MARCH 25TH, 2021, 1:30PM TO 3:45PM

ZOOM VIRTUAL PEER GROUP MEETING NOTES

Hosted By:

Paul Gauthier
Individualized Funding Resource Centre Society

Ruth Marzetti
Technology For Living

Guest Speakers:

- Dan Coulter, MLA and Parliamentary Secretary for Accessibility
- Tania Dearden, RN, BN, IPAC, Vancouver Coastal Health
- Taylor Danielson, with Technology For Living

individualized FUNDING resource centre

technology for living

More than ever, people with disabilities must come together as a unified group in society. How we support and help each other through crisis and every day hurdles will strengthen us as a community and as individuals. Living independently is a choice and comes with additional challenges. Through unification people with disabilities make a difference; each voice is important.

The goal of Pathways To Independence meetings are for peers to come together and share information and updates on current issues facing people with disabilities.

The March 2021 meeting was attended by approximately 83 people.

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Open Meeting

In order to share the important Infection Prevention and Control (IPAC) presentation from Vancouver Coastal Health, with as many people as possible, this meeting was open to both people with disabilities and their personal support workers.

Technology For Living – Taylor Danielson

Technology For Living New Program Announcement

1. Technology For Living has an exciting new program for seniors; sponsored by Canada's New Horizons for Seniors Grant Program
    a. TFL will be producing a monthly video to explore topics of interest for seniors, focusing primarily on Internet Safety and preventing Internet Crime such as Phishing, Credit Card Fraud and Identify Theft.
        i. How to identify it, how to report it and how to avoid it.
    b. Topics will also include Robbery prevention and how to make your home safe.
    c. The program videos will be published on the TFL YouTube channel at a rate of one video per month for the next year.

We Talk Tech

1. Technology For Living will continue to produce We Talk Tech with Ean Price and Wayne Pogue. The videos often have Special guests, with the most recent being Jenny Cannon, TFL Technician, who has provided technical support for Pathways To Independence for many months now.
    a. Watch Jenny's Video
    b. Technology For Living YouTube Channel

Simon Cox Student Design Competition – Update

1. At the April Pathways meeting, TFL will host a voting opportunity.
    a. A round of voting for the People's Choice Award, which is an award chosen by the people who would use the devices developed in the competition, which includes the Peers from the Pathways To Independence group!
    b. The actual Pathways voting will take place in the last 15 minutes of the meeting so stick around to help choose a winner!
2. As a reminder, the Simon Cox Student Design Competition event will be broadcast on YouTube, Live on Saturday May 8th, 2021 at 11:00AM.
3. The event will showcase all the student projects in addition to the awards ceremony. TFL invites everyone to "tune in". TFL will be distributing the link, once it is available.
4. Paul Gauthier will present the People's Choice award, which is a cash prize of $500.
5. Prior to the April Pathways meeting, TFL will email the student project links so you have an opportunity to watch them ahead of time.

Paul Gauthier Comment

I am looking forward to participating in the award ceremony, and I'd like to thank Technology For Living for involving the Pathways group. Participation gives power to people with disabilities when they can decide on who gets to be the People's Choice.

Question and Answer
Q. I am on a Senior's and Disability group with New Westminster and the police officer who is involved has just done some conversations locally on crime. I am wondering if I can link you up because it might be useful to what you are doing, to have police perspective.
A. We are already working with the New Westminster Police Department and are hoping to have them involved to lend their perspective.

Paul Gauthier
We, along with Technology For Living, are hoping to team up with the New Westminster Police Department for a Pathways presentation in either April or May to look into that whole cybercrime issue. It will also include a general discussion about how to keep ourselves safe with having caregivers; i.e. such as when you give your credit card to your caregiver, how can you prevent being taken advantage of? At the same time, the reality is that as people with disabilities we must trust people to a point but how can we do that and still protect ourselves?

Update: New Westminster Police Department will be presenting at the May Pathways To Independence Peer Group Session.

Dan Coulter, MLA and Parliamentary Secretary for Accessibility

PS Dan Coulter joined the meeting to briefly speak of the Provincial Legislation for Accessibility. Dan was elected as the NDP MLA for Chilliwack in 2020. Before the election he was the Chair of the Chilliwack Board of Education and among other endeavors served on the Mayor's Task Force for Inclusion, Diversity and Accessibility.

PS Dan Coulter
I have been a wheelchair user for approximately 20 years and am passionate about ensuring that every British Columbian can participate in society and live their life in a full and meaningful way. My mandate as Parliamentary Secretary for Accessibility is to work alongside people with disabilities, advocates, communities, and businesses to ensure that the new Accessibility Legislation is both effective and easy to understand.

The Premier has also asked me to collaborate with the Minister responsible for housing to make sure all buildings in our province are made accessible through updates to the building code. Our government is committed to making BC the most accessible province in Canada and I am very excited that I get to be a part of this work.

The Legislation will be an important step towards the realization of a more accessible and inclusive province for the approximately 25% of adults who live with a disability. I also believe that all British Columbians will benefit from this work whether it is as we travel, as we support our loved ones, or as we age. Minister Simons [Honourable Nicholas Simons of Social Development and Poverty Reduction] and I agree that this Legislation represents the beginning of a process rather than the end.

In order for our efforts to succeed it will be important for us to continue to work in partnership with people with disabilities and the product community as we initiate work to implement this legislation and in particular to develop Accessibility Standards.

A little history: the BC Government held public consultations during all of 2019 to help shape our first ever Accessibility Legislation. An advisory committee was struck to support the province wide public

consultation that took place in the fall of 2019. The committee has representatives from the disability community, local governments, businesses, and Indigenous organizations.

In February of 2020, a summary report of the consultation feedback was made available to the public. The objective of the consultation was to understand British Columbians priorities and perspectives when it comes to the establishment of Accessibility Legislation.

Efforts were made to ensure that consultation was accessible. For example, materials were made available via ASL and Braille and additionally, we provided multiple avenues to submit feedback. We traveled around the province having in person consultations as well as a virtual Town Hall.

Throughout this process we were, and are, guided by the **UN Convention of the Rights of Persons with Disabilities** and the principle of ***"Nothing about us, without us."***

To ensure we have the opportunity to work with partners in the disability community every step of the way, we were also guided by the **United Nations Declaration on the Rights of Indigenous Peoples** and we worked to ensure that Indigenous people were engaged in the discussions about Accessibility Legislation. The views and experiences shared have informed and shaped the Legislation.

The Legislation will be informed by several key themes.

- One is going to be about breaking barriers. We know we need to focus on removing the barriers people with disabilities experience in their daily lives including physical attitudinal and information barriers.

- The second is about advancing Human Rights so this legislation will strengthen our approach to Human Rights. We want this legislation to reinforce and strengthen our commitment to the UN Convention on the Rights of Persons with Disabilities and the United Nations Declaration on the Rights of Indigenous Peoples.

- Thirdly is creating a culture of inclusion. I am sure everyone would agree that education and awareness raising represent powerful tools to support creating a culture of inclusion. This is so important to ensure social commitments for promoting fairness and equality. Through emphasizing diversity and equity, embracing diversity makes a stronger society and ensures that we are equitable.

We know that there are many intersectional factors such as gender, race, sexuality and indigeneity that contribute to the barriers people experience. Our provinces history identity and strength are rooted in its diverse population and our government has a moral and ethical responsibility to tackle systemic discrimination and in all its forms. This legislation will support us to actively address some of the barriers to ensure an equitable British Columbia.

Key takeaways: Some key takeaways we heard was that there is interest in Accessibility and Inclusion, but that government needs to lead the way in sharing lessons learned and develop tools to support Accessibility. The disability community is not a monolith; perspectives vary on the best approach to address barriers that is why an intersectional approach is so important.

We also heard that compliance requirements should be simple, clear, and complement existing legislation in other jurisdictions, so it does not cause a burden.

The legislation will enable the establishment of accessibility standards and regulations for a variety of areas such as employment, service delivery and communications. We are learning from other jurisdictions and our aim is to learn from, and model, other jurisdictions because we do not intend to reinvent the wheel.

We aim to promote a cultural change to work towards a more accessible BC to do that, we know we need to lead the way and develop tools and supports that help both public and private sector organizations comply with standards. Though the legislation is set to be tabled this spring it marks the beginning of a journey. Accessibility standards can take two or more years to be developed.

I hope to engage with you in the future. You can help continue to support our journey to accessibility and we hope everyone will willingly jump on board with making BC more accessible. We will be establishing a variety of compliance and enforcement mechanisms to ensure compliance as well.

You may be aware that we originally intended on tabling the legislation in the fall of 2020. The emergency of the COVID-19 Pandemic and the general election delayed tabling. Minister Simon's mandate letter expressly states that Accessibility Legislation be introduced this spring and I am happy to say we are on track to make that happen.

Previously, I mentioned the Accessibility Legislation Consultation Advisory Committee, supported the Ministry during the public consultation. Many of its members were approached to form the COVID-19 disability working group in April 2020 to help identify supports and solutions as we know the pandemic has disproportionately impacted people with disabilities.

That group has transitioned again to support both Accessibility Legislation and COVID-19 Advisory Committee meeting monthly to support the recovery efforts of the pandemic and help inform the roll out of the Accessibility Legislation.

If you want to sense of what the Legislation will look like, I recommend checking out the 2019 Framework for Accessibility Legislation which is available on the Ministry of Social Development and Poverty Reductions websites.

2019 Framework for Accessibility Legislation

Following the enactment of the Accessibility Legislation, next steps include establishing governance bodies working across government to develop a multi year accessibility plan.

Developing the first Accessibility Standards. Developing regulations outlining reporting requirements for certain organizations and ongoing public engagement and consultation.

As mentioned previously, this is the start of a journey, one that will involve ongoing engagement with all British Columbians with a particular emphasis on ensuring the principle of “nothing about us, without us” is being changed.

So how can you be involved in that journey? With a lot of work ahead of us to develop Accessibility Standards, peoples with disabilities obviously play a critical role every step of the way.
We know that the only way this legislation will be successful is if we commit to ongoing engagement, conversations with organizations, businesses, communities, and people with disabilities. I would

encourage you to sign up by email to receive updates on the legislation. We will be sharing several opportunities to be engaged in the development of standards later this spring and over the coming years.

Email PS Coulter at accessibility@gov.bc.ca or SDPR.Minister@gov.bc.ca

Paul Gauthier
It is important to get this Legislation right; it is a really important tool. We have gone at it from the nice friendly approach, it is time now to have it so that people with disabilities feel secure about being able to live fully in the community without any risk of not having the necessary supports.

For example, people with disabilities need the ability to fully participate in work, volunteerism and enjoy social activities. Your being here today and being able to hear from individuals themselves is a great opportunity for everyone to put forward anything that you would like PS Coulter to be aware of.

Q. It is great to have a new Minister position. It is nice to hear, and see, that you are out there and getting consultation. I want to thank Vivian Garcia for introducing some of us to their Rick Hansen Foundation; they have an Assessment Program that is already established there, and people pay throughout the nose to see where they stand in terms of Accessibility. However, the problem is that businesses, residences must pay for those assessments themselves. There was initially some funding tied to it but is that something that you are going to look at in terms of partnering with the program like that?
A. We are doing wide consultations with all sorts of groups, advocacy groups, and business. We will have a Provincial Accessibility Committee that will be made up of a variety of people that have different ideas about Accessibility, and we will be incorporating the best ideas.

Q. When looking at Accessibility, we are looking at mobility vision and hearing all of it correct?
A. Think of it more as not about the disability but about removing the barriers. We will be talking about the built environment, customer service, employment etc.

Q. What is the best way for individuals to make comments about the Legislation?
A. We will have an online feedback tool as well and if you look on the website, we will be accepting applications to be on the Provincial Accessibility Committee. If people are interested in that too they can do that and of course, feel free to email myself questions if you do have them.

Email PS Coulter at accessibility@gov.bc.ca or
Website: SDPR.Minister@gov.bc.ca

Q. My question surrounds financial support for people with disabilities within BC. It seems like there is a funding shortage to be able to adequately support Low Income people with disabilities. Are you going to be looking at proper resources to fund people who are in need?
A. That is not part of the Accessibility Legislation. However, I am sure that will come up in our consultations and we will be talking about that in government.

Right Fit Project – Chris Hofley, Director of Operations, IFRC

Vacancy Update

There is an available one bedroom unit in North Vancouver, where they have overnight shared care. If you are on the CSIL program, require overnight care, and you have the ability to contribute 1.5 hours of

your CSIL funds, you would have personal support from 11pm to 7am. Tenants have their own staff during the day as normal.

Staff on the Overnight Shared Care can assist you after 11:00pm if you do not want to go to bed with your day staff, but prefer to stay up later. Tenants utilizing the overnight support work collaboratively to establish individual support times so that everyone receives their supports, interventions and routines in a way that works best for them.

The unit is approximately 600 square feet and has a roll in shower and an ensuite laundry. There are many amenities in the immediate neighbourhood with markets nearby, and is approximately three to four blocks from Lonsdale Quay.

The **unit is subsidized** if you are on the CSIL program, but if you are not, there is an opportunity to rent it at the market value rent of $1675 per month.

If you, or anyone you know, might be interested call Dalton Finlay at 604-777-7576 or email him at rightfit@ifrcsociety.org

Paul Gauthier
CSIL Employers sharing care works very well. The five building tenants who share the overnight work together on the recruiting and how does that work?

Chris Hofley
We work together, and we participate in collaborate activities via Zoom. I am the IFRC liaison for the Overnight Shared Care Model and the IFRC Client HR team assist with recruiting, however, participating tenants make the final decision on staffing.

Comment
There is a two bedroom at the Millennium place which is run by the Lions and The Spinal Cord Injury BC and The Right Fit has been contacted.

Infection Prevention and Control (IPAC) Vancouver Coastal Health – Tania Dearden (RN, BN), accompanied by Carolyn Gross, (RN, BSN) Senior Community Infection Prevention

The information provided was as of March 25th, 2021 and can change at any time.

I am an Infection Control Nurse and Carolyn Goss is here with me; she is one of our Senior Level Nurses in Community Infections Preventions. We work in the community division, infection prevention and control at Vancouver Coastal Health. We mainly focus on settings that include home support as well as group homes shelters.

Our main goal is to talk about some basics of infection control practices and how to apply them to your particular setting. We realized that for your setting it is very different than other healthcare types of setting as you are independent employers and are in your own homes. Your situations are very unique to you.

That might mean that everyone here may be giving, or receiving, a wide variety of care or support activities from showering or helping with mobility, getting groceries, or going for a walk.

I understand there may be some people who are getting assistance with tracheostomy care; personal supports are very individual. We hope that these general infection control principles that we will be showing you today, will enable you to use them for your unique situation.

Unfortunately, the sad reality is that the risk for COVID still remains very high. We have detected 3 main variants and there are several new variants of the virus in BC. These variants are mutations of the original virus. What we call the wild type of virus and those variants can include the B117, the UK variant of the 351, which is the South African variant.

We also have the P1 which is Brazil variant. Some of these variants are more easily passed from person to person. Other variants are able to hide in the system a little bit better than the wild type of virus. There is good news and bad news. The good news is that we have been seeing some outbreaks in long term care facilities decrease.

The unfortunate news is that there is an increase in cases of COVID clusters in general. That probably means that there is more transmission in workplaces, and social gatherings in the community as well. This was the update from Doctor Bonnie Henry on March 24th, 2021.

The clusters that we see declining in long term care is probably due to the big vaccination campaigns which are ongoing, but we still have a long way to go.

The current Provincial Public Health Order of March 24th states that we still do not want any social gatherings of any size inside the residence other than your immediate household; that is who you are living with. If you live alone, there no one else in your core bubble. Anyone who lives alone can have up to 2 people visit from the community. It can be family members or friends.

Outdoor gatherings of up to 10 people are permitted at parks, beaches, backyards, residences. Important as well that you are continuing to use the COVID layers of protection. That includes maintaining physical distancing and other required prevention practices. There is a great resource that you can access that gives a good explanation of the current Public Health Orders.

Note: A link to the Point of Care Risk Assessment document is at the end of this section.

COVID basics

We want people to have a good understanding of how the virus is spread from person to person. There are routine practices that apply to all germs, microbes and diseases and then there are the additional precautions which are specific to particular viruses or bacteria just like the COVID-19.

When we are talking COVID-19 we are talking about the disease itself. The virus itself, it is called SARS COVID 2. The whole family of viruses it belongs to is Corona Viruses and there is group of different types of Corona viruses.

A common cold can be caused by Corona viruses. If you have heard about SARS or MERS, those are deadly types of Corona viruses. There is even one type of Corona virus, **which is <u>not</u> COVID-19**, that pets get

vaccinated against. Your dogs get a regular vaccination against Corona Virus. Those are all related to the SARS COVID 2, but they are under the same family.

COVID-19 has an incubation period of up to two weeks, which is different than an infectious period. When we talk about the incubation period, you can think about that as the growth of the virus inside your body. The virus multiplies and builds up.

The infectious period is when you can start to pass the virus from person to person. The infectious period can start up to two days before symptoms start. The virus is passed along without even knowing that you are sick or before you feel ill.

Everyone has heard that it is spread through water droplets that we produce by coughing, talking, singing, or sneezing, that's because it is in the saliva of your mouth and it is also in the mucus from your nose. Whenever we talk or sing, or sneeze, large droplets come out and they land quite close to your body. They get smaller and smaller and smaller and become like aerosols and aerosols can travel on air and be picked up by air currents.

If you have Sleep Apnea, and are using a CPAP or BIPAP machines or if you have a tracheostomy and you are doing suctioning, or if you are using Nebulizers at home, those are all procedures in which the virus becomes aerosolized and that has some implications for the type of PPE that you that need to use and the types of masks that you need to use during those types of procedures.

There are two main ways COVID can be passed person to person:

1. **Direct transmission** is when someone coughs, sneezes, talks, or sings. Those droplets exit the body, they come out through the nose, out of the mouth and travel about 2 meters. In close spaces, if you are not wearing a mask or eye protection the droplets can enter in through the eyes, the nose, or the mouth. We want to make sure that you always protect your T Zone.

   For direct transmission, physical distancing is always your first layer of protection. Keep outside of two meters. There are times we cannot keep distance to meters especially if you are doing some care activities and that is when you want to protect your T zone: eyes, nose, and mouth.

2. **Indirect Transmission** is the 2nd way COVID can be spread. Different then direct transmission, water droplets from sneezing, talking, or coughing will land on a surface or an object, then the person can walk away with it on them. Those linger in the environment and transmission occurs when a person touches the object and then touches their nose, mouth or eyes.

   For the Indirect Transmission, hand hygiene as well as cleaning and disinfection is always best.

There are a lot of questions about how COVID is transmitted, and the common two are;

1. Can the Virus be transmitted through skin?
2. Can you get them through cuts on your hands and into your bloodstream?

The answer is **No** for both questions; it cannot be transmitted or absorbed through skin. Also, it is not a blood born disease.

The best thing that you can do for your own protection if have a workplace setting, is develop personal safety planning. This could be something to integrate into your COVID safety plans or for employees if they are also performing self screening.

There is an app that has been developed by the BC Centre for Disease Control (BCCDC) and Thrive Health; the BCCDC COVID Self Assessment Tool. You can get the app on your cell phone and it will go through all the signs and symptoms and will tell you if you should be staying home with what you are experiencing. It also lets you know if you should you get tested and gives you more information about that.

Note: The link to the BCCDC COVID Self Assessment Tool is at the end this section of the Pathways notes.

Having strong infection control routine practices is a wonderful place to start. The great thing about routine practices is that we use them in all health care settings, and they're routinely used all the time for any sort of infectious disease process, not just COVID-19. It is a great practice to start integrating into your regular workplace setting even outside of the Pandemic.

Routine practices are based on the premise that all blood, body fluids, secretions, excretions, mucous membranes because of membranes from your eyes, inside your mouth, inside your nose. Any non intact skin or wound care can be disposed of and any soiled items should be laundered. They are all potentially infectious and that is the premise of what routine practices are built on.

What do we mean when we say routine practices?
Routine practices are used by all healthcare providers for all compliance. It does not matter if it is in a hospital setting, physicians or dentist office, or in a community home setting, they are used all the time.

Four routine practices,
1. hand hygiene
2. point of care risk assessment.
3. cleaning and disinfecting and the
4. personal protective equipment.

Hand hygiene. It is surprising how often mistakes are made in the hand washing technique and it is one of the biggest gaps we see in these outbreak settings.

Doing hand hygiene at the right moments. There are those general 5 moments to keep in mind before ever touching someone and before you do any sort of clean procedures. When doing any care activity, if there is any sort of body fluid exposure risk, i.e. vomit or excretions of any kind like urine or feces, after touching anyone clean your hands again after touching the environment.

The person's environment is always an extension of the person themselves, just as your home environment is an extension of you. Touching anything in that environment is an extension of you.

There are two main types of hand hygiene.
1. Plain soap and water.
2. Alcohol based hand rubs or hand sanitizer to use on dry hands.

When to wash.

1. Wash or sanitize your hands before eating or before feeding someone else.
2. After handling pets. Pets can transmit COVID if the virus had been transmitted onto their fur.
3. After doing any type of cleaning in the environment.
4. If you handle dirty linens.
5. After garbage removal.
6. After performing any care routine.
7. After using the washroom.

Things to do and things not to do:

1. Keep your hands and arms, up to the elbows, clear of any items.
    a. During care routines, remove rings, bracelets, watches etc. to make it easy to clean your hands.
        i. Germs love to get underneath rings and will get inside the stone settings and then would spread to all parts of your hands.
2. Common missed areas;
    a. Nail beds.
    b. Between thumb and forefinger.
    c. Wrist.
3. Make sure you get good coverage on all parts of your hands and take care of your skin; this is probably one of the most important practices here as well.
    a. Not having dry cracked skin is recommended. Germs and microbes can hide inside the cracks in the skin.
    b. Invest in a good hand lotion.
    c. Use enough hand sanitizer to cover your hands.
        i. One of the biggest gaps in hygiene is that people do not use enough hand sanitizer.
        ii. You need enough so that it is covering all parts of your hands.
        iii. If you put on too much, rub all the way up your forearms.
    d. Rub hands together until they are completely dry. A common mistake is when people rub their hands for a couple of seconds and then keep on working while hands are still wet with hand sanitizer.
        i. Hands need to be completely dry before you kill the virus.
        ii. Hand sanitizers or alcohol-based hand rubs do not work if your hands are visibly, or feel, soiled.
            1. Putting more hand sanitizer on top does not kill the virus that is underneath all that grime and the dirt that is there.
            2. If your hands feel or look visibly soiled, physically wash with soap and water.
4. A common question is; do I need to use antibacterial soap?
    a. The answer is no; regular soap works just fine in all situations.
    b. Antimicrobial soap can contribute to antimicrobial resistance.

Things not to do:

1. Do not shake hands dry.
2. If you put on too much hand sanitizer, do not wipe or clean it off, just let it dry.
3. Do not touch your face without sanitizing your hands first.
    a. If you do need to touch your face for any reason when out in the community, sanitize hands first.

4. **Do Not use sanitizer on top of gloves.**
    a. It doesn't work.
5. Do not use hand sanitizer on visibly dirty hands.
6. Do not rush hand washing; remember you need 20 seconds of constant hand rubbing.

Point of Care Risk Assessment

1. This is another type of routine practice that is recommended; it relies on your professional judgment.
2. Point of care risk assessment is looking at any sort of interaction that you have in a care setting and determining the level of risk of whatever tasks that you are going to be doing and selecting the appropriate personal protective equipment based on that.
3. This is routinely before every action and this can be used during and even after the COVID Pandemic as well.
4. Question yourself before you do any sort of task or routine.

Questions to ask yourself for Point of Care Risk Assessment:

These are the types of questions about what may happen and what can be contracted and what type of PPE might protect you as an employee.

1. Am I going to be touching any sort of bodily fluids?
    a. If so, you need a mask, gloves and a gown.
2. Will there be a risk of any splashes or sprays that could land on my face or get into my eyes?
    a. If yes, wear a medical face mask and eye protection.
3. Is the person coughing, sneezing, vomiting or having diarrhea?
4. Can I maintain physical distance, or do I need to get close to the other person?
5. What is that type of task I need to complete?
6. Am I performing an aerosolizing generating procedure such as tracheostomy care?
    a. If yes, you need to have an N95 Respirator.

There is a great Point of Care Risk Assessment document on the BCCDC website which provides guidance. It walks you through a point of care risk assessment.

Note: A link to the Point of Care Risk Assessment document is at the end of this section.

Planning

Employees need to do visit planning. Plan ahead for any of your visits or consider the challenges that you might have. This is for any part of your point of care risk assessment.

1. Are there any challenges in donning and doffing PPE?
    a. Donning is putting on PPE and Doffing is taking off PPE or personal protective equipment.
    b. Where are you going to be doing that?
2. Donning and doffing PPE and community settings is very different than in acute care settings, it is much less controlled.
    a. A community environment is more unpredictable than other health care environments.
    b. Doffing practice is where we see the most self-contamination. It is the greatest risk of contaminating yourself.
    c. Setting up your workspace to help facilitate easy donning and doffing helps a lot. Depending on the condition of whatever your environment looks like, it is different for everyone's homes.
3. Do you need to clean and disinfect multi use care items?
    a. Try to have multiple options for working in your employer's home.

4. Use your professional judgment of how to reach the challenges or the barriers that you might face.
5. If your employer lives in an apartment building, put on PPE before you enter the home; out in the foyer beforehand.
6. If your employer lives in a house or a townhouse, put on your mask and eye protection on the front steps.

Tips for the employers:

1. Help support your employees by designating your PPE access to employees only.
2. Consider having a plastic container that only the employees can access and keep it covered with a plastic top.
    a. Plastic can be easily cleaned and sanitized.
    b. Line garbage bins with a plastic bag to dispose of PPE safely.
3. Do not openly store your PPE in the environment of your home.
    a. If you have boxes of gloves or masks sitting out on an open shelf those could potentially become contaminated.

Personal Protective Equipment

1. For confirmed or suspected COVID cases, take all contact and droplet precautions. That means for any employee coming in, they must have a mask and eye protection.
2. If there is any direct care and the employer does not have any signs of COVID-19, but you are physically touching someone, still wear gloves and mask.
3. If your employer starts to exhibit any sort of symptoms such as cough, headache, nausea, vomiting any of those symptoms of COVID and still need to have physical care then the worker needs to have a gown, mask, eye protection and gloves.
4. If performing an aerosolizing generating procedure, i.e., tracheostomy care
    a. Medical grade masks filter out droplets from the environment.
    b. A medical grade mask can be worn if the other person is not wearing a mask, because it will filter out any sort of viruses.
    c. The cloth and non-medical masks only keep the viruses to yourself, but it does not filter out droplets from the environment.
        i. That means if you are working with someone who has any signs of coughing or signs of COVID-19, they need to have a medical grade mask.

How to determine whether you have a medical grade mask:

1. If the box is marked “Not for Medical Use”, then you know that it is not a medical grade mask.
2. All medical grade masks have an ASTM rating.
    a. It can be a level one, two or three mask, but the ASTM rating means that it is a medical grade mask.

How to properly wear a face mask:

1. Before you ever touch any PPE, always make sure that you have cleaned your hands with hand sanitizers.
    a. Thoroughly wash or sanitize your hands up to the wrists.
2. Make sure that you are putting it on the right way.
    a. Use your fingertips to loop it around your ears without touching the mask itself.
3. For coloured masks, wear the blue (or green) side on the outside.
    a. The coloured side is water repellent, and the inside absorbs water.

4. Keep the nose bridge nice and high and then press around the nose.
    a. Glasses sit on top of the mask as it will help prevent fogging. Make sure you have a good push down.
5. For a nice, good fit, the mask must be worn all the way underneath the chin, with a good fit on top.
6. Remove the mask by using your fingers to handle it by the straps, loop it and then drop it into the garbage.
    a. Do not to touch the outside of the mask.
    b. Thoroughly wash or sanitize your hands up to the wrists after removing the mask.

What we do not want to see:

1. People who put their glasses up on top of their head.
    a. There is a risk of contamination if you are putting your glasses up and down on the top of your head.
2. We do not want to see the nose outside as well so making sure to cover the nose.
3. Do not want to see people touching their masks until it's taken off.
    a. The outside part of your mask is always considered contaminated. Do not touch the outside part of the mask. Do not pull it back down and put it back up.
    b. The safest way to take off the mask is to wash your hands again and only handle it by the straps.
    c. Use your fingers to handle it by the straps, loop it and then drop it into the garbage so as not to touch the outside of the mask.

Masks

1. N 95 masks are for aerosolizing, generating medical procedures and for airborne droplet and contact precautions.
2. N 95 respirators need to be used for any aerosolizing generating procedure you are having, i.e. tracheostomy, suctioning, CPAP/BIPAP or nebulizers.
3. N 95 respirators should be used by anyone who has signs or symptoms of COVID or if they have a confirmed case of COVID or if they have been exposed to COVID.
4. If you are not having any symptoms of suspected COVID, and you are having aerosolizing, generating procedures you may use a regular surgical medical mask.
5. There are different sizes for N 95 masks, and they do need to be fit tested for your particular face shape and tested fitting every few years.
6. There is testing procedure to make sure that you are getting a seal around the N 95 mask.
7. When you are using your N 95 mask, you need to use eye protection for anyone who has a suspected case of COVID.
8. There is a train tester available through **Vancouver Coastal Health Learning Hub**. Anyone can go to get train tester for your organization or workplace. You can have someone in the team trained on how to fit people for N 95.
9. Gloves do not replace the need for regular hand hygiene.
    a. Hand hygiene should be used before and after.
    b. Gloves should be changed if they are visibly soiled or dirty or transitioning to different tasks.
    c. We often see people use the gloves and then touch things without doing hand hygiene in between. Gloves do not replace hand hygiene.
10. Eye protection should shield at the top and the sides.
    a. Try to dedicate your eyewear to individuals wherever possible.

11. Note that prescription eyeglasses alone do not necessarily protect the eyes, you also need eye protection on top, you can have the Face Shields as well with the goggle.
    a. Refer to the BCCDC guidance sheet on how to clean and disinfect your eyewear.
12. Store PPE in container for the next time you work.

PPE in Vehicles

1. When traveling together, if the car riders are outside your bubble, all people in the car should be wearing masks and to sit as far apart as possible.
    a. The farthest point away in a car, with two riders, is in the back seat.
    b. Open car windows, a small amount to get air flow, is recommended as it will dilute the stagnant air that is inside the car.

Cleaning and disinfection of the environment

1. All products should have a drug identification number, located on the label.
    a. That is how you know that it is an improved cleaning and disinfection product.
2. The most important part for cleaning and disinfection is to know that it is a two step cleaning process.
    a. Remove dirt and grime first with bleach and water (not used on skin).
    b. Disinfect surfaces to remove the microorganisms.
    c. The disinfecting step is a second time around where this surface is wiped immediately and kills any sort of microbes on the surface.
3. Any disinfection products have a wet contact time and that refers to the amount of time that the disinfectant has to stay wet on the surface in order to kill the microbes.
    a. Time ranges from 5 minutes to 10 minutes depending on the type of product that you use.
    b. Remember that most disinfectants are not cleaners. They are two different types of products; the cleaner removes them grime. You must get rid of that first and the disinfectants kill the microbes.

Note: the BCCDC has a water and bleach ratio mix table that you can use that has the bleach concentration and the link to that document is after this section.

This is all information you can include your Work Site Safety Plans

Questions and Answers

Q. I have a tracheostomy; how can I cover it properly especially for going to medical appointments at hospitals or doctors' offices?

A. It is not required that you wear a mask because all the individuals providing care for you at that site should be donning the appropriate medical mask, plus eye protection.

a. If you are not able to apply a mask, or if it is challenging for you to wear a mask, it is not required if you are the client.
b. If you would like to comply, you can ask the caregiver at the site to assist you with application of the mask.
c. There are small little herring bone type extenders that you can use, and they are very inexpensive and easy to acquire.
d. Even a barrette or something where you can click the mask at the back. All of these types of things are perfectly acceptable.

Q. Are there any medical type of grade masks for people with speech impediments?
A. We have searched occupational health and safety and have gone through every venue possible to try and find appropriate masks that work for persons with both speech and language pathologies.

As of this date, there are no medical grade masks that fit into that category, although I understand there are many under development which have not yet been approved by Health Canada. As soon as we have been notified of approval, we will post the information on our Infection Prevention and Control website as well as the BCCDC website.

Note: Links to the Vancouver Coastal Health Infection Prevention and Control Website and the BC Centre for Disease Control website are at the end of this section.

Q. We see people with masks being carried in pockets or worn around the neck. Can they be reused or stored in pockets?
A. We do not reuse medical grade masks out in the community. Cloth masks keep your own droplets in the mask rather than filtering out from the environment. We recommend that they are freshly laundered in a care environment and that you have more than one mask.

If it is a non-medical mask then you can change over to a fresh one since they become saturated over time and become more porous.

a. When they become porous, they are not protecting you.
b. They are also, not protecting others from your droplets, only partially once they become wet and moist.
c. Keep your mask in a little zip lock baggie in your pocket in order to have an available fresh mask to change to.

Q. Caregivers show up at my home with gloves and masks in pockets, are they safe to be used? Many use the same pair for all tasks, is that correct or should new gloves be used?
A. New gloves should be used. Do not use them as a second pair of skin; that is not the purpose for your gloves.

a. Make sure doing hand hygiene is done in between.
b. When using one pair of gloves for all tasks you are missing the hand hygiene step; you can still pass microbes from touching one thing and touching another.
c. One pair of gloves for one task.
d. Gloves might have microtears, and there is no guarantee that there is nothing on hands.

Question. Are there specific guidelines related to people who have ostomy's, colostomy's, urostomy's?
A. For ostomy site care etc., it should always be a clean procedure when the gloves are involved in handling or touching anything with blood or body fluids, stool etc. from an individual. We recommend you implement glove use for routine practices for when there is no known infection involved.

Since there could be stool, this open water part after dealing with any sort of excrement is very important because of the other types of microorganisms, C difficile for example. Alcohol hand based sanitizers do not kill those types of spores. That type of bacteria needs to be washed with soap and water.

Q. Should caregivers wear, and stay, in an ASTM mask when they are in close contact with a client, when the employer is getting personal care and the person is brushing their teeth or whatever it may be?

A. If the employer is not wearing any sort of mask at all and the employee is providing the care, and they are in that close contact, yes having that ASTM rated medical mask is recommended because medical masks are tested for water resistance, filtration rate; it filters everything.

The part that people most often forget is having the eye protection, remember that the virus can also go in through the eyes. Having the ASTM graded mask as well as having your eye protection is recommended.

Comment from George Tomlinson
The IFRC has been able to get N 95 masks finally, reasonably priced, and ASTM masks also. The IFRC has also been able to access the different levels of goggles and masks; stocking level 3. We have local access and there is no high demand of masks on the markets so the price for ASTM rated masks has come way down.

We also now have access to N 95 masks which are quite a bit more expensive, but we only need to use it for someone who has symptoms. Most people are using ASTM and we have been working on accessing more goggles. We have shields as well.

One of the challenges is that people have is with different size faces and eyeglasses, so it is a conversation that needs to be had. Some safety glasses fit over regular eyeglasses.

A. They do recommend exactly as you said, goggles or a face shield. Those are ideal unless you have a specific type of Occupational Health and Safety approved eyeglasses that do have a rim around the edges and around the upper part, as well as the lower part.

It is good to run those types of questions related to glasses, which are not a face shield or a goggle, by the occupational health and safety division just to make sure that the employee is covered through WorkSafe BC related to the eye protection.

Q. The powdered gloves are no longer available; is that something to do with COVID or is the product is currently unavailable due to supply interruption?
A. I believe it's because of the risk of contamination, and risk of organisms with the powder. That is why the gloves being sold now are powder free.

Q. I would like to know; this is probably more specifically for my employer's case, but he has an HME filter on his trach. We are interested in knowing how he should mask up because it is near impossible to create a reasonable seal around his neck. We want to be able to follow procedures. Currently, we are employing a face shield because he has no mouth breathing. Is there any recommendation beyond the filter for that? How do we mask him up?

A. I will check on that, I would not want to give an incomplete answer. Can send us the information on the filter?
Update: We are currently awaiting information.

Q. What is the reason for not using sanitizer when wearing gloves?
A. Hand hygiene is the more important part for touching doorknobs etc. COVID does not go through the skin at all, in order to contract the COVID virus you would need to touch the doorknob and then touch your eyes, nose or mouth.

Cross infection can still occur with gloves, but the hand sanitizer is not effective on top of the gloves. It needs to be on top of your skin, because it needs to be rubbed in.

The containment is peeling gloves off and keeping the virus inside and then still having that hand hygiene process after the gloves are removed.

Infection Prevention and Control Hyperlinks

Infection Prevention and Control PDF Presentation
BCCDC Point of Care Risk Assessment (PCRA)
BCCDC Coronavirus COVID-19 Cleaning and Disinfectants for Public Settings
Bleach, Water and Time Ratios needed for COVID-19 Disinfecting
Vancouver Coastal Learning Hub
Infection Prevention and Control Website
BC Centre for Disease Control Website

Closing Remarks

1. MAID is still on the table for a future Pathways Session. This is an important discussion to have and will likely take a full meeting with discussions and different views.

   Kari Krogh, who is here from Ontario, has been doing some incredible work around wellness and we have been talking about potentially discussing the topic of wellness. Being able to connect with nature is something that is an interest to get away from all this COVID talk.

   There are many topic ideas, and we are trying to make sure that we are always on top of what current events are happening. That is why we ended up moving to these two sessions that we had today because it is so current.

Pathways To Independence Next Meeting Dates

- Wednesday, April 28th, 2021 1:30pm to 3:30pm
- Wednesday, May 26, 2021 1:30pm to 3:30pm

April Topics

- Peer Open Discussion; Bring Your Topics!
  - Examples can be;
  - CSIL Policy Exceptions Extension
  - Time Task Analysis Review
  - CSIL Contracts
  - Health Authority Updates
- Simon Cox Design Competition with Taylor Danielson, TFL
  - Presentation of Student Designs
  - Voting poll for People's Choice Award.

Peers are reminded that if they have a topic idea for a future meeting, to please send an email to pathways@ifrcsociety.org

Pathways To Independence Peer Group Meeting Notes and pertinent documents are uploaded to https://www.ifrcsociety.org/pathways

This was a virtual Pathways To Independence Meeting via Zoom technology. In partnership with Technology for Living, whose Technical Team, headed by Ean Price, successfully ensured that peers could connect to the meeting from across the province.

THANK YOU EVERYONE, FOR YOUR ATTENDANCE AND CONTRIBUTION TO THE MEETING!