



NEWS FROM THE NORTH

Edition 2
Winter 2022



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A message from RNANT/NU and YRNA

Denise Bowen, MN, RN, Executive Director/Registrar, RNANT/NU

Jerome Marburg, LL.B. MBA, CEO, YRNA

Hello and happy new year wishes to all of our registrants. Based on the positive feedback we received on our inaugural edition of 'News from the North', we have decided to continue with this format providing information to northern nurses in this joint publication.

As we said goodbye to 2021 and entered 2022, Canada began facing one of the biggest challenges of the COVID-19 pandemic thus far with the spread of the Omicron variant. This new variant has proven to be very transmissible and has found its way into even the most remote corners of our country. We know this will impact nurses and the ways in which you not only live in communities, but also provide care. We thank all of Canada's northern nurses for your consistent dedication to providing care, in spite of these challenges and in the face of uncertainty. In the midst of this uncertainty we were delighted to read the announcement on February 1st from Health Canada of the [recruitment of a Chief Nursing Officer](#) for Canada. This position came about as a result of strong national advocacy, led by the Canadian Nurses Association and in partnership with nursing associations across Canada, and a recognition that national nursing leadership will not only enhance population health and help Canadians achieve better health outcomes but can also lead to health system transformation in a time of increasing demand and complexity.

Both RNANT/NU and YRNA are committed to supporting members with education, professional development, and ongoing competency. As we look ahead to lighter and brighter days ahead, we will look forward to hearing from each of you about the resources and materials you would like to see us develop in order to enhance and support your practice.

Stay safe, healthy, and well.



Denise Bowen
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COVID-19 Update- Omicron

The COVID-19 B.1.1.529 variant also known as 'Omicron' was designated a variant of concern in Canada on November 28, 2021.ⁱ The earliest documented samples of the variant were found across multiple countries in November 2021, and Omicron has since spread rapidly around the world.ⁱⁱ In December 2021, Omicron surpassed Delta as the predominant COVID-19 variant and continues to contribute to a sharp increase in cases, hospitalizations and deaths across Canada.ⁱⁱⁱ Indeed, no region of Canada has remained untouched by Omicron and, while there is some indication that new Omicron infections have started to level off, case counts remain high and the health system is under strain.

Omicron has a very large number of genetic mutations, some of which have not been sequenced before in previous variants. Research shows that the variant has approximately 50 genetic mutations, 30 of which are located within the spike protein of the virus, and ten located in the receptor binding domain compared to only two mutations in the receptor binding domain of the Delta variant.^{iv} Data shows that due to the high number of mutations, Omicron is extremely transmissible and may lead to re-infection in individuals previously infected with another strain of the COVID-19 virus.^v Thus far, studies suggest that the COVID-19 vaccines approved for use in Canada provide good protection for most individuals against severe illness and/or hospitalization. Data also strongly suggests that a booster dose of a COVID-19 vaccine further increases this protection against severe illness and/or hospitalization.

This sudden and sharp increase in cases of COVID-19 has led to a greater number of individuals requiring urgent care and hospitalization. This type of spike in hospitalizations will continue to take a toll on an already heavily burdened health care system hit with multiple waves of the pandemic for the past two years. Moreover, health care workers are themselves at increased risk for becoming infected with COVID-19, adding an additional barrier to the ability to provide care.

At the global level, World Health Organization (WHO) Director-General Ghebreyesus stated that Omicron is 'spreading at a rate we have not seen with any previous variant,' and that employing all layers of protection as well as establishing global vaccine equity are fundamental pieces in slowing the spread of [variants like Omicron](#) and preventing the development of future variants of concern.^{vi} Layers of protection include getting vaccinated along with correctly wearing a tight-fitting mask, practising physical distancing, avoiding large groups, washing hands thoroughly and regularly, and upgrading and maintaining sufficient ventilation.

Practising all layers of protection is necessary as Omicron circulates in communities and internationally. Achieving global vaccine equity, however, is essential to protecting everyone around the world. Currently 139 countries have not been able to vaccinate even 40% of their populations, of which 41 countries have not been able to vaccinate even 10% of their population.^{vii} This global health inequity will continue to lead to further death and illness from COVID-19.

Nurses remain at the frontlines of care for those with COVID-19 and continue to work under extraordinarily difficult circumstances while also living with concern for their own health and wellness. The impact of COVID-19 and Omicron specifically to an already stretched health care system has already been significant. In addition, the mental health impacts for nurses and other health care workers as a result of COVID-19 will also likely be felt for many years to come. Yet, no matter how difficult the challenge, nurses continue to maintain the public trust by providing safe, competent, ethical, and evidence-based care not only as care providers working with patients, residents, families, and communities but also as leaders shaping and stewarding the pandemic response.

ⁱ Public Health Agency of Canada. 'SARS-CoV-2 variants: National definitions, classifications and public health actions.' Dec 23, 2021. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/testing-diagnosing-case-reporting/sars-cov-2-variants-national-definitions-classifications-public-health-actions.html>

ⁱⁱ World Health Organization. 'Tracking SARS-CoV-2 Variants.' Nov 2021. <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>

ⁱⁱⁱ BC Gov News. 'Daily Update on COVID-19.' Jan 5, 2022. <https://news.gov.bc.ca/releases/2022HLTH0004-000008> Global News. 'COVID-19: B.C. health officials say it is likely most residents will become sick with Omicron.' Jan 4, 2022. <https://globalnews.ca/video/8488351/b-c-health-officials-say-it-is-likely-most-residents-will-become-sick-with-omicron>

^{iv} Meredith, Sam, Towey, Robert and Smith, Elliott. *CNBC*. 'WHO labels new Covid strain, named Omicron, a 'variant of concern', citing possible increased reinfection risk.' Nov 26, 2021. <https://www.cnn.com/2021/11/26/who-labels-newly-identified-covid-strain-as-omicron-says-its-a-variant-of-concern.html>;

Hagen, Ashley. *American Society for Microbiology*. 'How Ominous is the Omicron Variant (B.1.1.529)?' Dec 16, 2021. <https://asm.org/Articles/2021/December/How-Ominous-is-the-Omicron-Variant-B-1-1-529>

^v Horowitz, Jason, Chutel, Lynsey, and Ives, Mike. *New York Times*. 'Covid Lives Updates: W.H.O. Says New Variant in South Africa is 'Of Concern.'" Nov 26, 2021. <https://www.nytimes.com/live/2021/11/26/world/covid-vaccine-boosters-variant>

^{vi} World Health Organization. 'WHO Director-General's opening remarks at the media briefing on COVID-19 – 14 December 2021.' Dec 14, 2021. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-14-december-2021>

^{vii} WHO. *WHO Director-General's opening remarks, 14 Dec 2021*.

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Understanding Allyship

Both RNANT/NU and YRNA are committed to identifying mechanisms by which the nursing profession can confront, challenge, and change inequities experienced by Indigenous peoples in the North; inequities that arise from and are sustained by historical and ongoing colonialism and racism and their effects on health and social systems. We recognize that Indigenous peoples and their communities who seek health care, those who are unable to or feel uncomfortable seeking health care, as well as Indigenous nurses and other professionals who work within health care are negatively affected by these inequities. We also recognize that inequities harm us all, and therefore improving population health requires addressing those who are least well served. Further, when care is more equitable, just and fair, all members of society benefit.

RNANT/NU and YRNA acknowledge that a first step toward improving health care outcomes for Indigenous people and creating lasting reconciliation in health care spaces is recognizing the truths that created these inequities. This is fundamental to advancing nursing practice in a meaningful way. Understanding allyship and anti-racism, what it means to be an ally, and how to respectfully acknowledge Indigenous peoples, their lands, and their rights, are necessary steps on the path toward structural change. When working towards true allyship, it is imperative to listen to Indigenous peoples, learn from what is shared, learn from what is not shared, and continuously challenge colonial assumptions and racism. This includes recognizing and challenging the biases surrounding nurses, including those operating within our organizations and cultures, in health care and beyond.

According to the Anti-Oppression Network, allyship is an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with people and groups marginalized by systems, structures, policies and practices.ⁱ This definition demonstrates that not only must allyship mean an ongoing commitment to anti-racism and equity, but also that our actions must align with the wishes of the group or community with whom we are trying act in solidarity.ⁱⁱ It is important and necessary to consistently acknowledge and work against the colonial-based societal ideas that affect us all. We need to take note of the behaviours, beliefs, and activities in ourselves and others that flow from these ideas and consider how each of us has been impacted. For those of us who do not identify as Indigenous, seeking out opportunities to learn from Indigenous knowledge keepers so that we better understand Indigenous teachings and values on such matters as family, community, health, environment, education, land, and government is another step in developing allyship. By virtue of their professional status, nurses and nurse practitioners are in a position of privilege in our society and therefore all of us, both Indigenous and non-Indigenous, have an important opportunity to contribute to strategies that reduce the inherent oppression that remains a pervasive social determinant of health for so many.

The Truth and Reconciliation Commission of Canada (TRC) 2015 report, *Honouring the Truth, Reconciling for the Future*, noted that a critical component of allyship is respect.ⁱⁱⁱ This must include respect for Indigenous peoples as well as a mutual respect among all Canadians, ensuring that everyone understands the history of colonization and how colonial policies, and their enactment by multiple actors, including nurses and other health providers, have affected and continue to negatively affect Indigenous peoples. The Commission stated that, with this foundational understanding in place, Canadians can finally begin to learn about allyship.

According to Dr. Mary Ellen Turpel-Lafond in the 2020 report written for British Columbia entitled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care*, 'Anti-racism is the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices, profiles and behaviours that perpetuate racism.'^{iv} Active anti-racism work is integral to allyship.

Taking Action

The following is a list of actions that we can all take toward allyship. These actions are based upon and have been compiled from the Anti-Oppression Network, the TRC Calls to Action, and In Plain Sight:

- Actively and openly acknowledge privilege and colonial power. Understand how this privilege has garnered and continues to sustain an inequitable system.
- Actively and openly recognize the traditional and unceded Indigenous lands and territories upon which each of us lives, works, and plays today. Understand that these territories have been inhabited by Indigenous peoples for many thousands of years prior to colonial contact and settlement. Understand the consequences of the appropriation of Indigenous lands and the confinement of Indigenous peoples to lands often too small or too poor in resources to support survival. Strive toward expressing your recognition for the land in a manner that is respectful (including sensitivity to terminology), authentic, and supports Indigenous sovereignty.
- Seek out opportunities to learn from Indigenous people, communities, and perspectives.
- Consider, explore, and seek out ways to better respect the natural environment in which you live. Recognize the leadership that Indigenous people demonstrate with respect to the land. Living in respectful relationship with the environment has always been fundamental to the health of Indigenous peoples, their cultures, communities, and beliefs, and they have much to teach the wider society about sustainability for us all. Consider the ways in which colonial activities have disregarded and continue to disregard the environment, and work to rectify this.
- Enact your own education around allyship. We are responsible for our own understanding on this journey toward reconciliation. Seek out educational resources to learn more. Allow yourself to feel uncomfortable. Pay attention to how you speak and behave, recognizing your mistakes and taking steps to address any inappropriate actions that come to your attention. For example, in an effort to pay respect to Indigenous peoples, there can be an unconscious ownership that comes with certain terminology, such as referring to Indigenous people in Canada as 'our Indigenous peoples.' Understand why this expression can be hurtful and take responsibility for making changes in your language use.
- Do not expect acknowledgement or reward for these changes. Human rights are a fundamental right for all. Indigenous peoples, and persons from groups that have been racialized and marginalized by mainstream society have dealt with inequities and mistreatment for generations.

Our Commitment

RNANT/NU and YRNA unequivocally commit to working in ongoing allyship and to continually furthering its understanding as to how colonial power and privilege has perpetuated an inequitable social and political system. All of us at RNANT/NU and YRNA, commit to ongoing learning and listening to one another. We understand that some conversations are not easy; however, using our nursing lens we have the skills to think critically and challenge what clearly exist as imbalances in privilege and power. We recognize and reaffirm that it is our obligation as an organization to seek knowledge and continue to advocate for changes in society, such as equitable access to appropriate health care. RNANT/NU and YRNA fully acknowledge that the current health care system in fails to meet the needs of Indigenous peoples. It has routinely prevented Indigenous people from accessing the care they seek, and in many instances caused harm because of the care they did or did not receive. As an organization representing the nurses of this province, we continue to work on policy and program development toward rectifying these injustices and thereby improving the health and wellbeing of Indigenous people.

Nurses are often the most frequent point of contact into the health care system for Indigenous persons and, especially in smaller communities, are sometimes the only health professional. As such, they play an integral role in ensuring that these collective nursing ideals are upheld. As a profession, northern nurses commit to ongoing allyship, relying on the expertise of Indigenous nursing colleagues and consistently evaluating our work through the lens of recognizing privilege.

Resources and Education

- [RNANT/NU Position Statement: Cultural Safety](#)
- [BC College of Nurses and Midwives, Indigenous Cultural Safety and humility practice standard](#)
- [The Anti-Oppression Network](#)
- [Truth and Reconciliation Commission of Canada: Calls to Action](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)
- [Indigenous Cultural Safety Collaborative Learning](#)
- [Canadian Indigenous Nurses Association \(CINA\) Resources](#)

ⁱ Anti-Oppression Network and Peer Net BC, 'Allyship' n.d. <https://theantioppressionnetwork.com/allyship/>

ⁱⁱ Anti-Oppression Network and Peer Net BC, Allyship.

ⁱⁱⁱ Truth and Reconciliation Commission of Canada, 'Honouring the Truth, Reconciling for the Future' (2015) 239. https://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf

^{iv} Mary Ellen Turpel-Lafond, 'In Plain Sight' (2020) 7. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>

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Nursing & Climate Change

Global warming has unequivocally led to an increase in average temperatures, atmospheric water vapour, ocean temperatures, the melting of land ice including permafrost land mass, and rising ocean levels.ⁱ In turn, each of these changes such as increasing temperatures and loss of ice mass leads to more serious consequences for all of the world's ecosystems as well as human life. While climate change is undeniably affecting global temperatures leading to a significant increase in catastrophic climate events around the world, many are still unaware of the effects that these events have on human health and how it will impact health in the years to come. Because nursing promotes health and wellness, nursing as a profession has a responsibility in educating the public about the harms of climate change, helping communities and individuals adapt to climate change effects, as well as continually assessing the health care system and implementing changes as necessary toward the goal of slowing climate change, and potentially a climate-resilient future.

According to the World Health Organization (WHO), climate change is currently 'the single biggest health threat facing humanity.'ⁱⁱ Between 2030 and 2050, climate change is expected to cause 250,000 additional deaths per year.ⁱⁱⁱ Currently, more than 90% of people around the world breathe unhealthy levels of air pollution resulting from industrial burning of fossil fuels, which release large quantities of greenhouse gases (GHGs) into the atmosphere, the most common being carbon dioxide.^{iv} These GHGs, produced as a result of human activities, are the single main contributor to atmospheric warming, and in turn the climate change crisis over the past century.^v Data show that the past four decades have continued to be the warmest on record,^{vi} meaning that human-initiated activities have been the determining factor of this climate crisis. Therefore, the effects of climate change can only be predicted to increase exponentially.

The effects of climate change on human health are innumerable, and climate change events adversely affect human health both directly and indirectly.^{vii} Climate change causes extreme weather events, increasing temperatures, droughts, floods, storms, rising ocean levels, poor and declining air quality, poor and declining water quality and quantity, as well as increasing vector-borne disease transmission (e.g., malaria, Dengue Fever, West Nile, Lyme Disease etc.), which further lead to issues such as food insecurity, displacement, forced migration, and conflict.^{viii} Directly, increased temperatures and heat events cause heat stress and heatstroke, aggravate heart, lung, and kidney conditions; wildfires cause physical burns, lead to cardiorespiratory problems, create long-term breathing issues, and increase risk of death; floods and other weather storms cause drownings, hypothermia, dismantle physical infrastructure which leads to various additional injuries, increase the spread of vector-borne diseases, and increase risk of death.^{ix} Additionally, climate change events contribute to poor mental health, as well as mental health conditions including post-traumatic stress disorder (PTSD), depression, anxiety, and others. Indirectly, climate change events lead to food insecurity resulting from poor and failed crops, forced displacement of communities from floods, wildfires and other catastrophic events, malnutrition and undernutrition, poverty, inequality, conflict, and more.^x



Climate change effects are felt disproportionately around the world. Globally, areas with weaker or no health infrastructure, particularly developing countries, as well as island, arctic, coastal, and other remote countries and territories predominantly inhabited by Indigenous and non-white peoples are among the most vulnerable when it comes to climate-induced impacts on health.^{xi} Within Canada, Indigenous peoples, the elderly, women, children, those who are socially isolated or live in rural or remote communities, and those with pre-existing medical conditions are at increased risk of developing health conditions as a result of climate change.^{xii} The climate change crisis is adversely contributing to the social and environmental determinants of health, further widening health inequities. This crisis undermines decades' worth of work toward universal health and poverty reduction by compounding climate change-related disease prevalence which in turn takes a toll on economies and resources, driving even more of a wedge between accessible health care and those who need it.^{xiii} Despite 'urgent action to combat climate change' being one of the [United Nations' Sustainable Development Goals \(goal #13\)](#),^{xiv} the delay in meaningful action at the systemic and international levels continue to degrade any work toward other sustainable health goals, including clean water and sanitation, hunger, poverty, and reducing inequalities.

The negative effects of climate change will continue to impact human health over time. In the years to come, nurses can expect to see illness from climate change increase. As health experts, nurses and other health care professionals must advocate on behalf of patients and the environment for a more sustainable future. Nurses promote health and wellness, and as such have a professional responsibility to help educate and inform about the dangers and realities of climate change and its impacts on human health, and to investigate and advocate for sustainable policy and practice.^{xv} Such activities may include starting a 'green team' within your clinic or hospital, leading informative conversations with peers, focusing on how to reduce waste and recycle where possible, and starting discussions with leadership to determine how to implement greener practices. Green teams are a great way to lead by example not only among colleagues, but among the broader community as well, which could in turn lead to broader discussions around climate change and action plans for the local area.

As nurses are typically in close proximity to the communities and individuals they serve, sometimes being the only health care professional in the area, and as trusted health experts, the nursing profession in particular plays a large role in helping communities adapt to climate change, toward the goal of fostering a sustainable and even climate-resilient future. People must know about the impacts of climate change on human health, how their environment plays a major part in the situation, and how they can work to mitigate these effects moving forward.^{xvi} Nurses play a fundamental role in educating communities about climate-induced adverse health outcomes, how individuals could be susceptible to them, as well as how to better prepare for future extreme weather and climate events. As well, during times of extreme weather events, nurses are among those first deployed to provide aid directly to affected communities. In these cases, nurses may be responsible for assessing many individuals in an emergency disaster situation, triaging those who require care most urgently, and leading a team of other frontline workers from a variety of different backgrounds and professions. Furthermore, nurses are essential members of emergency operations centres, in many cases at the forefront of operations within these aid units.

Effective health care systems are fundamental toward protecting individuals and communities against new and emerging threats to human health,^{xvii} and this starts with nursing. As highly trusted health care providers and leaders in patient/client care, ensuring that nursing participates in policy discussions around climate change is integral. By nature of the profession, nurses combine highly skilled science-based knowledge within a nursing model of care, making nurses ideal change makers and leaders. The time for meaningful action is right now.

Learn more about the [Canadian Association of Nurses for the Environment \(CANE\)](#) and contact their [Northern Region Representative](#), Julia Janicki, RN, BFA, BSN, with any questions via the form on their website.

ⁱ E Bush and DS Lemmen, editors. 'Canada's Changing Climate Report, 2019.' Government of Canada. 2019.

https://www.nrcan.gc.ca/sites/www.nrcan.gc.ca/files/energy/Climate-change/pdf/CCCR_FULLREPORT-EN-FINAL.pdf

ⁱⁱ World Health Organization (WHO). 'Climate Change and Health.' Oct 30, 2021. <https://www.who.int/en/news-room/fact-sheets/detail/climate-change-and-health>

ⁱⁱⁱ World Health Organization (WHO). 'Climate Action: Fast Facts on climate and health.' N.d. https://cdn.who.int/media/docs/default-source/climate-change/fast-facts-on-climate-and-health.pdf?sfvrsn=157ecd81_5

^{iv} World Health Organization (WHO). 'Climate Action: Fast Facts on climate and health.' N.d.

^v E Bush and DS Lemmen, editors. 'Canada's Changing Climate Report, 2019.' 2019.

^{vi} Ibid

^{vii} Canadian Association of Physicians for the Environment (CAPE). 'Climate Change Toolkit for Health Professionals: Factsheet: Global Health Impacts of Climate Change.' Apr 2019. <https://cape.ca/wp-content/uploads/2019/05/Climate-Change-Toolkit-for-Health-Professionals-Updated-April-2019-2.pdf>; International Council of Nurses (ICN). 'Nurses, climate change and health.' 2018. <https://www.icn.ch/sites/default/files/inline-files/ICN%20PS%20Nurses%20252c%20climate%20change%20and%20health%20FINAL%20.pdf>

^{viii} International Council of Nurses (ICN). 'Nurses, climate change and health.' 2018. Canadian Association of Physicians for the Environment (CAPE). 'Climate Change Toolkit for Health Professionals: Factsheet: Global Health Impacts of Climate Change.' 2019.

^{ix} Ibid

^x Ibid

^{xi} J Leffers, R McDermott Levy, P Nicholas, et al. 'Mandate for the Nursing Profession to Address Climate Change Through Nursing Education.' *Journal of Nursing Scholarship* 49(6). Nov 2017. <https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/jnu.12331>

Canadian Association of Physicians for the Environment (CAPE). 'Climate Change Toolkit for Health Professionals: Factsheet: Global Health Impacts of Climate Change.' 2019.

^{xii} Canadian Association of Physicians for the Environment (CAPE). 'Climate Change Toolkit for Health Professionals: Factsheet: Global Health Impacts of Climate Change.' 2019.

^{xiii} World Health Organization (WHO). 'Climate Change and Health.' 2019.

^{xiv} United Nations (UN). 'The 17 Goals: Sustainable Development Goals.' N.d. <https://sdgs.un.org/goals>

^{xv} J Leffers, R McDermott Levy, P Nicholas, et al. 'Mandate for the Nursing Profession to Address Climate Change Through Nursing Education.' 2017.

^{xvi} Ibid

^{xvii} World Health Organization (WHO). 'Climate Action: Fast Facts on climate and health.' N.d."

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HIGHLIGHTS FROM THE NWT/NUNAVUT

Professional Practice

Highlights from the NWT/Nunavut

- Speciality certification from the Canadian Nurses Association (CNA) is not only a wonderful accomplishment but also ensures that your specialty practice is nationally recognized and credentialed. At present CNA Certification consists of [22 nursing practice specialities](#).

It's our pleasure to recognize the nurses across the territories who recently received their CNA certification. These include:

- Julie Jones- Oncology Nursing Canada certification – CON(C)
- Claire Brookes- Oncology Nursing Canada certification – CON(C)
- Cristy Mercado- Nephrology Nursing Canada certification – CNeph(C)
- Nina Mascardo- Nephrology Nursing Canada certification – CNeph(C)

Congratulations to each of you on this fantastic accomplishment!

If we missed you, let us know and we would love to feature you in our next newsletter. Just drop an email to execast@rnantnu.ca with your full name and certification received.

- *Indigenous Leaders Series 2022* with Stephanie Gilbert. Stephanie is an Inuk raised in Nunavut, who has been a nurse in the Northwest Territories for 10 years. She is a Certified Remote Nurse who has worked in communities in many regions of the NT. She is presently the Territorial Specialist of Public Health and the Clinical Coordinator for the COVID Response Team in Yellowknife for the Northwest Territories Health and Social Services Authority.
 - *Title:* Presentation and Q&A with Stephanie Gilbert
 - *Date:* April 6, 2022
 - *Time:* 12-1:30pm ET

[Register today!](#)



HIGHLIGHTS FROM THE YUKON

Continuing Competency Program

Continuing Nurse Education Fund

Registration 2022

Highlights from the Yukon

- Mandatory Education Requirement for Continued Registration – Yukon First Nations 101 Beginning April 1, 2022, YRNA will begin phasing in Yukon University's "[Yukon First Nations 101](#)" course as a mandatory requirement for continued registration. This course aims to educate on the history of Yukon First Nations, provide a greater understanding of cultural values, and offer tools for respectful communication.
 - Courses are offered either [in person, over Zoom](#) or via [self-paced online training](#). Questions can be directed to registrations@yukonu.ca or by phone at 867-668-8710.
 - All current YRNA registrants must provide proof of completion by March 1, 2023 by emailing a copy of your completion certificate to admin@yrna.ca.
 - As of April 1, 2022, all new YRNA registrants must have the course completed prior to registration.
 - Note, self-identified registrants are exempt. Please contact us at admin@yrna.ca for questions about this.
- Facilitators needed for temporary full-time positions from December 2021 - March 2023 for the San'yas Indigenous Cultural Safety Training Course. [Learn more](#).
- Registrants should have received renewal packages via mail to the most current address we have on file. This package contains all the relevant documentation and information you will need to renew your license. If you did not receive your package, if your address has changed and you have not yet notified us, or if you have any questions about renewal, please contact us by email at admin@yrna.ca or telephone at 867-667-4062 ext. 0. Please note, renewal applications are due to the [YRNA office](#) by **March 1, 2022**. Failure to do so will result in late fees and may mean a delay in processing your application.



News from other agencies

- Canadian Nurses Association (CNA):
 - [The Canadian Nurses Association announces retirement of Michael Villeneuve, CEO](#). Over the last several years, we have been privileged to work closely with Michael and the entire CNA team. We have watched CNA continue to evolve and grow under Michael's leadership. We wish Michael well as he moves on to his next chapter and thank him for his service.
 - Join the CNA [online community](#) and check their [website](#) regularly for webinars, advocacy work, policy statements, news items and much more!
 - In case you missed it, CNA is pleased to offer an online course "Understanding Cannabis in Clinical Practice". [Learn more](#).
 - Have you signed up for the Canadian Nurse Journal? Check out [canadian-nurse.com](#) articles delivered right to your inbox.
 - National Nursing Week is May 9-15, 2022. The theme is #WeAnswertheCall, demonstrating courage, commitment, and the key role nurses play in communities. [Learn more](#) and check out some great ideas for how you can celebrate!
- The Royal Society of Canada (RSC) is preparing an upcoming policy brief entitled *Investing in the Canadian Nursing Workforce Post Pandemic: A Call to Action*, that will focus on the nursing labour workforce in Canada and the ways in which COVID-19 has highlighted critical deficiencies in the health care system. Experts from across the country have synthesized learnings in order to identify strategies for building a stronger national nursing workforce as well as applying lessons learned from the pandemic. Read the Executive Summary [here](#).
- Did you know that the Canadian Nurses Foundation (CNF) provides scholarships for nursing students across Canada at the baccalaureate, masters and Ph.D. levels? Scholarships are awarded based on merit and range from \$750 to \$10,000. CNF has also established 32 new scholarships dedicated to supporting nurses and nursing students who are members of Black, Indigenous, & People of Colour communities. [Learn more](#).
- [Nurses commit to action against anti-Black racism in nursing and health care](#). This declaration establishes the principles and actions for which individuals, nursing organizations to take meaningful action to decolonize the nursing profession and ensure the profession can continue to provide safe, compassionate, and ethical care to Black and other racialized communities.
- The International Centre for Nurse Migration (ICNM), in collaboration with the International Council of Nurses (ICN) and other partners recently released a report entitled *Sustain and Retain in 2022 and Beyond: The Global Nursing Workforce and the COVID-19 Pandemic*. This report provides a solutions-oriented approach for understanding the work to be undertaken in order to guide global nursing workforce planning. It is imperative to address nursing attrition, exacerbated by COVID-19, while also ensuring a new generation of nurses can continue to meet global health demands. As ICN President Pamela Cipriano noted: "Without nurses, it is clear our health systems would collapse. All of the evidence in this report shows that it is vital to act on a new ten-year plan that guarantees investments to stabilize and build the nursing workforce. Delivering on commitments to support nurses with safe work environments, staffing levels and workloads, involvement in decision-making, mental health services and equitable compensation will catalyse interest and growth to build the profession. Nurses deserve to be recognised and rewarded for their immeasurable contributions to the health of people everywhere." [Read the report](#).
- Nurses and Nurse Practitioners of BC (NNPBC) recently published two Issues Summaries that may be of interest to registrants.
 - [Nursing Leadership](#)
 - [The Limits of Resilience as an Approach to Mental Health Impacts](#)

Connecting with us

We want to hear from you! Please reach out at any time if you have questions, concerns or if you'd like to see us feature a specific story in our next newsletter.



Email us: execast@rnantnu.ca

Visit the website

[Registered Nurses Association of the Northwest Territories and Nunavut](#)



Email us: admin@yrna.ca

Visit the website

[Yukon Registered Nurses Association](#)

