

Hello everyone

We have now, finally, managed to source surgical masks in the quantity that we need. Thank you to Amanda Carkner and TJ Mullen who have just returned from Caledon with a truck load that's just off the plane from China.

In about an hour, we're going to begin delivering surgical masks to each location. They are in packages of 50. Some small sites will get only one package; no one will get more than 3. PPCS and UCS will be on our route in order to provide for SIL and CHPI workers.

The bulk supply will remain at Vanedward and we will make weekly deliveries, every week. I've attached a pdf of the spreadsheet we used to calculate our weekly deliveries. As you can see, rather than tamper with any packages, we've rounded up to the next 50, and after a few weeks we should be able to hold back on a box or two.

The drill moving forward is that **every staff will wear a surgical mask throughout their shift, with a change every 4 hours**. No one should use more than 3 masks, which will be the proper amount for an extended shift of 10-13 hours.

There should be no calls between weekly deliveries requesting an early shipment. If for some unanticipated reason, a larger number of masks is being used, Senior Staff expect to be notified immediately. Our supply is now sufficient to maintain this protocol for a full 7 months without re-stocking. But this will not prove true if we permit excessive use.

At present, we do not have a supported person or active staff member who has tested positive for the Covid virus, or is suspected of having the virus. **Therefore, further protection, beyond the surgical mask, is unnecessary.**

Only when someone becomes ill, either will the Covid virus or another infectious disease, will it become necessary to don full PPE while providing close care to that person, or when the 6-foot zone becomes difficult to maintain.

A small supply of surgical masks will also be provided to each manager (in a baggie) for their use when it becomes necessary to visit one of our homes.

Also attached to this email is our Respiratory Protection Program developed by our Joint Health & Safety Committee (JHSC). It has rather more to say about N95 Respirators than about Surgical Masks which are our focus at the moment.

Where the protocol defines Airborne and Aerosol transmissions, on page 1, it speaks to situations normally occurring in hospitals, where an N95 Respirator is the appropriate PPE.

Droplet Transmission is defined immediately thereafter. It's this that we're concerned about in connection with Covid-19; now, to guard against a pre-symptomatic co-worker spreading the disease to you or to a supported person, and subsequently, perhaps, if we have a positive case in the home.

Have a great weekend everyone!

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Respiratory Protection Program

Respiratory protection prevents the inhalation of infectious agents such as viruses, bacteria and mold/fungi that can be spread through aerosols either droplet or airborne. Viruses or bacteria can be found in respiratory secretions of infected individuals, aerosolized during coughing, sneezing, talking, or laughing.

Definitions:

Airborne transmission:

Spread of disease by particles that are less than five microns in diameter and can remain suspended in the air for long periods of time (*N95 Respirators typically required*).

Aerosol:

Fine solid or liquid particles (such as mists or respiratory secretions) dispersed through the air (*N95 Respirators typically required*).

Droplet transmission:

Spread of disease by particles that are greater than five microns in diameter. Large droplets generally travel less than two meters in the air. Droplets can also “dry out”, become smaller and travel further (i.e. droplet nuclei). Humidity and air currents have an effect on this (*Surgical Masks typically required; including in the case of a positive Covid19 test*).

It is the responsibility of the Employer to:

- Ensure that the respiratory protection program is prepared and implemented
- Consult with the joint health and safety committee / health and safety representative and others in the development of the program.
- Designate a competent person as the program administrator.
- Ensure that suitable resources are available for implementing and maintaining the program.

It is the responsibility of the administrator (HR department) to:

- Take the lead role in the respiratory protection program.
- Maintain a close relationship with infection control personnel regarding respiratory protection for infectious diseases.
- Ensure that all aspects of the respiratory protection program are addressed and implemented assessments for respiratory hazards.
- Maintain a list of accepted masks and respirators selected for use in the workplace for each respiratory hazard and a list of all respirator users in the organization.
- Ensure procedures have been developed for: user screening and, where necessary, medical assessment and the issuance of selected respirators.
- Ensure that all persons required to use respirators complete user screening, receive written instructions (see attachment from PSHSA for written instructions), training and fit testing prior to initial use of a respirator; and fit testing is completed again for those persons at a designated interval or when required (Every two years or in the case of significant weight gain or loss, or some other physical change).
- Monitor the use and condition of masks and respirators.
- Ensure that the respiratory protection program is reviewed at least annually.

It is the responsibility of the Employee to:

- Use and care for the mask or respirator in accordance with the written instructions and training provided by the employer.
- Monitor the condition of the masks or respirators.
- Employees required to wear tight-fitting respiratory protection in the workplace must maintain their respirator seal interference free in order to achieve a proper seal between their face and the respirator face piece.
- Inspect the respirator prior to use and at intervals that will ensure that the respirator continues to operate effectively.
- Perform a user seal-check prior to use.
- Notify their manager or the HR department of any condition or change that may impact on their ability to use a respirator safely.
- Attend and participate in any training for fit-testing sessions as requested.
- It is the employee's responsibility to consult with their physician prior to testing if they suspect that some allergy or other condition might render the test problematic.

It is the responsibility of the Joint Health and Safety Committee to:

- Be consulted during the development of the program.
- Maintain communication with the program administrator and the employer and monitor the program in an advisory capacity.
- Address any health and safety concerns brought to the committee's attention.

N95 Respirators: An N95 respirator is used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route. Disposable N-95 Respirators will be worn by all employees in contact with individual(s) who have a disease or pathogen that spreads through the air (such as chickenpox, measles, and TB), also including staff working with individuals who have or are suspected of having SARS, severe acute respiratory syndrome.

Prior to fit testing each employee will:

- Complete a health screening for disposable N-95 respirator use form
- Receive instructions on the proper donning, seal checking, doffing and inspecting the respirator (Written instructions are attached to this document as well)
- Complete a comfort test

The agency will maintain a stock of disposable N-95 respirators in the following sizes:

- 8110S N95 Respirator
- 8210 N95 Respirator
- 1860S N95 Respirator
- 9105S N95 Respirator

HR will track, and run reports that show, the appropriately sized mask or respirator for each employee, as well as the date each employee was last fit tested.

The agency will also maintain a stock of surgical masks to be used when droplets precautions are necessary (as in Covid-19).

Masks: A mask is used by staff (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two meters of a coughing person (or one is providing personal care to a person who has tested positive for the Covid19 virus).

Droplet Precautions: Used in addition to Routine Practices for people known or suspected of having an infection that can be transmitted by large infectious droplets (such as influenza, meningitis, whooping cough, and the Covid-19 virus).

Calculations re Surgical Masks, April 24, 2020

Locations	Daily Usage	Weekly Usage	Weekly Delivery
Simcoe, formula (9 staff * 2 changes)	19	133	150
Union, formula (6 staff * 3 changes)	18	126	150
Maple, formula (4 staff * 3 changes)	12	84	100
Lorne, formula (5 staff * 3 changes)	15	105	150
Lakeview, formula (6 staff * 2 changes)	13	91	100
Conc 13, formula (4 staff * 3 changes)	12	84	100
Hwy 7A, formula (5 staff * 2 changes)	10	70	100
Janetville, formula (3 staff * 3 changes)	9	63	100
Lakeridge, formula (3 staff * 3 changes)	9	63	100
Ewen, formula (4 staff * 3 changes)	12	84	100
Victoria, formula (3 staff * 2 changes)	6	42	50
Mariposa, formula (5 staff * 3 changes)	15	105	150
Reach, formula (5 staff * 3 changes)	15	105	150
Prince Albert, formula (2 staff * 2 changes)	4	28	50
Island Road, formula (5 staff * 3 changes)	15	105	150
Respite Apt., formula (4 staff * 2 changes)	8	56	100
Alva, formula (5 staff * 2 changes)	10	70	100
Cochrane, formula (4 staff * 2 changes)	8	56	100
Low, formula (3 staff * 2 changes)	6	42	50
Uxbridge Community Supports			50
PP Community Supports			50
Weekly Deliveries, total			2,150