

IN THE MATTER OF AN ARBITRATION

BETWEEN

Nova Scotia Government and General Employees Union

(the “Union”)

-and-

Nova Scotia Health Authority

(the “Employer”)

AWARD

Policy Grievance

(Classification – TAVI Nurse / Coordinator)

Arbitrator: Lorraine P. Lafferty, Q.C.

Representing the Union: David Roberts

Representing the Employer: Patrick Saulnier

Held at Halifax, Nova Scotia: February 3, 2021
March 3 and 4, 2021
April 19 and 23, 2021

Date of Award: July 21, 2021

1. In this policy grievance the Union seeks a declaration of new classification in the Nursing bargaining unit and an order directing the parties to negotiate the rate of pay for this new classification pursuant to Article 8.15A(a) of the collective agreement. The Article, which requires rate of pay negotiation between the parties whenever a new classification is introduced, reads as follows:

8.15 A. New Classification

(a) When a new classification covered by this Agreement is introduced, the rate of pay shall be subject to negotiations between the Employer and the Union. The Employer may implement a new classification and attach a salary to it, providing that the Union is given ten (10) days' written notice in advance.

2. In 2018 the Employer Health Authority created a full-time nursing position called TAVI Nurse (or TAVI Coordinator) to serve its Transcatheter Aortic Valve Implant ("TAVI") Program. A TAVI procedure is an alternative to open heart surgery for treating aortic valve stenosis. It is a non-invasive procedure of implanting an aortic heart valve via catheter through the vascular system. The TAVI Program serves patients from all of Nova Scotia and Prince Edward Island although the procedure is conducted only at the Queen Elizabeth II Health Sciences Centre, Halifax, NS. Since the introduction of the Employer's TAVI Program, demand for this implant procedure has grown steadily.
3. The Employer assigned the new full-time position of TAVI Nurse to the Registered Nurse classification under the collective agreement with a pay grade of NUR6. Approximately 78% to 80% of all nurses in the bargaining unit fall into this nursing classification. The remaining nurses fall into more than twenty other classifications. Examples of some other nurse classifications and pay grades under the collective agreement are Program Unit Nurse 1 (NUR7), Transplant Coordinator (NUR 8), Public Health Nurse (NUR9), Clinical Nurse Educator (NUR15) and Nurse Practitioner (NUR19). After the successful applicant for the TAVI Nurse position had been working in the position for a few months he brought the position's classification to the Union's attention. On review the Union believed the position was not properly classified and that it introduced a new classification into the bargaining unit. The grievance was filed when the Employer denied that the position introduced a new classification and that it was not properly classified in the Registered Nurse classification.

History of the TAVI Nurse Position

4. Both parties attached significance to the history of the TAVI Nurse position. Evidence from the parties showed that from 2012 until early 2019 the TAVI Program served a complex patient population and was attached to the Employer's Congenital Heart Disease ("CHD") Clinic. During most of that time one full-time CHD nurse in the Registered Nurse classification, with support in some duties from a Clinical Nurse Specialist, served the CHD outpatient clinic as well as TAVI outpatients and inpatients. By 2017 when the Clinical Nurse Specialist retired, the volume of work for the CHD nurse exceeded the capacity of one full-time nurse. In that year, the Employer undertook a review of the TAVI Program nursing needs particularly in light of a lengthy waitlist and the trending upward volume of TAVI procedures being performed which created a workload issue for the CHD nurse. The review, which included researching models of care provided by TAVI programs in other provinces, showed that in other provinces most TAVI programs employed Nurse Practitioners; some employed Licensed Practical Nurses. Ultimately, the Employer chose to divide the workload of the existing one full-time CHD nurse position into two full-time nurse positions, one for the CHD Clinic and one for the TAVI Program having less responsibility for TAVI inpatients as that responsibility had been transitioned from the Clinical Nurse Specialist to inpatient unit nurses. Both the CHD nurse and the TAVI Nurse positions are placed the Registered Nurse classification.

5. The Employer's Heart Health Services Manager at the relevant time when the new TAVI Nurse position was posted in 2018 is a nurse with 30 years of nursing experience. She gave evidence that she prepared a job description in draft for the TAVI Nurse position. In the draft description she designated the position as "TAVI Coordinator". She used this terminology because the successful candidate would be coordinating the various elements of TAVI patient care. In the draft description she required minimum qualifications of 5-7 years of relevant skills and experience because the job "would exceed the capacity of an entry level RN position based on the complexity of the role." She then forwarded the draft description for review to the Employer's Compensation Consultant. The Compensation Consultant made editing recommendations, two of which drew particular attention from the

Union. First, the Consultant replaced the designation “TAVI Coordinator” with “Registered Nurse – TAVI Program” because in her evaluation the new position was essentially a nursing position in the Registered Nurse classification. Second, the Consultant recommended just 3-5 years of experience because 7 years of experience was usually considered necessary for positions at a higher level of responsibility within the organization. The Consultant concluded the position fell within the Registered Nurse classification observing “albeit one that is probably working to the full scope of practice.” In the end, the Manager accepted the Consultant’s recommendations replacing “Coordinator” with “Registered Nurse” and seeking a candidate with 5 years of relevant experience, not 5-7 years. She retained 5 years of experience because TAVI patients are “a complicated population.” The position was then posted in 2018 and the incumbent nurse was hired. The incumbent assumed the position and role of TAVI Nurse in February 2019. He has extensive cardiac experience in nursing and is well qualified for the position. The grievance is not related to the incumbent but related solely to the classification of the position.

Overview of TAVI Nurse Duties

6. Many facts around the TAVI Nurse position were not contentious. As already mentioned, the TAVI Program serves patients from all of Nova Scotia and Prince Edward Island. The Program is staffed by the TAVI Nurse who works with a team of cardiologists, cardiovascular surgeons and other multi-disciplinary health care providers such cardiac nurses, perfusionists, anesthesiologists, radiologists, and gerontologists to provide patient care. The TAVI Nurse is the only professional dedicated to work full-time within the Program. Physicians rotate through the Program on a regular but part-time basis. Initially the TAVI team performed approximately 50 procedures per year. That number grew to approximately 100 TAVI procedures performed last year. Whereas the procedure originally was offered only to older, higher risk candidates, the age profile of patients is changing and 120 procedures per year are predicted for this year with this number steadily trending upward as the technology expands.

7. The incumbent testified that patients are referred to the TAVI Program by community cardiologists or internists. The TAVI Nurse creates and maintains a list consisting of patients waiting for a TAVI clinical assessment as well as patients who have completed the clinical assessment waiting to be evaluated for an implant by the TAVI multi-disciplinary team (MDT). The patient list is dynamic and changes continually as patients move up and down the list depending on referrals received and the health status of the individual patients on the list. When a patient's condition rapidly deteriorates for example a patient will move up on the list which in effect moves others down on the list. The TAVI Nurse is responsible for tracking all patients on the list. Patients may remain on the list for three to six months or more. The TAVI Nurse works on the list daily and, in consultation with Program physicians, has overall responsibility for maintaining who is on the list and the order of placement on the list. At the clinical assessment stage, the TAVI Nurse is responsible for ensuring physician-requested diagnostic and lab tests are ordered and results received in a timely way. There is also a clinical role for the TAVI Nurse who meets one half-day weekly with patients at a TAVI outpatient Clinic. He will also meet with TAVI inpatients when consulted. The TAVI Nurse may also initiate referring patients for geriatric assessment prior to or after a TAVI procedure. Weekly MDT meetings are an important part of the Program at the patient evaluation stage. The TAVI Nurse schedules, prepares for, and attends these MDT meetings and is the only professional who attends every meeting. He chairs the meeting and presents the team with cases of 8 to 12 patients from the list who are pre-selected in consultation with Program physicians. The team decides who will receive an implant, who will proceed to open heart surgery, and who will receive no intervention, and decides a plan of care for those who will receive the implant including the type and size of implant device that will be used. The TAVI Nurse coordinates the necessary follow up regarding MDT decisions. He collaborates with inventory staff to ensure necessary equipment is stocked and available. He also arranges *ad hoc* MDT meetings if a patient's medical needs change and unexpectedly require attention. Once a referral has been made to the Program the TAVI Nurse is the principal point of contact for patients on the list and their families during the assessment and evaluation stages and on discharge for patients who receive the implant including follow-up with patients in four to six weeks post-procedure. The TAVI Nurse also attends monthly Implanter Meetings with physicians who review

Program initiatives and ways to advance the Program and he contributes to preparing written educational materials about the procedure and the Program.

8. The TAVI Nurse job description states that competency in “triage coordination” is considered an asset for the job. The Employer’s Interprofessional Practice Director described “triage” in her evidence as assessing one or several patients regarding urgency of care needed, i.e. can the patient’s medical needs wait a few days or does the patient require immediate medical attention? Thus in the nursing context triage means assessing the available patient information and bringing urgent matters to the attention of physicians. According to the evidence, “triage” requires critical thinking and the ability to prioritize among patients. Based on the evidence, triage coordination is a large part of the TAVI Nurse’s role. The TAVI Nurse interacts with and has responsibility for tracking patients referred to the Program and on the patient list. He prioritizes patients on a regular basis in collaboration with Program physicians taking into consideration all of the available information including urgency of need.

Registered Nurse Classification (NUR6)

9. The Employer’s Compensation Consultant was responsible for classifying the TAVI Nurse position in the Registered Nurse (NUR6) classification. She testified she has worked in the Employer’s compensation department for twenty-two years dealing with job evaluation, wage parity, classification issues, and the like. In her evidence, she explained that the objective of classification is to ensure consistency across the organization and noted that the Nursing bargaining unit classification system has been in place for many years. She described the classification system as a qualitative rank order or “whole job comparison” system based on the duties and accountability of the role. When a nursing position is proposed it is classified in the context of the comparative duties and responsibilities of other nursing positions. The Compensation Consultant explained that she has often worked with the job description for the Registered Nurse classification and the job descriptions of other nursing classifications in the bargaining unit and is very familiar with them. When she receives a nursing job description she reviews the duties in the description against the duties

of existing nursing job descriptions. The description of Registered Nurse (NUR6) is very broad in nature covering many duties within the scope of practice of a registered nurse permitted by the Nova Scotia College of Registered Nurses. There is a standard template for this job description that may be tailored to include specific qualifications and experience for a specific area of care.

10. The Compensation Consultant found that the work of the TAVI Nurse met the description for the Registered Nurse classification. Nurses in this classification care for patients with complex needs; they assess patient health needs; they collaborate with other health professionals; they communicate with and follow-up with patients and patient families; and they coordinate patient care. Nurses in this classification work in different settings including inpatient wards and outpatient clinics. In order to move a nursing position out of the Registered Nurse classification, the Compensation Consultant looks at whether the position carries duties associated with operational issues such as staff supervision, scheduling, performance reviews and leadership for improvement in clinical processes. Another factor is whether the position carries responsibility to provide a service role in the broad area of nursing rather than a particular area of nursing. For example, a Clinical Nurse Leader classified in the bargaining unit as Program Unit Nurse 2 (NUR10) has supervisory responsibility to lead a team and works on staffing, scheduling and budgeting. A nurse classified as Clinical Nurse Educator (NUR15) develops educational programs for a broad range of nursing rather than for just one nursing department. In the Consultant's assessment, the job description for the TAVI Nurse did not include either supervisory responsibility or a broad service role to take the position outside the Registered Nurse classification.
11. While not suggesting the TAVI Nurse position belonged in the Nurse Practitioner (NUR19) classification, the Union noted that many other medical facilities in Canada have Nurse Practitioners as part of their TAVI Programs. There was no evidence however of what duties Nurse Practitioners in those other programs are required to do, so the information regarding Nurse Practitioners provided little insight for comparative purposes here.

12. In the Union's submission, there are salient differences that distinguish the TAVI Nurse position substantively and qualitatively from the Registered Nurse (NUR6) position such that the role of TAVI Nurse introduces a new classification. First, the TAVI Nurse is the Employer's only nurse serving the TAVI Program covering the provinces Nova Scotia and Prince Edward Island. This sole nurse has responsibility on a full-time basis for a complex patient population and is involved with the organization of each patient's care over a lengthy period of time which can continue for 3 to 6 months for each patient. In the Union's submission, the original title of the position as "TAVI Coordinator" proposed by the Manager who drafted the job description is more appropriate than the title "TAVI Nurse" as recommended by the Compensation Consultant because the position involves a high degree of coordinating, navigating, and organizing on behalf of TAVI patients. The TAVI Nurse is a coordinator responsible for navigating a large number of patients through the system and is the principal point of contact for patients and families of patients and communication between patients and the TAVI team. As part of the triage function, the nurse in the TAVI position makes sure each patient is getting the proper prioritization for clinical assessment, evaluation, and discharge. In the Union's submission, these duties and responsibilities of the TAVI Nurse *in aggregate* are far greater than those of a nurse in the Registered Nurse classification. A nurse in the Registered Nurse classification may perform one or more of the duties of the TAVI Nurse but no nurse in the Registered Nurse classification does all of the duties performed by the TAVI Nurse.
13. Next, in the Union's submission, the TAVI Nurse position has its own job description which sets it apart from the Registered Nurse classification. The incumbent agreed the description describes his job. The Union emphasized descriptive content found under the heading "Position Summary" in the TAVI Nurse description that is not found under the Position Summary heading for the Registered Nurse job description, placing particular emphasis on competencies described in the Summary, especially competency in triage coordination. The Summary reads in part:

Competencies in triage coordination, interdisciplinary care facilitation and participation in case selection within an ethical framework are considered assets to ensure the patient understands

procedure outcomes and provides informed consent. Competencies in functionality and frailty assessment, advance directive and end of life care are required to support candidates for the TAVI procedure. Patient education and early discharge planning processes are required, and as such competencies related to leadership, teaching, care process improvement and evaluation are required.

14. In the Union's submission, the TAVI Nurse engages in triage coordination from initial patient referral until after patient discharge. In reality, the Union submitted, competency in triage coordination is more than an asset to the job as stated in the job description. It is a necessity since a core element of the TAVI Nurse position is managing the list of TAVI patients whose status must be monitored as they move up and down the list. As well, the TAVI Nurse is an integral member of the collaborative multi-disciplinary TAVI team participating in case selection and care process improvement. Full-time responsibilities for the patient list require the TAVI Nurse to exercise autonomy and authority that nurses in the Registered Nurse (NUR6) classification do not have. An example of autonomy is deciding to initiate geriatric assessments for patients as needed.
15. Also, in the Union's submission, the Employer's Compensation Consultant erred in her classification of the TAVI Nurse position by using the wrong approach to determine whether the TAVI Nurse position introduced a new classification under Article 8.15A. of the collective agreement. The Union contended the Consultant erroneously applied the test for Article 8.15C. of the agreement which covers classification appeals adjudicated by a Classification Appeal Tribunal. Article 8.15C.(a) and (d) pertaining to Classification appeals together read:

8.15 C. Classification Appeal Tribunal

(a) A Classification Appeal Tribunal shall be established to make final and binding decisions on a dispute concerning the classification of the position a Nurse occupies.

...

(d) The Tribunal shall decide the issue of the proper classification for the position in question based on the existing classification systems.

16. The Union referred me to Classification Appeal decisions that interpret words found in other Union agreements identical to the words of Article 8.15C. Based on those decisions, Article 8.15C. applies when the duties and responsibilities of a position fall within an already existing classification and limit the Tribunal’s jurisdiction to placing a position in an existing classification “even if all of the existing classifications appear to be a poor match.” (see *NSGEU and Province of Nova Scotia (Bonnell)* [2008], Kydd, unreported, p. 20). The Tribunal is not permitted “to create new classifications” (*NSGEU and Province of Nova Scotia (Community Services)(Mullin & McIsaac)*, [2006], North, unreported, p. 22). The task for the Tribunal is to determine the best classification of the existing classifications. In other words, the question is one of “best fit”. The Union argued that the Compensation Consultant reviewed the TAVI Nurse position with only the “best fit” model in mind and failed to consider whether the position could create a new classification.

17. The Employer’s witnesses, including the Manager who prepared the TAVI Nurse job description, supported the Compensation Consultant’s classification decision of Registered Nurse. The Manager testified that before the new full-time position was created and filled there was a nurse performing duties for the TAVI Program. In 2018, after the Employer completed a review of the Program’s nursing needs, there was no intention to change the existing duties of the TAVI Nurse and there were no duties or responsibilities that would not be expected of other nurses in the Registered Nurse classification. Additional witnesses with nursing qualifications called by the Employer also emphasized the similarities between the work of Registered Nurses and the work of the TAVI Nurse – assessing patients, reviewing test results, noting changes in patient status, communicating with patients and families, collaborating with physicians, and applying critical thinking skills. In the Employer’s submission, after the Program review of nursing needs in 2018 there were no changes to the TAVI Program or to the role of the TAVI Nurse. In essence, there was a nurse classified in the Registered Nurse classification performing the role of TAVI Nurse from 2012 until 2019 when the incumbent began in the new full-time position and the incumbent TAVI Nurse continues to perform those same duties. The duties and responsibilities of the TAVI Nurse did not change substantially or qualitatively from then until now and therefore a new classification was not introduced.

Award

18. The issue in dispute was framed by the parties as this: do the duties and responsibilities of the TAVI Nurse fall within the classification of Registered Nurse (NUR6) or are they outside this classification introducing a new classification?
19. Counsel agreed that the proper test is whether the TAVI Nurse duties and responsibilities are substantively and qualitatively different from the duties and responsibilities of nurses in the Registered Nurse (NUR6) classification such that a new classification has been introduced. It is a factual inquiry where the onus rests with the Union to show that the Registered Nurse classification is not appropriate for the TAVI Nurse position. The test was articulated by Arbitrator Outhouse in *Re Nova Scotia (Dept. of Human Resources) and NSGEU (Re Buyers)*, [2001] 68 C.L.A.S 108 (“*Buyers*”) at page 33 as follows (italics added):
- . . . the authorities cited by both parties are much the same effect.
The proper test to be applied is whether there has been a substantive qualitative change. Minor changes in job content or increased workload do not satisfy the test. There must be real and significant change in core functions or responsibilities. It is not necessary, however, in my opinion, that there be a change in the overall purpose of the job as opposed to the way in which it is performed.
20. This “substantive qualitative change” test from *Buyers, supra*, was followed and applied by Arbitrator Kydd in *Re Department of Agriculture and Fisheries and NSGEU (Security Officers)*, [2008] 93 C.L.A.S. 58. In that case, the Campus Watchperson position, where the core functions were patrolling the campus and checking the status of buildings and property, was converted to Safety and Security Officer with additional expectations and responsibilities for responding to persons requiring assistance, crowd control and related duties dealing with people in difficult situations. The arbitrator found that the added requirement to interact and deal with people was a very substantial change to the position and consequently the Union’s grievance alleging the introduction of a new classification was allowed. The *Buyers* test was also applied by Arbitrator Ashley in *NSGEU v. Province of Nova Scotia (Adult Protection Social Workers)*, [2013], unreported. In that case, although the classification standard for social workers did not change, the work of Adult Protection

social workers who were in that classification took on a different focus due to changes in policies and practices governing their work. The changes meant increased responsibility and accountability for Adult Protection social workers required to use more sophisticated assessment tools engaging higher levels of professional assessment and judgment than required of other social workers (at para. 136). The arbitrator found that changes made to the way the job was done by Adult Protection social workers made their work significantly different from that of other social workers such that the Adult Protection social workers no longer fit within the classification. Their work constituted a new classification.

21. The Employer referred me to several cases including *Re Sudbury Regional Hospital and Ontario Nurse's Association* (2008), 177 L.A.C. (4th) 394. In that case, Arbitrator Surdykowski was asked to decide whether, under a similar collective agreement provision, the employer's initiative to designate Critical Care Response Team (CCRT) Registered Nurses established a new classification outside the Registered Nurse classification. Notwithstanding some differences between the work of a CCRT Nurse and the work of a Registered Nurse, the grievance was denied on the basis that the duties and responsibilities of the CCRT Nurse "as a whole" were not substantially different from those of other nurses in the Registered Nurse classification (at para. 36). The arbitrator held that a "mere change in the mix or emphasis on duties and responsibilities is not sufficient" to introduce a new classification.

22. The "whole job comparison" analysis for classification of nurses has been used by the Employer for over twenty years. In the Compensation Consultant's analysis, the TAVI Nurse responsibilities do not meet either of the two criteria identified by her that would place the position outside the Registered Nurse classification. There are no supervisory duties in the TAVI Nurse job description. Indeed, factually the TAVI Nurse is the only nurse serving the TAVI Program so there are no others to supervise. Also, the TAVI Nurse's role is confined to working with TAVI patients, their families and members of the TAVI team. There is a role for the TAVI Nurse to provide information and education, but not in a broad sense of nursing practices, that the Consultant would use to take the position outside the Registered Nurse classification. Because the TAVI Nurse position fit with the

Registered Nurse classification and did not fit any other classification, the Registered Nurse classification was assigned by the Consultant as the proper classification.

23. The Compensation Consultant's evidence strongly suggested, as the Union urged, that when reviewing the TAVI Nurse job description she may have applied the "best fit" test which is the test applicable to Article 8.15C. of the collective agreement and thus failed to consider whether a new classification was introduced using the test for Article 8.15A. In any event, whether or not that is so, I find the Consultant unduly restricted her classification assessment when she limited the possibility of introducing a new classification to the bargaining unit only when positions carried supervisory responsibilities or a broader service role. Without attempting here to identify other factors that might operate to take a position out of the Registered Nurse classification, the Consultant should be open to the possibility that other factors could exist depending on circumstances to give rise to a "substantive qualitative change" sufficient to introduce a new nursing classification. In *NSGEU v. Province of Nova Scotia (Adult Protection Social Workers)*, *supra*, for example, the job classification standard (job description) for social workers did not change but the way the work of Adult Protection social workers in that classification was carried out changed substantively and qualitatively to justify finding a new classification. Having said that, in this case when the proper test for Article 8.15A. is applied to the circumstances of the TAVI Nurse, I find that the Consultant's factual conclusion is nonetheless the correct conclusion.

24. The incumbent confirmed in his testimony that the Position Description in evidence as the job description for the TAVI Nurse position represented his job. Comparing the job descriptions of TAVI Nurse and Registered Nurse, Employer's counsel carefully demonstrated that the same core duties and responsibilities are required of both positions. Up to at least ninety percent of the duties and responsibilities described as key functions or "Specific Accountabilities" in the Registered Nurse job description correspond directly, word for word, with duties and responsibilities described in the TAVI Nurse job description albeit arranged differently and under different headings. The descriptive content of the Position Summary emphasized by the Union and additions to the Specific Accountabilities

provide detail of those duties and responsibilities but do not necessarily change them in a substantive way.

25. There was ample evidence of an increased workload in the TAVI Program since its inception. Indeed, it was the workload issue that prompted the Employer's review in 2017 and led to the creation of the full-time TAVI Nurse position dedicated to the TAVI Program. The evidence showed that the Program has grown more since then and is continuing to grow demanding more of the TAVI Nurse in terms of coordination and organization. This evidence of quantitative change though does not create a new classification (*Buyers, supra*, page 33) as there must be a substantive qualitative change in duties and responsibilities in order to introduce a new classification.

26. There was evidence and I so find that the TAVI Nurse deals with a complex patient population. I also find that as sole nurse and only full-time health professional in TAVI Program, the TAVI Nurse plays a vital role for TAVI patients and the TAVI Program in general. I accept the evidence of the Manager who at the early stage of the classification process stated that the position exceeds the capacity of an entry level RN position. The facts further support recognizing the complexity and importance of the role as a minimum of 5 years of relevant skills and experience is required for the position. I also accept that the TAVI Nurse is likely working to the "full scope of practice" for a registered nurse as initially observed by the Compensation Consultant. It may also be true that the duties and responsibilities of the TAVI Nurse in aggregate are greater than those of other nurses in the Registered Nurse classification although I did not receive enough comparative information to make that finding. All of the facts that I have accepted, which cannot always be captured in a job description, serve to underscore the importance and value of the TAVI Nurse position. The Employer however made a compelling argument that there was a nurse in the Registered Nurse classification at the time when the new TAVI Nurse position was created and the TAVI Nurse now continues to perform the same duties and responsibilities that were previously performed before the position was created. On close inspection, the TAVI Nurse job description is almost identical to the Registered Nurse job description, rearranged and with different headings, and the incumbent agreed that the description described his

job. Applying the substantive and qualitative change test, I cannot find that the facts around the TAVI Nurse position meet the requirement of substantive and qualitative change to justify removing the position from the Registered Nurse classification.

27. In conclusion, based on the foregoing, having reviewed all of the evidence, I find that the duties and responsibilities of the TAVI Nurse do not meet the requirement of “substantive qualitative change” from the duties and responsibilities of a nurse in the Registered Nurse (NUR6) classification to introduce a new classification to the bargaining unit. Therefore, the grievance is denied.

DATED AT Halifax, Nova Scotia, this 21st day of July, 2021.

A handwritten signature in blue ink that reads "Lorraine P. Lafferty". The signature is written in a cursive style with a horizontal line above the first letter of the first name.

Lorraine P. Lafferty, QC
Arbitrator