for a national strategy on nursing and health care worker mental health that addresses the systemic causes of poor mental health in the sector, including unsafe workloads, workplace violence and moral injury.
6. Collaborating with health care organizations, unions and research institutions to monitor and evaluate the mental health needs of nurses and other health care workers and develop effective interventions.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Prioritizing the mental health of nurses and other health care workers

- In CFNU's 2025 survey of over 4,700 unionized nurses across Canada:
 - 37% of nurses are considering leaving their current job, the profession entirely, or retiring in the next year.
 - 31% screen positive for anxiety; 24% screen positive for depression; 31% screen positive for clinical burnout, and more than 91% show at least some symptoms of burnout.
 - Only 50% report having good or excellent mental health.
 - 6 in 10 nurses report experiencing at least one type of violence or abuse in their workplace over the past year. Of these, 82% report verbal abuse, 47% report physical abuse, and a concerning 18% report sexual abuse from patients and families. Early-career nurses (<5 years) are significantly more likely to experience these types of abuse.
 - 17% of respondents were unable to work for more than one week in the past year due to mental health issues.
 - Only 1 in 4 (26%) reported receiving psychological health and safety training.
 - 26% work overtime (more than 40 hours per week); most of these respondents, 85%, feel the hours they work negatively impacts their relationships with family and friends.
 - More than a third of nurses reported working involuntary overtime in the preceding 6 months. About half of which report that the reason they worked involuntary overtime was because they felt morally obligated to keep colleagues from working short, and ensure patients receive appropriate care.
 - Two thirds of respondents say their workplace is regularly overcapacity.⁶
- PSPNET, an online federally funded therapist-guided internet-based cognitive behavioral therapy (CBT) for depression, anxiety and post-traumatic stress injuries, is available for border services officers, correctional workers, firefighters, Indigenous emergency managers, operations and intelligence personnel, paramedics, police, public safety communicators, and search and rescue personnel. Nurses are not currently eligible to receive this support.⁷
- The CSA Standard, *CAN/CSA-Z1003-13/BNQ 9700-803/2013*, sets out principles and actions that contribute to a psychologically healthy workplace through prevention of negligent, reckless and intentional harms to mental health and the promotion of psychological well-being.⁸

⁶ https://nursesunions.ca/wp-content/uploads/2025/03/CFNU-Member-Survey-Report_March-25_final-65.pdf

⁷ <https://www.pspnet.ca/>

⁸ <https://www.csagroup.org/wp-content/uploads/2421865-Z1003-13EN.pdf>



Resolutions

Resolution #7 – Addressing the health care needs of Canada’s aging population

WHEREAS Canada’s population is aging rapidly, with a growing proportion of seniors requiring increased health care services, long-term care and specialized geriatric care;

WHEREAS the current health care system struggles to meet the complex medical, social and long-term care needs of older adults, leading to increased hospital admissions, prolonged hospital stays, and challenges in accessing home care and long-term care facilities;

WHEREAS nurses and allied health professionals play a critical role in providing care for the aging population, yet health care staffing levels, resources and training opportunities in geriatric care are insufficient to meet demand;

WHEREAS the increasing strain on the health care system due to an aging population has financial, social and workforce implications, requiring immediate government action to implement sustainable solutions,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively lobby the federal and provincial governments to implement policies and funding strategies to address the growing health care needs of Canada’s aging population, including but not limited to:

1. Increasing investments in home care and community-based services to support aging in place and reduce unnecessary hospitalizations.
2. Expanding access to long-term care facilities, ensuring appropriate staffing levels – with a significant focus on licensed staff – and improved quality of care.
3. Enhancing education and training opportunities for nurses in geriatric and palliative care to improve health care delivery for older adults.
4. Implementing strategies to retain and recruit health care professionals specializing in senior care, addressing workforce shortages in this sector.
5. Advocating for improved coordination between health care, social services and community resources to provide comprehensive and integrated care for seniors.
6. Ensuring equitable pay for nurses in home care and long-term care as compared to other nursing sectors, and clear recognition of the value of their work.
7. Adopting and mandating the standard CAN/HSO 21001:2023 (E) *Long-Term Care Services* as the national framework for high-quality, resident-centered and safe long-term care services.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Addressing the health care needs of Canada's aging population

- Canada's aging population is increasing the demand for long-term care (LTC). By 2074, more than 1 in 4 people in Canada are expected to be aged 65 and older, and the population aged 85 and over is expected to triple to at least 3.2 million in the same period.⁹
- Older adults accessing LTC in Canada are becoming increasingly medically complex. A 2020 study of Ontario nursing homes found that most residents possess seven or more chronic conditions and take nine or more prescription medications.¹⁰
- LTC is severely understaffed. In 2021, Canada had only 3.8 LTC workers for every 100 people aged 65 and over, much lower than the OECD average of 5.7. Of these workers, most work part time (57%), substantially higher than the OECD average of 34% – resulting in much of the workforce being precariously employed and lacking benefits such as paid sick days, harming staff retention and recruitment.¹¹
- The COVID-19 pandemic highlighted shortcomings in private for-profit LTC homes in Canada, which were found to have lower staffing levels, less care hours delivered to residents, and consequently higher mortality rates.^{12,13}
- In 2024, 36% of LTC nurses are dissatisfied with their career choice, and 15% of them were considering leaving the profession in the next year – the highest across all the workplaces in which nurses practice. 54% of LTC nurses reported the quality of care at their workplace deteriorated over the previous year. Unpredictable staffing and scheduling (69%), not having enough time to complete all nursing tasks (62%), and inadequate compensation (64%) were all ranked by LTC nurses as very important considerations in leaving their jobs.¹⁴
- 30% of LTC nurses say better staffing levels would improve their work life and make them consider staying in their roles for longer.
- No Canadian jurisdiction is currently meeting HSO-recommended minimum 4.1 hours of care per resident per day to ensure LTC residents' health and safety.¹⁵

⁹ <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2025001-eng.htm>

¹⁰ <https://doi.org/10.1111/jgs.16394>

¹¹ <https://doi.org/10.1787/7a7afb35-en>

¹² <https://www.cbc.ca/news/canada/british-columbia/long-term-care-providers-report-1.6977987>

¹³ <https://www.cmaj.ca/content/192/33/E946>

¹⁴ Canadian Federation of Nurses Unions (2024). Council of the Federation July 2024 fact sheet: *Long-term Care*

¹⁵ <https://www.niageing.ca/jurisdictionalscanhso>



Resolutions

Resolution #8 – Addressing the impact of unpaid work in nursing education

WHEREAS nursing students are required to complete extensive unpaid clinical placements as part of their education, providing essential care in health care settings while receiving little to no financial support;

WHEREAS male-dominated professions, such as the skilled trades, provide students with paid apprenticeships;

WHEREAS the expectation of unpaid clinical placements places a significant financial burden on nursing students, many of whom must balance coursework, clinical placements and paid employment to support themselves throughout their education;

WHEREAS the reliance on unpaid student labour contributes to systemic inequities, disproportionately impacting students from lower-income backgrounds and creating barriers to entry into the profession;

WHEREAS the health care system benefits significantly from the clinical placements of nursing students yet fails to provide adequate compensation or supports, contributing to student stress, burnout and attrition from nursing programs;

WHEREAS addressing the financial burden of unpaid clinical placements can help improve retention and recruitment in the nursing profession, which is critical given the current nursing shortages across Canada;

WHEREAS a recent national survey of nursing students found that nearly all nursing students (92%) support paid clinical placements, and a large majority (87%) of nursing students say they would vote for a political party committed to implementing this,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the fair compensation and support of nursing students by:

1. Lobbying federal and provincial governments to implement financial compensation, stipends or wage-based models for nursing students during clinical placements.
2. Advocating for tuition relief, scholarships or grants specifically for nursing students to help offset the costs associated with unpaid clinical placements.
3. Engaging with educational institutions and employers to explore models that provide paid internship opportunities or integrate paid employment into nursing education.



Resolutions

4. Pushing for policies that ensure nursing students receive adequate supports during their placements, including reimbursement for travel, childcare and other associated costs.
5. Raising awareness of the issue through public campaigns, advocacy efforts and engagement with government officials to highlight the value of nursing students' contributions to the health care system.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Impacts of unpaid work in nursing education

- Numerous schools of nursing initially used an apprenticeship model with students being paid as employees throughout their training, from at least the 1920s. As nursing education evolved toward baccalaureate-level education around the 1960s, nursing students were no longer paid for the training component of their studies.¹⁶
- Becoming a nurse in Canada is incredibly expensive. While the costs of tuition and fees for nursing school vary depending on the province and the institution, domestic students can expect to pay, on average, about \$6,400 per year in tuition.¹⁷ There are also significant non-tuition costs, including transportation, in which nursing students are often required to have access to a personal vehicle to attend clinical placements.
- The first three years of registered nursing programs generally involve part-time placements that overlap with academic coursework. The final year includes a roughly three-month-long full-time preceptorship, where students transition into practicing more independently, including taking on a full patient assignment. This labour is all unpaid, and students must continue paying tuition during this period.
- Clinical placements often take 8 to 12 hours a day, multiple times a week, not including the time spent travelling to and from the location. Nonetheless, many students are forced to work a paid job while doing their placement and completing their other course work.
- CFNU and CNSA's 2025 survey found that 82% of respondents were concerned about their finances. More than 1 in 4 (28%) said they had considered dropping out of their nursing studies because of financial difficulties. This was highest among students who worked full time while going to school, with 47% of them saying they had contemplated transferring out of their program.¹⁸
- Almost two thirds (63%) of survey respondents said financial difficulties had a negative impact on their academic studies, and 72% said those difficulties were harming their physical or mental health.
- There are strong precedents internationally for paying nursing students and/or relieving them from tuition costs during their placements, including Australia¹⁹, Germany²⁰ and Ireland²¹.
- For further information on this issue, please read “Investing in the Future: Reducing Financial Barriers for Nursing Students” by Eyasu Yakob.

¹⁶ [The nurse apprentice and fundamental bedside care: An historical perspective - Tesseyman - 2023 - Nursing Inquiry - Wiley Online Library](#)

¹⁷ [Canadian undergraduate tuition fees by field of study \(current dollars\)](#)

¹⁸ [First national nursing student survey finds financial barriers to continue in nursing, Canadian Federation of Nurses Unions](#)

¹⁹ [Commonwealth Prac Payment - Department of Education, Australian Government](#)

²⁰ [Remuneration: Nursing training](#)

²¹ [gov.ie - Minister for Health announces €9 million in additional supports for student nurses and midwives](#)



Resolutions

Resolution #9 – Strengthening protections against violence toward health care workers

WHEREAS on December 17, 2021, Bill C-3 received Royal Assent, amending the *Criminal Code* of Canada to make intimidating a health professional a criminal offence, including threats or other forms of violence intended to provoke fear and interfere with their duties;

WHEREAS Bill C-3 also established that intimidating a health care worker and obstruction of their work would be considered an aggravating factor in sentencing offenders;

WHEREAS, despite these legal provisions, nurses and other health care workers continue to face significant barriers when seeking justice, including inconsistent enforcement by employers, inadequate responses from law enforcement and reluctance from the justice system to fully apply existing legal protections to workplace violence cases;

WHEREAS Bill C-321, *An Act to Amend the Criminal Code (assaults against persons who provide health services and first responders)*, seeks to further strengthen legal protections for health care workers by formally designating assaults against them as an aggravating factor in sentencing, reinforcing the need for stronger deterrents against violence in health care settings;

WHEREAS workplace violence is influenced by broader systemic issues, including staffing shortages, gaps in mental health and addiction services, systemic inequities, insufficient access to appropriate security and law enforcement in rural and remote localities, and social determinants of health, all of which contribute to the instances of aggression and violence in health care environments;

WHEREAS the CFNU has previously passed resolutions on this issue, recognizing that violence in health care remains an urgent and ongoing concern,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions (CFNU) and its Member Organizations continue to actively advocate for the prevention of violence against health care workers by:

1. Engaging with federal and provincial/territorial ministers of justice and attorneys general to ensure effective implementation of Bill C-3, emphasizing its role in deterring workplace violence and holding perpetrators accountable.



Resolutions

2. Lobbying the federal and provincial/territorial governments to strengthen the enforcement of legal protections for health care workers and ensure the consistent education of law enforcement officers in the application of criminal charges in cases of workplace violence.
3. Advocating for systemic reforms to address the root causes of workplace violence, including but not limited to improved mental health and addiction services, better staffing ratios and enhanced security measures such as weapons detection systems and metal detectors in health care settings.
4. Pressing employers and law enforcement agencies to fulfill their obligations, including educating officers on existing legal protections, such as Bill C-3, and ensuring that nurses and other health care workers receive appropriate support when reporting incidents of violence, including clear reporting processes, employer accountability and trauma-informed responses.
5. Partnering with other unions, advocacy groups and public safety organizations to raise awareness and push for legislative and policy changes aimed at reducing violence in health care and society at large.
6. Mobilizing nurses, allied health professionals and the public through petitions, awareness campaigns and direct advocacy to demand stronger protections against workplace violence.
7. Affirming that health care workers should not bear the burden of deciding whether charges should be pursued in cases of workplace violence. Instead, all assaults against health care workers must be automatically charged with the final decision made by the Crown.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Violence against health care workers

- Violence against nurses and other health care workers remain systemic. In January 2025, a 32-year-old man attacked three employees at the Halifax Infirmary with a knife, stabbing two and injuring a third. The emergency department was temporarily closed to most of the public. He is facing nine charges, including attempted murder.
- However, a legal analysis of cases involving workplace violence against nurses, published in November 2024, found that few cases make their way to courts in Canada. The analysis found only 12 English-language sentencing decisions between 2006 and 2021 where a nurse was the victim of violence. Only five cases were found under workplace laws where an employer was charged.²²
- In the 2025 national nursing survey that the CFNU conducted through Viewpoints Research, 59% of respondents indicated that in the past year they experienced violence or abuse related to their job (verbal, physical, bullying, sexual, online). The numbers were higher among nurses in Alberta (63%), British Columbia (65%), Manitoba (68%) and Saskatchewan (68%).²³
- From the survey, the most common types of violence respondents experienced are verbal and physical violence from patients and families. 82% reported experiencing verbal abuse from patients and their families, with Alberta (86%) and BC (88%) being the highest among the provinces.
- Disturbingly, nearly 1 in 5 respondents (18%) report experiencing sexual violence from patients or their families in the past year.
- The survey also found that 37% of respondents are not receiving workplace violence and harassment training, and 40% are not receiving a health and safety orientation. Only 1 in 4 (26%) are receiving psychological health and safety training. 1 in 3 respondents fear repercussions for reporting OH&S concerns or work-related violence and abuse.
- In October 2023, the first artificial intelligence (AI)-based weapons detection screening system in a Canadian hospital was installed at Windsor Regional Hospital's two campuses in their emergency departments, using a technology called Evolv Technologies. It is used in many U.S. schools, hospitals and stadiums, and some such buildings in Canada and the UK.
- In July 2024, a pilot of AI-based weapons detection screening systems was conducted at Manitoba's Health Sciences Center. Alberta is also exploring the trailing of these systems at health care facilities within the province.

²² [Workplace Violence Against Nurses in Canada: A Legal Analysis - PubMed](#)

²³ [National nurses' survey confirms urgent need for federal bill to address patient and worker safety on eve of federal election, Canadian Federation of Nurses Unions](#)



Resolutions

Resolution #10 – Establishing national standards for health care security personnel to address workplace violence

WHEREAS nurses and other health care workers continue to face increasing levels of workplace violence in a high-risk sector with limited rights to refuse unsafe work, including physical assaults, verbal abuse and threats, resulting in significant physical and psychological harm;

WHEREAS many health care workplaces or settings lack adequate security personnel or have inconsistent levels of protection, leaving nurses and other health care workers vulnerable to violent incidents while performing their duties;

WHEREAS the absence of standardized qualifications, training and competencies for health care security personnel leads to inconsistencies in their ability to prevent, de-escalate and respond effectively to violent situations;

WHEREAS other high-risk workplaces, such as correctional facilities and public transportation, have established national training and competency standards for security personnel, yet health care settings – despite being a recognized high-risk environment – lack similar protections;

WHEREAS implementing national standards for health care security personnel would improve the safety of nurses, other health care workers and patients by ensuring consistent evidence-based training in de-escalation techniques, trauma-informed care and crisis intervention;

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions advocate for the development and implementation of national standards for health care security personnel through the Health Standards Organization (HSO) or Canadian Standards Association (CSA) by:

1. Lobbying the federal and provincial/territorial governments to recognize workplace violence in health care as a national crisis and take immediate action to strengthen security protections through occupational health and safety (OH&S) legislation.
2. Calling for the establishment of national standards for health care security personnel that define specific training requirements, de-escalation techniques, crisis intervention skills, trauma-informed care and understanding of health care environments.
3. Ensuring that employers are required to meet and maintain these national standards when hiring security personnel, guaranteeing a consistent and competent level of protection across all health care settings.



Resolutions

4. Advocating for dedicated and properly trained security personnel in all health care facilities, with a particular focus on high-risk areas such as emergency departments, mental health units and long-term care facilities.
5. Establishing accountability mechanisms and oversight to ensure health care employers comply with national security training standards, with regular evaluations of their effectiveness and involvement from joint occupational health and safety committees to ensure compliance with the standards.
6. Collaborating with health care unions, advocacy organizations and professional bodies to support the development, implementation and enforcement of these national standards.
7. Raising public awareness about the risks nurses and allied health professionals face due to inadequate security, and mobilizing support for stronger protections in health care workplaces or settings.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Training for security personnel in health care

- A study of security practices in U.S. hospitals concluded that the effectiveness of hospital security is based on security personnel's relationships with other hospital employees. The study reviewed security practices at 340 U.S. hospitals with most hospitals (72%) having directly employed in-house security personnel.
- The most common recommendation from participants on improving hospital security and workplace violence was to provide more training of security personnel and hospital staff (63% of responses).²⁴
- Across Canada, the provinces have different names for health care security personnel, each with different levels of training and authority.
- In British Columbia, 320 workers with the title "relational security officer" had been hired in 2023 after provincial funding was provided to health authorities to establish this model in 26 health care settings. These workers receive training in workplace violence prevention and mental health, including trauma-informed practice training. Their training prepares them to anticipate, de-escalate and prevent aggression.²⁵
- Alberta Health Services (AHS) hires Protective Services Officers, who receive 6 weeks of training through the Peace Officer Induction Training Program. They are trained to "occasionally intervene with aggressive and unpredictable behaviour."²⁶ They are technically peace officers and are unionized through the Alberta Union of Provincial Employees (AUPE). However, most security in Alberta's health care facilities are privatized through third-party contractors. They are required to complete 40 hours of online training and pass an exam in order to receive their security license to work in this sector in Alberta.²⁷
- The Manitoba government has institutional safety officers (ISOs) working in hospitals throughout the province. They are "licensed as security guards and in health-care environments have additional training which allows them to accept a mental health patient from police, then secure and protect them until seen by health-care professionals."²⁸
- Toronto East General Hospital, considered to be a leader in workplace violence prevention, has each member of their Protective Services trained in-house with comprehensive training sessions, which includes de-escalation training.²⁹

²⁴ [Security Personnel Practices and Policies in U.S. Hospitals - Ashley L. Schoenfisch, Lisa A. Pompeii, 2016](#)

²⁵ <https://news.gov.bc.ca/releases/2023HLTH0143-001810>

²⁶ <https://www.albertahealthservices.ca/careers/Page12341.aspx>

²⁷ <https://securityguardcourse.ca/product/alberta-basic-security-guard-training-course-abst/>

²⁸ [Province of Manitoba | News Releases | Manitoba Government Announces Institutional Safety Officers Coming to Health Sciences Centre Winnipeg Starting April 15](#)

²⁹ <https://www.longwoods.com/content/24304/healthcare-quarterly/leadership-engagement-and-workplace-violence-prevention-the-collaboration-between-a-large-community>



Resolutions

Resolution #11 – Advancing health care rights and protections for 2SLGBTQIA+ individuals, particularly transgender individuals

WHEREAS unions have a long history of promoting social justice, human rights and equality, and have the power to use collective solidarity to advocate for the health care rights of LGBTQ+ individuals, particularly transgender individuals;

WHEREAS though Canada protects the health care rights of 2SLGBTQIA+ individuals, ongoing disparities in access to affirming, competent and inclusive health care persist, disproportionately affecting transgender individuals;

WHEREAS anti-2SLGBTQIA+ legislation and policies in some Canadian provinces and in the United States threaten the rights and well-being of 2SLGBTQIA+ individuals, demonstrating that continued advocacy is necessary to safeguard and advance these rights;

WHEREAS the rise of anti-2SLGBTQIA+ hate and discrimination underscores the urgent need for proactive efforts to ensure equitable health care access and protections for 2SLGBTQIA+ individuals;

WHEREAS organizations such as Momentum Canada are mobilizing to address political advocacy gaps and combat the increasing influence of the anti-2SLGBTQIA+ lobby, highlighting the need for unions and allied organizations to take action,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively advocate for the health care rights and protections of 2SLGBTQIA+ individuals, particularly transgender individuals, by:

1. Publicly affirming CFNU's commitment to the protection and advancement of health care rights for 2SLGBTQIA+ individuals, ensuring all members and the public understand CFNU's stance on equity and inclusion.
2. Lobbying the federal and provincial governments to ensure sustained funding for gender-affirming health care services, including specialized training for health care providers to deliver competent and affirming care.
3. Collaborating with 2SLGBTQIA+ advocacy organizations, such as Momentum, to combat health care discrimination and ensure that 2SLGBTQIA+ individuals, particularly transgender individuals, have access to equitable, affirming and stigma-free care.
4. Opposing any attempts to restrict access to gender-affirming care and advocating against policies that seek to undermine the health care rights of 2SLGBTQIA+ individuals in Canada.
5. Mobilizing nurses and allies to act against anti-2SLGBTQIA+ policies and rhetoric that threaten health care rights, including supporting campaigns, petitions and advocacy efforts aimed at protecting vulnerable communities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Advancing health care rights and protections for 2SLGBTQIA+ individuals, particularly transgender individuals

- 2SLGBTQIA+ people in Canada face widespread barriers to health care access, including provider incompetence, identity-based discrimination and the emotional labour of constant self-advocacy. Participants reported experiences of dismissal, misdiagnosis and systemic neglect, underscoring an urgent need for culturally competent, gender-affirming and anti-oppressive health care practices.³⁰
- 2SLGBTQIA+, especially trans, rights are under threat. Anti-trans sentiment has been growing, and a wave of anti-trans laws has been enacted around the world. In the USA alone, 48 bills limiting the rights of gender-diverse people were passed in 2024.³¹ Three Canadian provinces have followed suit, introducing legislation and policies targeting trans youth.
- Two bills in Saskatchewan (Bill 26: *Health Statutes Amendment Act*, 2024³²) and Alberta (*Education Amendment Act*, 2024³³) have been enacted that limit access to sexual education and inhibit free gender expression. Broadly, they require parental notification and/or consent for students to change names and/or pronouns congruent with the intent to identify with a gender that is different from their sex assigned at birth. They also place increased restrictions on educational lessons related to human sexuality, gender identity and sexual orientation, including requiring parents to opt-in to lessons on these topics and required ministerial approval of the lessons. A similar policy was first introduced by the Department of Education and Early Childhood Development in New Brunswick in August 2020. It was recently rolled back by the newly elected Liberal government in January 2025.
- Alberta has recently introduced or enacted two additional bills that will restrict the rights of trans youth.
 - Bill 29, *Ensuring fairness, safety and inclusivity in sport*, also received royal assent December 5, 2024. It will require schools and amateur sports organizations to create “athlete eligibility policies” that will adhere to less stringently scrutinized government policies that have not yet been detailed.

³⁰ https://egale.ca/wp-content/uploads/2024/10/EN-Action-Through-Connection-Report_Final_Oct2024.pdf

³¹ https://www.cbrc.net/anti_trans_laws_youth_support

³² <https://docs.legassembly.sk.ca/legdocs/Bills/29L3S/Bill29-137.pdf>

³³ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-027.pdf



Resolutions

Despite the careful language of the bill, the intent by Alberta's current government is clear – the regulations will be aimed at excluding trans female athletes from female sports divisions.^{34,35,36}

- *Bill 26 Health Statutes Amendment Act 2024* also received royal assent on December 5, 2024. It broadly prohibits gender-affirming surgeries and medications for minors, directly inhibiting health care options for trans youth.³⁷
- Section 15 of the *Canadian Charter of Rights and Freedoms* asserts the equal status of all individuals regardless of sex.³⁸
- “In 1996, the *Canadian Human Rights Act*³⁹ was amended to specifically include sexual orientation as one of the prohibited grounds of discrimination. This inclusion was a clear declaration by Parliament that gay, lesbian and bisexual Canadians are entitled to “an opportunity equal with other individuals to make for themselves the lives they are able and wish to have...”⁴⁰
- Canadian unions have stood in solidarity with 2SLGBTQIA+ individuals and communities for decades. Protection of trans rights is protection of workers' rights and human rights.⁴¹

³⁴ <https://www.alberta.ca/ensuring-fairness-safety-and-inclusivity-in-sport#:~:text=Bill%2029%2C%20the%20proposed%20Fairness,athletes%20are%20able%20to%20meaningfully>

³⁵ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-029.pdf

³⁶ <https://policyoptions.irpp.org/magazines/january-2025/alberta-trans-sports/#:~:text=While%20the%20legislation%20is%20said,participating%20in%20sports%20at%20all>

³⁷ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-026.pdf

³⁸ <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccd1/check/art15.html>

³⁹ <https://laws-lois.justice.gc.ca/eng/acts/H-6/>

⁴⁰ <https://www.canada.ca/en/canadian-heritage/services/rights-lgbti-persons.html>

⁴¹ <https://canadianlabour.ca/canadas-unions-stand-in-solidarity-with-the-2slgbtqi-community/>



Resolutions

Resolution #12 – Strengthening pandemic preparedness in health care

WHEREAS the COVID-19 pandemic exposed significant gaps in health care system pandemic preparedness, including shortages of personal protective equipment (PPE), inadequate staffing levels and limited surge capacity;

WHEREAS the potential threat of emerging infectious diseases, including avian influenza and other novel viruses, poses an ongoing risk to public health and the health care system;

WHEREAS nurses were disproportionately impacted during the COVID-19 pandemic, facing physical and mental exhaustion, unsafe working conditions and inadequate support, exacerbating burnout and staff shortages;

WHEREAS effective pandemic preparedness requires proactive investment in health care infrastructure, workforce planning, infection control measures and supply chain resilience to mitigate future crises,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively lobby the federal and provincial governments to implement comprehensive pandemic preparedness measures to safeguard health care workers and the public, including but not limited to:

1. Ensuring a secure and sustainable stockpile of PPE, medical supplies and essential medications to prevent shortages in future health emergencies, with transparency on reporting quantities to the public.
2. Establishing clear enforceable guidelines to protect nurses and other frontline health care workers, including enhanced infection prevention and control measures rooted firmly in the precautionary principle.
3. Investing in public health surveillance, early warning systems and research to detect and respond rapidly to emerging infectious disease threats.
4. Improving mental health and wellness support programs for nurses and health care workers to mitigate burnout and psychological impacts during future pandemics.
5. Enhancing collaboration between health care institutions, government agencies and labor unions to develop and implement evidence-based pandemic response strategies.
6. Investing in domestic production of PPE to strengthen self-sufficiency in production and lessen our reliance on foreign procurement.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Strengthening pandemic preparedness in health care

- Avian influenza, or H5N1, poses a risk of becoming the next pandemic. While only a small number of cases have been detected in humans, including a BC teen, the virus can continue to change and gain the ability to infect more people and potentially to be transmissible between people. If this does happen, early evidence suggests that an H5N1 pandemic could be far deadlier than COVID-19.⁴²
- The Public Health Agency of Canada (PHAC) has yet to release a plan that prepares Canada for the next pandemic. The CFNU has been informed by the PHAC that they are developing a plan, entitled Canada's Pandemic Preparedness Plan (CPPP), which is slated to be released in March 2026.
- The CFNU has insisted that nurses' unions be invited to collaborate on the design and implementation of such a plan, but to date nurses' unions have not been invited to any stakeholder consultations on this issue.
- The PHAC noted for the CFNU that "CPPP's technical components will align with themes identified in the WHO's Preparedness and Resilience for Emerging Threats (WHO PRET). These themes are Emergency and Science Coordination, Collaborative Surveillance and Data Analysis, Community Protection, Medical Countermeasures, and Health Care Services. Information related to health systems and surge capacity, psychosocial well-being and security of supply chain for medical equipment and supplies will be included in the technical components. CPPP will be informed by the cross-cutting considerations of One Health, communication, health equity, science, and ethics."
- In July 2024, PHAC released the National Emergency Strategic Stockpile Comprehensive Management Plan, building on changes implemented by the National Emergency Strategic Stockpile (NESS) in response to the COVID-19 pandemic, and which provides a roadmap for transformation of the NESS program moving forward.⁴³
- While PHAC noted in the NESS Comprehensive Management Plan that an achievement is having "secured time-limited funding to maintain two domestic supply contracts for N95 respirators and surgical masks," it is unclear what "time-limited" means precisely, and if the supply contracts provide a sufficient number of N95 respirators to meet demands for ensuring the protection of health care workers for an airborne virus similar to COVID-19 (taking into account the precautionary principle), if one were to emerge in a sudden manner.

⁴² [There's no question H5N1 bird flu has 'pandemic potential.' How likely is that worst-case scenario? | CBC News](#)

⁴³ [National Emergency Strategic Stockpile Comprehensive Management Plan - Canada.ca](#)



Resolutions

- The situation in the U.S. on pandemic preparedness has become bleak under Donald Trump's second term in office, which puts additional pressure on PHAC to ensure adequate expertise exists in-house. The Center for Disease Control (CDC) announced significant cuts with 18% staff cuts (2,400 employees), and one of its offices, the National Institute of Occupational Safety and Health (NIOSH) with more than two thirds of its staff expected to lose their jobs (873 employees). This is part of a broader set of cuts to the Department of Health and Human Services, with 10,000 job cuts.⁴⁴
- Among the jobs and areas of public health that were cut include the global health center, which is responsible for investigating hundreds of disease outbreaks occurring abroad each year, the National Personal Protective Technology Laboratory, which is tasked with vetting and approving N95 respirators among other personal protective equipment, and employees at the Administration for Strategic Preparedness and Response which work for the strategic national stockpile.

⁴⁴ [Massive CDC layoffs include entire sections getting RIF'd; RFK Jr.'s layoffs expected to gut worker safety agency NIOSH, officials say - CBS News](#)



Resolutions

Resolution #13 – Protecting and strengthening publicly funded and delivered health care

WHEREAS Canada’s universal health care system is founded on the principles of accessibility, equity, and publicly funded and publicly delivered care, ensuring that all individuals receive necessary medical services regardless of income or socioeconomic status;

WHEREAS the increasing push for privatization in health care, including private-for-profit clinics and services, threatens to undermine the public health care system by diverting resources, exacerbating inequities and worsening staffing shortages in the public sector;

WHEREAS evidence shows that privatized health care models lead to increased costs, reduced quality of care and longer wait times for those who cannot afford private services, creating a two-tiered system that disadvantages the most vulnerable populations;

WHEREAS nurses and other frontline health care workers are deeply impacted by the erosion of publicly funded and delivered health care, facing deteriorating working conditions, wage suppression and job instability as resources shift toward private interests,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its members organizations continue to advocate for the protection and strengthening of publicly funded and publicly delivered health care by:

1. Lobbying provincial and federal governments to reject any expansion of private for-profit health care services and instead invest in strengthening the public health care system.
2. Educating members and the public on the risks of health care privatization and the importance of maintaining a strong universal and publicly delivered system.
3. Collaborating with other unions, health care organizations and advocacy groups like the Canadian Health Coalition to coordinate actions against privatization efforts and promote reinvestment in public health care.
4. Demanding full transparency and accountability in government decisions regarding health care funding and service delivery, ensuring public dollars are used to support public health care.
5. Mobilizing members and the public to take action against privatization through petitions, rallies, media campaigns and direct engagement with elected officials.
6. Promoting the phasing-out of private staffing agencies with transparency of provincial spending on these agencies and the use of internal unionized travel nurses in each province.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Protecting and strengthening publicly funded and delivered health care

- *Canada Health Act* criterion of **accessibility**: Ensure “reasonable access to insured hospital, medical, and surgical-dental services that require a hospital setting, on uniform terms and conditions, unprecluded or unimpeded, either directly or indirectly, by charges (extra-billing or user charges) or other means.”⁴⁵
- *Canada Health Act* criterion of **universality**: “Under the universality criterion, all insured residents of a province or territory must be entitled to the insured health services provided by the provincial or territorial health care insurance plan on uniform terms and conditions.”⁴⁶
- *Canada Health Act* principle of **public administration**: the CHA “requires provincial and territorial health care insurance plans to be administered and operated on a non-profit basis by a public authority, which is accountable to the provincial or territorial government for decision-making on benefit levels and services, and whose records and accounts are publicly audited.”⁴⁷
- “While the *Canada Health Act* forbids extra billing of patients where patients would be required to pay out of pocket for medically necessary hospital and physician services, there is no explicit ban on private, for-profit clinics. Private companies can provide health services as long as patients are not charged for insured services”.⁴⁸
- Patients may not always be required to pay for medically necessary services in for-profit clinics, but they have been charged extra for upgraded products, administrative fees, block fees for physicians, equipment intrinsic to the treatment, and blood tests and screenings, among others.⁴⁹ Those that are able to pay these fees can access care at private clinics, while those who cannot are left waiting in long lines.
- A May 2020 *Toronto Star* investigation found that, “[i]n homes with an outbreak, residents in for-profit facilities are about twice as likely to catch COVID-19 and die than residents in non-profits, and about four times as likely to become infected and die from the virus as those in a municipal home.”⁵⁰

⁴⁵ <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/canada-health-act-annual-report-2022-2023/canada-health-act-annual-report-2022-2023.pdf>

⁴⁶ *ibid*

⁴⁷ *ibid*

⁴⁸ <https://www.cbc.ca/news/health/canada-health-act-privatization-healthcare-1.6726809>

⁴⁹ <https://www.ontariohealthcoalition.ca/index.php/jumping-the-queue-the-ontario-health-coalition-releases-report-on-escalation-of-health-care-privatization/>

⁵⁰ https://www.thestar.com/business/for-profit-nursing-homes-have-four-times-as-many-covid-19-deaths-as-city-run/article_2bdb1af1-50fd-5b5f-84c8-18d2ae96ef4f.html



Resolutions

- The number of hours purchased from private for-profit nurse staffing agencies has been skyrocketing, and they are charging governments upwards of 3-4 times the cost of a staff nurse per hour of care delivered. The increasingly normalized presence of transient staffing contracts leads to additional work for permanent nurses at the host site and interruptions to continuity of care for patients among other material and non-material costs.⁵¹
- Nurses across Canada are concerned about the negative impacts of privatization on their ability to deliver high-quality equitable care to their patients.^{52,53,}

⁵¹ <https://nursesunions.ca/research/opening-the-black-box/>

⁵² <https://ona.org/news/nurses-talk-truth/#:~:text=The%20real%20problem%20is%20health,fails%20patients%2C%20residents%20and%20clients.>

⁵³ <https://rnunl.ca/release-nurses-rally-against-privatization-of-healthcare-call-on-auditor-general-to-investigate/>



Resolutions

Resolution #14 – Retaining and supporting the nursing and health care workforce

WHEREAS retaining experienced nurses and allied health professionals is essential to maintaining high-quality patient care, reducing health care costs and ensuring the stability of the health care system;

WHEREAS the nursing profession continues to experience high levels of exhaustion, moral distress and job dissatisfaction due to chronic understaffing, excessive workloads, workplace violence and inadequate compensation;

WHEREAS the loss of experienced nurses exacerbates staffing shortages, increases pressure on remaining staff and negatively impacts patient outcomes, contributing to a cycle of attrition in the profession;

WHEREAS ensuring nurses and health care workers have safe working conditions, competitive wages, access to professional development and opportunities for career advancement is critical to fostering a sustainable and resilient workforce;

WHEREAS governments and health care employers must prioritize nurse and health care worker retention strategies to stabilize the workforce, improve job satisfaction and strengthen health care delivery across all sectors,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for comprehensive nurse and health care worker retention strategies by:

1. Lobbying the federal and provincial governments and health care employers to implement and enforce safe staffing standards that prevent excessive workloads and reduce moral injury, such as nurse-patient ratios.
2. Advocating for fair and competitive wages, benefits and incentives that reflect the value and expertise of nurses and allied health professionals across all health care settings.



Resolutions

3. Pushing for improved working conditions by addressing workplace violence, supporting mental health initiatives and ensuring nurses and allied health professionals have access to appropriate resources and rest periods.
4. Encouraging investment in professional development and career advancement opportunities to support continuous learning, mentorship and leadership roles for nurses and allied health professionals.
5. Developing innovative scheduling options and improved work-life balance policies to accommodate the diverse needs of nurses and allied health professionals at different career stages through negotiating provincially with health care employers.
6. Promoting retention-focused recruitment efforts that prioritize retaining experienced nurses while ensuring a steady pipeline of new nursing graduates entering the workforce.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Retaining and supporting the nursing and health care workforce

- Nurses move from novices to experts as they gain experience through years of practice. Experienced nurses have the expertise to mentor younger nurses and provide complex high-quality care to patients. Retaining experienced nurses is critical to maintain and improve the nursing workforce.⁵⁴
- In CFNU's 2025 survey of over 4,700 members and other unionized nurses across Canada:
 - 37% of nurses are considering leaving their current job, the profession entirely, or retiring in the next year.
 - Respondents consistently say that high workloads, insufficient staffing levels and lack of work-life balance are very important factors for them to consider when leaving a job.
 - 29% are somewhat or very dissatisfied with their choice of nursing as a career.
 - 31% screen positive for anxiety.
 - 24% screen positive for depression.
 - 31% screen positive for clinical burnout.
 - Only 50% report having good or excellent mental health.
 - 6 in 10 nurses report experiencing at least one type of violence or abuse in their workplace over the past year. Of these, 82% report verbal abuse, 47% report physical abuse, and a concerning 18% report sexual abuse from patients and families.⁵⁵
- Canada is in the midst of an ongoing and long-standing nursing shortage crisis that requires immediate and decisive action to reverse the trajectory. Statistics Canada reported 35,760 nursing vacancies across the country.⁵⁶ This accounts for only the posted job vacancies and doesn't represent the total actual shortages that are backfilled by ever-increasing overtime⁵⁷ and private for-profit staffing agencies,⁵⁸ which account for several thousand additional FTE per year.
- In March 2024, Health Canada and the Chief Nursing Officer Dr. Leigh Capman released the *Nursing Retention Toolkit*, which outlines eight key strategies to support nurse retention. Strategies include: inspired leadership, flexible and balanced ways of working, organizational mental health and wellness supports, professional development and mentorship, reduced administrative burden, strong management

⁵⁴ <https://aacnjournals.org/ajconline/article/13/6/448/348/From-Novice-to-Expert-to-Mentor-Shaping-the-Future>

⁵⁵ https://nursesunions.ca/wp-content/uploads/2025/03/CFNU-Member-Survey-Report_March-25_final-65.pdf

⁵⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/250318/dq250318b-eng.htm>

⁵⁷ <https://www.cihi.ca/en/hospital-staffing-and-hospital-harm-trends-throughout-the-pandemic>

⁵⁸ <https://nursesunions.ca/research/opening-the-black-box/>



Resolutions

and communication, clinical governance and infrastructure, and safe staffing practices. Nurses and nursing organizations across the country, including the CFNU, participated in consultations throughout the development of this federal framework.

- A 2022 CFNU report by Dr. Bourgeault and Dr. Ben Ahmed, *Sustaining Nursing in Canada*, outlined the critical importance of retaining, returning and recruiting nurses to stabilize the nursing workforce. A key priority was reducing workloads through a legislated minimum nurse-patient ratio and minimum care standard. They also highlighted the importance of reducing violence, ensuring nurses have a safe and supportive work environment, and professional development opportunities. “Leaving these chronic nursing workforce issues unaddressed has critical impacts beyond the nursing workforce. Patient safety, quality care, and health system sustainability are also at risk. There is extensive evidence linking the inadequacy of nurse staffing to missed care and patient morbidity and mortality.”⁵⁹

⁵⁹ https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf



Resolutions

Resolution #15 – Ensuring the responsible integration of artificial intelligence in health care

WHEREAS artificial intelligence (AI) is increasingly integrated into health care systems, with applications in clinical decision-making, administrative processes, diagnostics and patient monitoring;

WHEREAS AI has the potential to improve health care efficiency, reduce administrative burdens, enhance patient care and support evidence-based decision-making for nurses and other health care professionals;

WHEREAS the rapid advancement of AI in health care raises concerns regarding job displacement, ethical considerations, data privacy, algorithmic bias and the potential for AI-driven decision-making to undermine the critical role of human judgment in health care;

WHEREAS nurses and allied health professionals play a fundamental role in patient advocacy, holistic care and ethical decision-making – elements that cannot be replaced by AI and must be preserved as technology is introduced into health care settings;

WHEREAS the successful implementation of AI in health care requires strong regulatory oversight, workforce training and a commitment to ensuring that AI supports, rather than replaces, the nursing profession,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the responsible and ethical integration of AI in health care by:

1. Lobbying the federal and provincial governments to establish clear regulatory frameworks that govern the use of AI in health care ensuring transparency, accountability and equitable outcomes.
2. Advocating for AI policies that prioritize patient safety and quality of care, ensuring AI systems are used to support, rather than replace, human decision-making in nursing and health care delivery.
3. Ensuring AI implementation does not lead to job losses or increased workload for nurses but rather enhances efficiency and allows nurses and allied health professionals to focus on direct patient care.
4. Pushing for workforce training and education programs that equip nurses and allied health professionals with the knowledge and skills necessary to effectively utilize AI technologies in clinical practice.



Resolutions

5. Monitoring and addressing potential biases in AI systems, that could lead to disparities in patient care, particularly for marginalized and vulnerable populations.
6. Working with health care institutions and policymakers to ensure that nurses and allied health professionals have a voice in the development, implementation and evaluation of AI-driven health care solutions.
7. Raising awareness among nurses, allied health professionals and the public about the opportunities and challenges associated with AI in health care, promoting informed decision-making and ethical considerations.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Responsible integration of artificial intelligence in health care

- Artificial intelligence (AI) is a machine-based technology that processes inputs from large sums of data through algorithmic software and then generates outputs from that process. Those outputs can take many forms, including predictions, content, recommendations, directions or decisions. In health care, AI is often used to analyze and generate recommendations or other conclusions based on patients' electronic health records and other sources of data collected from patients and health care workers.⁶⁰
- AI is used in many hospitals to monitor patients' vital signs, flag emergency situations and trigger action plans for care.⁶¹
- There are many different applications for AI in health care, perhaps most notably in radiology. The latest AI programs can interpret scans, offer a potential diagnosis and draft written reports about their findings. Algorithms are trained on millions of X-rays and other images collected from hospitals.⁶²
- National Nurses United (NNU), the largest union and professional association for registered nurses in the United States, released a *Nurses and Patients' Bill of Rights: Guiding Principles for AI Justice in Nursing and Health Care* in April 2024. They note that AI systems such as automated worker-surveillance and management systems and clinical decision-support systems can never replace human expertise and clinical judgement that are essential components in the provision of safe and equitable nursing care.
- This nurses' and patients' bill of rights pertaining to AI includes the right to high-quality person-to-person care by licensed health care professionals, the right of patients and workers to safety (with the burden of demonstrating safety with AI technologies resting with developers and deployers), the right to privacy about their care and to private and secure data, the right to transparency such as being informed of the data that is being collected about them, and the right to exercise professional judgement by nurses and other clinicians to override AI decisions.
- A 2024 NNU survey found 69% of respondents whose employer uses algorithmic systems to determine patient acuity said their assessments – which take into account the psychosocial and emotional needs of patients and their families – don't match the computer-generated acuity measurement.⁶³
- The CFNU will host a panel on artificial intelligence on June 4 at the biennial convention.

⁶⁰ [0424_NursesPatients-BillOfRights_Principles-AI-Justice_flyer.pdf](#)

⁶¹ [As AI nurses reshape hospital care, human nurses push back | AP News](#)

⁶² [Will AI replace doctors who read X-rays, or just make them better than ever? | AP News](#)

⁶³ [National Nurses United survey finds AI technology degrades and undermines patient safety | National Nurses United](#)



Resolutions

Resolution #16 – Canada’s frontline nurses’ key priorities for federal politicians

WHEREAS 2025 is to be a year for a federal election, and regardless of timing or results of who wins to lead our country, key for Canada’s frontline nurses is to place health care as a priority;

WHEREAS the last few years have only exacerbated Canadians’ deep concerns about the access to health care services in this country;

WHEREAS CFNU’s recent public poll with Abacus confirmed that access to care, including long wait times, is the biggest challenge in health care, followed by the shortage of nurses;

WHEREAS the same Abacus poll also stated nurses are the second most trusted resource for health care-related information (after pharmacists), with 83% of Canadians asserting that they trust nurses;

WHEREAS nearly 2.3 million people are employed in the health and social assistance sector, which equates to almost 13% of all people employed in the country, and in 2022, this sector contributed \$149,458.20 million to Canada’s GDP;

WHEREAS in Canada we have 477,000 nurses in all categories, and only since 2023 has the federal government reestablished on a temporary basis the position of a Chief Nursing Officer;

WHEREAS with its over 250,000 members, the CFNU is a key partner in building strong federal laws and programs to support nurses and other health care workers,

BE IT RESOLVED THAT the CFNU will focus on four key priorities for federal politicians:

1. Committing to tabling a Patient Safety Bill of Rights which includes legislative nurse-patient ratios.
2. Retaining, recruiting and returning nurses and health professionals to serving Canadians by addressing working conditions in all sectors of health care (from mental health, home care, long-term care to community and acute care).
3. Expanding pharmacare.
4. Making the Chief Nursing Officer a permanent position.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Election priorities facts

As the emerges from a federal election, we call on all parties to commit to real solutions to strengthen our public health care system and support the nurses who sustain it. A 2025 Abacus Data poll⁶⁴, commissioned by the CFNU, found that health care remains one of the top concerns for Canadians. Below are the three key priorities of the CFNU for the federal election.

- 1. A Patient Safety Bill of Rights**, which includes:
 - a. Legislated minimum nurse-patient ratios;⁶⁵
 - b. Limits on consecutive hours of work for health care workers to ensure safe conditions for work and care;⁶⁶
 - c. National safe long-term care (LTC) standards such as a mandate for minimum 4.1 hours of direct care per resident per day.⁶⁷
- 2. Retention, recruitment and return strategies to stabilize the nursing workforce**, such as:
 - a. Creating a \$1B fund to implement Health Canada's *Nursing Retention Toolkit*;⁶⁸
 - b. Supporting nursing students through the development of a national paid preceptorship program and free tuition;⁶⁹
 - c. Standardizing the registration process for internationally educated nurses;⁷⁰
 - d. Developing a plan to phase out the use of private for-profit nursing agencies.⁷¹
- 3. Expanding the pharmacare program** to include universal access to all medically necessary prescription drugs.⁷²

CFNU's federal election campaign, including additional background information on each of these areas, along with ways to take action and a comprehensive toolkit, can be viewed here: <https://www.allforcare.ca>

⁶⁴ <https://nursesunions.ca/access-to-care-tops-list-of-canadians-health-care-concerns-in-new-abacus-poll/>

⁶⁵ [Global nursing leaders to gather for first Canadian summit on safe nurse-patient ratios](#)

⁶⁶ [Safe Hours Save Lives! Study on safe working hours for nurses](#)

⁶⁷ [Safe Long-Term Care Act must be mandatory and enforceable, say health care and labour groups](#)

⁶⁸ [By nurses, for nurses: *Nursing Retention Toolkit* talk with Dr. Leigh Chapman, Canada's Chief Nursing Officer](#)

⁶⁹ [First national nursing student survey finds financial barriers to continue in nursing](#)

⁷⁰ [New report outlines recommendations to empower internationally educated nurses in Canada to practice](#)

⁷¹ [Billions of public health dollars spent on for-profit nursing agencies, new report reveals](#)

⁷² [Body Count: The human cost of financial barriers to prescription medications](#)