

Hello everyone. This email contains important information about our ongoing response to the Covid-19 virus. It is important that you read it carefully and understand it. If you don't understand it, please ask your manager for clarification or send an email to the Covid-19 address where it will come to the attention of all managers and directors.

This afternoon we will begin delivering cloth or canvas masks to all locations.

The plan is to provide every active staff member with three masks, and they will each come in a cloth bag with your name on it. Necessarily, we have handled these materials in getting them to you so the first thing you need to do is wash the masks in their bags thoroughly, then dry them.

Attached to this email is a set of detailed instructions concerning:

- when you should wear these masks (only when you need to enter into the restricted 6-foot zone);
- what to do with a mask after removing it;
- how to hand-wash your masks (and its bag) as you use them;
- how to dry them inside the cloth bag and then store them, in the group home.

Our thanks to the agency's Joint Health & Safety Committee for its work on these protocols.

Why now?

The experts are still learning about this virus, and there has been conflicting information abroad. For a time, the advice of WHO and of Canada's Chief Medical Officer of Health was to not wear any kind of mask unless you were in the presence of someone suspected of having the virus. In big picture terms, to wear a surgical mask or respirator, when not in the presence of the virus, was, and is, to squander a scarce resource. And we were told that fabric masks provide unreliable protection and can actually increase your risk in certain ways.

This position has been shifting somewhat, but there is still virtual agreement on one thing: Fabric masks will not protect the wearer; that's why they are not even considered to be PPE. They will however provide some level of protection to other people in the vicinity.

Since supported people, for the most part, have not been out for well over 14 days, they are not a risk to each other and can be further protected (from you) if you begin to wear masks. Also, we suspect that many of you will feel more safe wearing them, despite what the experts are saying.

So for now, if it's time to make any adjustment, a move toward cloth masks is the obvious option. However, as they're not actual PPEs, we did not maintain a large stock of fabric masks and we've had to build up our supply. We did not want to issue cloth masks to some people and not others, nor did we want to ship everyone a single mask; that would exacerbate the risk factor, or force all of you to spend half your shift hand washing your one mask.

The use of staff in multiple sites:

Some of you have suggested that we should put a stop to the use of Floats and to the more general practice of working in multiple sites. There really isn't a lot of disagreement on this score. We have never shipped in extra staff "just because." Floats appear in response to some kind of absenteeism. And it is a long standing practice, when Scheduling is hard pressed, or when the location indicates that things are well in hand, to let the program run short.

As of now we are instructing Scheduling to initiate the conversation when someone calls in sick. You will be advised that X is not coming to work, and also asked "do you need me to replace her?" If you say "no" then the Floats will remain at their home base and there will be no crossover. But sometimes there is no room for conversation. Some sites are staffed by a single person, in which case every absence will be back-filled.

And to be clear, delivering a bad essential service is not an acceptable response to a pandemic. We must maintain staffing ratios that enable us to provide an excellent essential service.

Cloth Masks for Floats and for others who work at multiple locations:

At the top of this email you were instructed to wash, dry and store your masks in the group home. No one wants you returning the next day with contaminated masks. But there has to be an exception; what if tomorrow you are working at a different location?

To deal with this problem, we are also delivering large ziplock bags to each location. You will hand wash your masks and bags before your shift ends, put them into a ziplock bag, and keep it in your car overnight. When you arrive at work on the next day, you will immediately re-wash your masks and bags, as per the attached instructions, dry them, and then begin your shift.

This is an admittedly clunky solution, but there is no other option.

Masks for use by SIL & CHPI staff:

Masks will also be sent to PPCS and UCS for SIL and CHPI staff. They will be for when you need to enter a person's home to provide support, as when an individual does not have basic food prep skills. And because we do not have control over these environments, we will upgrade SIL and CHPI staff to disposable dust masks. Your managers will provide further direction on matters specific to SIL, and specifically on how to minimize the occasions that require masks.

Staff shared among agencies:

Yesterday the Province issued "a new emergency order restricting long-term care staff from working in more than one long-term care home, retirement home or health care setting."

This order does not apply to group homes in the Developmental Sector. The Premier was asked in a press conference why this was the case. He did not have a ready response but said it was a good question. I think the answer lies in the major difference between a big box LTC facility and a 4-person group home.

In the former, you would likely have a fixed posting, say on the third floor, and opportunities for overtime above and below you. The employer meanwhile, has a critical mass of employees all in one place, and is able to easily pull from here to plug a gap over there. The employee's need to moonlight is arguably less, and the employer has a lot of options to consider ahead of hiring another agency's employees.

If the government does extend the order to our sector they would declare that CLDN employees who work at other agencies would have to choose among them. I cannot imagine that government would reach down to the level of whether or not you can move between Group Home X and Y within a single agency.

And if this is true, what would be the point of extending the order to our sector at all? Unless we have grounds to believe that the Community Living agency next door is not quite up to the mark, what is the difference, in terms of Covid risk, between one of their 4-person homes and one of ours?

It is for this reason that we have required employees to declare their other employment commitments, and whether or not the virus is present in their other workplace(s), but have not yet taken the step of requiring them to choose. Given that the status quo is obviously in the employee's economic interest, and given that we don't want to lose a valuable employee, we just don't see the point.

Obviously this calculation changes when the virus does become present in a different workplace! See below.

What if?

Many of you are aware that some neighbouring agencies now have their first cases of the virus. And of course there is the mini-institution in Markham where it has hit almost 40 people. Naturally some of you have asked about our protocol if/when our first case arises.

We would notify Public Health and then "Health Connect" would want a list of everyone who worked in the location during the 48-hour period preceding the onset of symptoms.

As long as these people do not have symptoms, and **SINCE THEY WORK IN AN ESSENTIAL SERVICE**, they would be told to isolate at work for 14 days, which means they would wear surgical masks throughout their shift and (naturally) full PPE while providing care within the 6foot zone.

Looking outward, what if you have declared that you work elsewhere, and now there is a case of the virus in the other agency, at the location where you have worked? In that case, you would have to choose. We would grant you unpaid leave on condition that you continued with the other agency helping them to deal with the outbreak. Or, you could continue to work for CLDN on the condition that you not return to the other workplace until the outbreak clears, people have recovered, and the post recovery isolation period has been completed.

Be Careful Wearing your new Masks:

Remember that masks tend to have a psychological influence that you need to guard against. It is not natural to interact at a distance of 6 feet, and with a mask on you will tend to cheat and move in closer. Don't! Your mask will feel different, and it will draw your fingers to your face, like a toothache draws your tongue. Resist touching your face!

Also, the mask presents some physical risks. If you wear it continuously, taking it off for a snack or to talk on the phone, and putting it back on again, it will become a germ trap that you don't want on your face. And if you wear it for too long a period of time it will get damp and become a less effective barrier. Good advice seems to differ on how long to stick with one mask; we are asking you to not wear it for more than two hours. At that point, it should be removed and washed.

Again, we are also asking that you wear the masks only when you are unable to maintain the 6foot social distancing rule. With this distance maintained no one is at risk; your masks will go further and you will spend less time at the sink.

A final thought: We do not believe that you need protection from supported people, but some of them might also feel better if they had a mask. Right now the supply is short but we continue to work on that. Moving forward, please let us know if someone you support would like a set of masks and bags.

Stay healthy everyone. We are in this together!

Please Remember:

Wash Your Hands Thoroughly with Soap
Don't Touch Your Face
Use Hand Sanitizer
Practice Physical Distancing
Be Calm and Take Care of Each Other... We'll
Get Through This.

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CLDN HOMEMADE MASK PROTOCOL

Every staff member has been provided with 3 reusable fabric masks for their personal use while on shift.

- All staff will wear a mask when providing direct, close personal care to individuals. This will include assisting with hygiene, bathing, dressing, feeding and administering medications, within the 6-foot zone.
- When not providing direct care all staff will practice physical distancing, keeping a minimum of 6 feet between everyone, staff and supported people.
- Should you be more comfortable wearing your mask for the duration of your shift, this is permitted, although at this point it is not necessary and, in fact, we advise against it.
- All masks should be washed after each use. Our recommendation is that you put it on to provide close personal care and then remove it and wash it. If you choose not to remove it, but then you take a bite of an apple, do not put it back on, wash it.
- If you have had the mask on for two hours it will be damp and it should be removed, and washed.
- All masks will remain on site, staff will be sure to take their mask off prior to going home. But, note the exception explained below.

Masks will be washed onsite:

- Staff using gloves will clean their own masks and the bags they are kept in by lathering the masks and bags with soap and scrubbing them for at least 20 seconds with warm to hot water. If there are temperature blocks at the sink you can add water from a kettle.
- Washing should be followed by hot air drying; dry your masks in their bags in the dryer on the highest possible heat the fabric will allow.
- Each location will identify a spot within the home where the clean masks will be kept, so that staff arriving on shift know where they can locate their masks.

If you are a staff working at multiple locations:

- Wash and dry your masks prior to leaving the work location, place the clean masks in a zip lock bag and leave the masks in your vehicle.
- When arriving to your next shift take the masks in with you and wash the masks prior to use at that program location.

Please speak to your manager or e-mail COVID19@cldn.ca if you have questions about mask use.

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear a Cloth Face Covering:



Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

The Centre for Disease Control (CDC) now recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g. grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that we are reserving for your use in situations where they might become critically necessary.

