

# PATHWAYS TO INDEPENDENCE

**JANUARY 27TH, 2020, 1:30PM TO 3:30PM**

**ZOOM VIRTUAL PEER GROUP MEETING NOTES**

**Hosted By:**

**Paul Gauthier**

Individualized Funding Resource Centre Society

**Ruth Marzetti**

Technology For Living

**Guest Speakers:**

Dr. Jim Salzman, from the Office of the Chief Medical Health Officer

Tim Louis and Ken Kramer, Association of CSIL Employers

Updates: TFL Updates and Laura MacKenrot COVID Benefits Updates

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.

## Table of Contents

<b>Technology For Living – Taylor Danielson .....</b>	<b>2</b>
<b>Simon Cox Student Design Competition – Update.....</b>	<b>2</b>
<b>COVID Benefit Updates with Laura Mackenrot.....</b>	<b>2</b>
<b>BC Recovery Benefit, PWD New Payment Component, DTC Federal Govt one time COVID payment.....</b>	<b>2</b>
<b>CSIL Contract Update – Tim Louis and Ken Kramer, Association of CSIL Employers .....</b>	<b>4</b>
<b>Clauses 12.2 and 23 .....</b>	<b>4</b>
<b>COVID-19 Vaccine with Dr. Jim Salzman, from the Chief Medical Office with VCH .....</b>	<b>6</b>
<b>Accompanying Dr. Salzman was Dr. Brandon Yau, resident physician with VCH.....</b>	<b>6</b>
<b>Employment laws around COVID and Vaccination with Hilary Currie, IFRC.....</b>	<b>16</b>
<b>Leadership Groups with Paul Gauthier.....</b>	<b>17</b>
<b>Pathways To Independence Meeting February Topics .....</b>	<b>18</b>
<b>Pathways To Independence Next Meeting Date.....</b>	<b>18</b>

The goal of this meeting was for peers to come together and share information and updates on current issues facing people with disabilities. The meeting was attended by approximately 129 people.

### Technology For Living – Taylor Danielson

#### *Simon Cox Student Design Competition – Update*

Taylor gave a brief update on the design competition, which is an annual showcase of creative and assistive technology design solutions that facilitate greater independence in the home for people with disabilities who live in their own homes.

Many of the student's design solutions developed for the competition are based on ideas submitted by Technology For Living members and individuals with disabilities across the province.

If you have encountered barriers and wish you had a tool which could assist you, as it would make you more independent, send your ideas to Taylor at Technology For Living. He will add your idea to the growing list of design ideas and solutions to challenge the students and teams when they apply for the competition.

The essence of the design competition is the people who want to provide solutions to the barriers faced by people with disabilities.

**Email your ideas to Taylor at:** [tdanielson@technologyforliving.org](mailto:tdanielson@technologyforliving.org)

#### Questions and Answers

Q. Does it have to be something technological or could it be something special like a device that I can pull out a drawer, for example if I'm in the shower so that you don't have to have it on the chair and go back and forth onto the shower bench or floor again. Something that I can pull in and out easily while I transfer and still be in reach when I need it. Then I can just put it away when I am done. We could have an electric hand that goes into the shower.

A. Yes, that would definitely fit in with the competition. It is not necessarily high tech solutions with a bunch of wires, buttons etc. It can be low tech, assistive solutions as well. We can pair you up with someone in the competition. If you email me your idea, we can discuss this further.

### COVID Benefit Updates with Laura Mackenrot

*BC Recovery Benefit, PWD New Payment Component, DTC Federal Govt one time COVID payment*

- **BC Recovery Benefit**

On December 18, 2020 the government announced the \$500 one-time payment for eligible individuals with a net income of up to \$62,500, and \$1,000 for eligible families and single parents with a net income of up to \$125,000. They enacted a telephone number for enquiries. If you have not applied,

it is simple to do so. You will need your net income level, bank details for direct deposit, and social insurance number.

Funds are transferred in about one week. People on disabilities benefits can receive this; it gets processed fast. You may be randomly selected for extra documents; so far, I know of only a couple of persons that have been asked for them.

Telephone Toll Free: 1-833-882-0020

Website URL: <https://www2.gov.bc.ca/gov/content/economic-recovery/recovery-benefit>

Please note: If you have a question about your existing application, email [BCRBPsupport@gov.bc.ca](mailto:BCRBPsupport@gov.bc.ca). Do not call the toll free line as call centre agents cannot provide details about applications in progress.

- **The BC Government** announced that the \$300 top up that people have been getting since April or mid May for PWD benefits will reduce to \$150 instead of the \$300 for January, February, and March. Unfortunately, there have not been updates for what will happen after March. The general thought is that it will be zero because they have not announced anything more. It will then go back down to the regular amount of what it was before the pandemic started.
- **The \$600 One-time Federal Benefit Payment for COVID** for people with the Disability Tax Credit (DTC) Status or who are receiving the CPP disability monthly benefit.

This started to get rolled out in October and people who have their direct deposit information with the Federal Government should have received that payment. The mailouts started in November, hypothetically you should have received it if you already have your DTC status by July 1<sup>st</sup>.

For those that do not know their DTC status and put in their application by September, they started roll outs last week. The ones who started to put in for their DTC Status at the end of the year, that roll out will come out in March.

If you haven't received it, you can contact the Services Canada Information Line to talk to them about Old Age Security and GIS Benefits:

**Telephone Toll Free:** 1-800-277-9914

- Press 0 zero to speak with an Agent

## Questions and Answers

Q. Does everyone get it if someone is 75 years old and gets the old age pension?

A. The \$600 DTC one time payment is only for people of the adult age and not for seniors. Once you turn 65 years old, if you are receiving the old age security then you may have received the \$300 benefit around July 7<sup>th</sup>, in which case your DTC Top Up would be about \$300.

If you are also receiving the GIF for Guaranteed Income Supplement Benefit, if you are 65 or above, you would have received an extra \$200. Probably around the same time in July in which case your DTC Top Up would be only \$100. Basically, they are not giving out more than \$600 to any person. If you are disabled and a senior, you are only going to get \$600 maximum of all benefits.

- **BC Recovery Benefits**

Paul Gauthier: It is possible for seniors to receive the \$500 BC Recovery Benefits.

Laura Mackenrot: The \$500 BC Recovery Benefit is for any age of adult status; it is possible for seniors to apply for this. There are two numbers to call:

- For the DTC, the \$600 one-time COVID Benefit from the Federal Government
  - **Telephone toll Free:** 1-800-277-9914, press 0
    - Be prepared to be on hold for a long time
- **Recovery Benefit:** This is tied to income, for a one-person household and eligibility would be for an income under \$62,500. If it was a double income household it would be up to \$1000 if it was under \$125,000. Partially if it is more than that, there is a little bit of income criteria around this benefit.
- **Telephone toll free:** 1-833-882-0020

**Comment:** If you are applying for the BC COVID Recovery Benefit and you live with someone, you need their social insurance number and identification information for the application.

Website access to application can be found here: <https://www.etax.gov.bc.ca/btp/BCRBP/#11>

- Couples, or those who are deemed to be couples with their taxes, can apply for up to \$1000 if they are under \$125,000 or a partial benefit if they are making up to \$175,000.

## CSIL Contract Update – Tim Louis and Ken Kramer, Association of CSIL Employers

### *Clauses 12.2 and 23*

Both Tim Louis and Ken Kramer are lawyers, practicing in Vancouver, CSIL Employers and Executives for the Association of CSIL Employers (ACE). They attended the Pathways To Independence meeting to discuss the latest updates of the CSIL Contract regarding the clauses of concern; 12.2 and 23.

Tim Louis: Vancouver Coastal is sending out contracts without the offending clause, the clause that gives the Health Authorities permission to act unreasonably.

Ken Kramer: The offending clause is clause 23 of the CSIL Contract under Vancouver Coastal Health and within that clause 23, there is an element under the title of “Acting Reasonably and Approvals”. The key area is that the prior clause had suggested that VCH will not be required to act reasonably.

The new clause that was proposed by ACE omitted that section, of the ability to act unreasonably. I have received word today that a CSIL client in the North Shore area has received a letter from Vancouver Coastal confirming that there is an addendum to the contract that will not require any further execution and it will be considered as part of the contract. That new clause will effectively replace the existing clause that we have all become accustomed to.

This is a positive, the real challenge here is that this was a surprise to both myself and Tim and Paul since we had issued communications over the last several months with VCH on this topic and had not, to date, received an official reply.

In that letter to the CSIL Client there is a second provision, which deals with Section 93 of the Employer Information package which relates to accessing our own individual employees by VCH. There is some

further wording that we have had discussions with VCH about for the past 6 months which touches on the issue of accessing our own employees. We have a strong disagreement with VCH on this issue and I expect that this will also be addressed with the Ministry of Health for further consideration.

Tim Louis: I am wondering about how we can go about finding out whether or not Vancouver Coastal is the only Health Authority that has removed the clause that gives them the right to act unreasonably or are all the health authorities involved. It appears to me that only Vancouver Coastal is doing it.

**Update:** Fraser Health Authority was also issuing the contract with that clause. A new CSIL employer pursued this matter with FHA and they accepted his adjustment to the contract when he crossed it out. We are expecting Fraser Health to provide an addendum like Vancouver Coastal and hope to have an update to the next meeting.

Ken: It seems the letter that we sent in early January has been effectively replicated in this communication. Whether or not the message has been communicated to other regions or even other Health Authorities is still a question to be determined. Paul, Tim, and I will meet on Friday afternoon with a representative from Fraser Health and we can bring this question to their attention and determine whether they have applied similar protocols with their region as well. I would encourage people to let us know if they are also receiving similar letters with respect to these two changes to the CSIL Contract. I am assuming this is not an isolated incident.

Paul: It is a good opportunity to meet with Fraser Health in very high Fraser Health manager and deal with this issue. Ken, Tim and I will ask if they have set up their own protocols. We would like to receive feedback about who else has received a letter.

### Questions and Answers

Q. Is VCH legally able to make contractual changes to CSIL contracts? Isn't this the provincial legislation?

Ken: If we go back to the initial changes, the intentions was that the CSIL Contracts would be harmonized across the province. As we all know that is still a work in progress and each region is still acting quite independently. I do think that it is a relevant question that there should be consistency and it is one of the reasons why, in our response in early January, we also included the Ministry of Health and whether they should be taking some leadership on coordinating and reconciling this matter. I believe that VCH was of a similar mindset.

Paul: As far as I know Fraser Health and other Health Authorities do have this ridiculous clause within their contract. We need to go back to the Province to make sure that all Health Authorities are removing this clause. They seem to be interested in communicating about a Provincial change.

Tim: Regarding the clause that gives the Health Authorities a complete ability to act as unreasonably as they want in the contract no matter how unreasonable the Health Authorities was to a CSIL Employer. The CSIL Employer, who has the right, may take it to court and even if the Judge agreed with the CSIL Employer on every single point, the judgement stands that the CSIL Employer would lose in the court challenge because it was a signed contract that accepts the clause and therefore gives permission to the Health Authorities to act unreasonably. It would be progress if they would remove that clause.

I am having some legal research done on this matter and hope to have an update as soon as possible.

Paul: Some concerns have been expressed by some people that they had not signed their CSIL contracts. They are feeling pressured to sign the contracts with this clause still there.

Tim Louis, as a private lawyer gave several recommendations on how to handle the contract if you do not want to sign it.

### COVID-19 Vaccine with Dr. Jim Salzman, from the Chief Medical Office with VCH

*Accompanying Dr. Salzman was Dr. Brandon Yau, resident physician with VCH.*

**Disclaimer: In this ever changing environment of vaccine knowledge and protocols, the information presented by Dr. Salzman on January 27<sup>th</sup>, 2021, may be subject to change. Please consult your personal physician for the most current information on the COVID-19 Vaccine.**

Peers have brought forward numerous questions and concerns about the COVID vaccines. Vancouver Coastal Health was very helpful in providing some frequently asked questions, which can be found here: <https://www.ifrcsociety.org/documents/pathways/VancouverCoastalHealthCOVID19VaccineFAQ.pdf>

Vancouver Coastal Health also assisted us with getting a guest speaker for today; Dr. Salzman from Vancouver Coastal Health and the Chief Medical Health Office. Accompanying Dr. Salzman was Dr. Brandon Yau, resident physician.

In Dr. Salzman's opening remarks he let the group know that he has considerable experience with vaccines and with various population groups.

**Dr. Salzman:** The COVID Vaccine is new to all of us and there are a lot of questions. There are no bad questions but a lot for which we don't have very good answers yet.

This is a very quickly changing field in general and for the COVID vaccine, it is quite new and causes people some concerns. Some of the information that I will give you today may be outdated tomorrow or next week because with all the vaccine clinics there is a lot of uncertainty about the availability of the vaccine in the province, and in other countries as has been seen on papers, TV and online. There are people who have called in wanting to book an appointment to receive the vaccine and the answer is we don't know at this time when the next arrival will be when supplies become depleted.

I will go over the questions that were forwarded to me before the meeting first and then field the questions from today's group:

**Question:** What is the difference between Pfizer and Moderna Vaccine?

**Answer:** There is a lot of information online; in general they are very similar vaccines. There is this new type of vaccine called Messenger RNA. As soon as we say "new type of medicine" that gets people anxious, such as, are we being experimented on? I am a firm believer of the benefits of vaccines, the benefits outweigh the risks most of the time. We always look at what is the best option, the answer is usually to vaccinate.

**Question:** If Pfizer recommends for 16 years old, why would Moderna recommend for 18 years or older?

**Answer:** When it comes to a vaccine being approved it must go through clinical trials. The difference is, for the Pfizer the enrollment was 16 years and older and with Moderna they started 18 years and older; that was the decision of the company at the time.

They weren't obligated to have the same age groups. That is not to say that you couldn't give a vaccine that was approved for an 18-year-old and up, to a 16-year-old. Once vaccine or any medication has been approved for use it can be used in different ways.

**Question:** Can I give my 15-year-old a vaccine approved for 16-year-old?

**Answer:** I wouldn't answer that just yet, I would consider it. It is not a rigid goal post that you must be of a certain age. That was the age group enrollment to get approval for the clinical trials.

**Question:** Are they the same ingredients?

**Answer:** They are very similar, when the vaccination clinics announce the vaccine, they will list the ingredients on the government online site and you could look up the ingredients to see if you happen to have an allergic reaction to something listed. You might choose to decide at that time, or before, not to get the vaccine.

There are news reports that people are having severe allergic reactions like Anaphylaxis shock [anaphylactic shock] to the Pfizer vaccine; this happened with both the vaccines. Anaphylaxis is a big worry because it is a potential threatening reaction. You have difficulty breathing your throat closes and you need medical intervention urgently.

Therefore, when people get any vaccinations or any routine shots, you are asked to stay for at least 15 min or sometimes 30 min to monitor and check if you develop any reactions. There is emergency staff available, with full treatment for Anaphylaxis. The concern is if you have an Anaphylaxis reaction to the vaccine after the first dose, you would need to be assessed by a physician to determine if it's safe to proceed with the 2<sup>nd</sup> dose. This assessment needs to be done on an individual basis between the patient and the physician.

Some people have a history of Anaphylaxis reactions to many, many things such as foods and other vaccines and medications and those are all questions that you are screened for before receiving the vaccine.

If you are prone to getting Anaphylaxis, we are not sure if the vaccine is going to be another trigger, but it wouldn't be another reason you shouldn't get it. It would be another caution that we would watch you afterwards. Luckily, Anaphylactic shock, which rarely occurs, happens quite soon after receiving the vaccine and there is help when or if you need it. These anaphylactic reactions do not typically occur hours later.

**Question:** Where can you get the vaccine?

**Answer:** You may not have to come to the clinic to receive the vaccine, there will be options for pharmacies and doctor's offices; this is all part of the plans for the vaccine's roll out in the community.

**Question:** What about the deaths in Norway in mid-January when given the Pfizer vaccine, they had severe reactions?



**Answer:** There are a lot of missed details in these reports. In Norway they gave the vaccine to many elderly people, some who were knowingly quite ill at the time. The families gave consent for vaccination even if they were frail and very, very sick. If they got COVID on top of their illness, that really might cause their demise, so they agreed (consented) that they should be vaccinated. Some of them died and it was in relation, time wise to the vaccine. Medical experts reviewed these days and concluded they were not caused by the vaccine but occurred, time wise, with vaccination.

If someone is in palliative care, they are not necessarily going to get the vaccine but a lot of these were very frail elderly people with pre-existing conditions. Those reports were quite sensational; there were deaths around the time of the vaccine but in assessing it, seems that the vaccine was not the cause of the deaths of those patients.

**Question:** Can we request Moderna and not the Pfizer vaccine from our doctors?

**Answer:** I do not have an answer to this question because it really depends what is available at the time. There may be an option to choose one or the other vaccine, but I would tell you that it would be prudent because they really are very similar vaccines. Similar side effects and similar effectiveness but if either vaccine is available, I would choose one or the other, but not for any reason other than availability.

However, if you receive Pfizer for your first dose, you are supposed to receive Pfizer for your second dose. We don't want to interchange the vaccines and give Pfizer once and then give Moderna the next or vice versa. This may change but that is the current situation.

**Question:** There are concerns for people on ventilators and trachs. The concern is how to proceed safely with the vaccine and how this will affect the different kinds of disabilities, Muscular Dystrophy, ALS, Cerebral Palsy, Spinal Cord Injury etc.

**Answer:** The vaccine trials were quite large; Pfizer had 50,000 people and I am not sure if some of those tested were persons with physical disabilities. They were looking to make sure that the reactions were related to the vaccine and not to an underlying condition.

They had exclusion criteria for vaccine trials. If you had diabetes or high blood pressure you wouldn't necessarily be excluded from the trials. There is a list of criteria; they may have been different for each of the vaccine's trials. For any underlying condition or any disability, the real question would be what would you be more likely to survive? If both Pfizer and Moderna provide 95% protection is that better than not getting the vaccine because of concerns of making things worse vs being susceptible to the virus itself.

That is the question with any vaccine, i.e. measles, chicken pox. With these vaccines we always have to ask is the vaccine safer than the virus? The answer is strongly yes, it is better to be vaccinated than to be susceptible to the virus and suffer quite a lot with COVID infection.

You may not suffer if you get the virus, you may have a mild case of COVID. One thing I say to people, with vaccines, it is called a killed or inactive vaccine as opposed to some vaccine that are alive which means they are a weaker form of the live virus. The COVID vaccine is not a live virus, the vaccine is killed, inactive virus.

For people who are compromised or have underlying health conditions, the concern is not that you will have a higher reaction rate, or severe reactions; it is that their bodies will not respond to the vaccine as

strong as someone who does not have that condition and they won't be as well protected. The harm is that they are not as well protected, not that it will be harmful to them directly because of the vaccine.

I think this is a very common misconception that people say, "I am worried about the reaction because of my health". I would say you should consider that the vaccine will protect you against the virus and if you don't respond as well, you might get a milder case of COVID as a result of not responding as well. We are trying to prevent a severe disease and you might get mild cold like symptoms from the vaccine. That would be considered good as opposed to some people who end up in hospitals on ventilators.

**Question:** As a PWD I am very concerned about the reactions the vaccine might have on my health. Is it an option to have all my 6 caregivers vaccinated and NOT be vaccinated myself?

**Answer:** You don't have to be vaccinated; the problem is the vaccine is not 100% effective. So even getting 95% protection of your caregivers that puts the odds more in your favor that you won't be exposed, but they can still carry the virus and they may still be able to pass it on to you and you could still suffer terribly with the infection. It is a consideration, but I wouldn't consider it a good option.

It's the same as why do staff at nursing homes and long-term care homes get flu shots; people say that if you vaccinate 100% of the residents who live in the facilities, then they are protected and you don't have to do staff and other caregivers. But even then the residents don't get 100% protection. If the only people you see are your 6 caregivers, I would strongly encourage them to get vaccinated, but I would also recommend the person to be vaccinated as well.

**Question:** Concerns about the effectiveness and when you are supposed to get the second injection after 3 weeks or 6 weeks. What is the significant evidence to support this? Does it come from the manufacturers of the vaccine?

**Answer:** The evidence is coming from following the people from the clinical trials, one dose of the vaccine is effective and protective but to give complete protection as 95% is that you still need to get the second dose. The vaccine manufacturers want everyone to get as many doses of their vaccine as possible so they would be encouraging people to get two doses. Whereas the government, because of the limited supply of the vaccine in the last week or two, have gotten the scientific evidence that it is better to get one dose into people than fewer doses like two into less people.

If you don't get the second dose until six weeks later, you don't have to start again if the first dose didn't work. Our body's immune system is quite remarkable, and your body remembers being exposed to these things.

Some people say that like for other vaccines, they never went back for their second shots until months later. "Am I starting from scratch?" The answer is no, just pick up where you left off. Due to COVID we are going to encourage people to get the dose on schedule because this is a complete series.

**Question:** If I fall into a high-risk category for the reaction to the COVID vaccine is there any sense in getting the flu shot?

**Answer:** There are different viruses, and they have different risks and benefits. The flu vaccination uptake this year was quite high in general because people thought there is no COVID vaccine yet but at least I can protect myself against the flu and obviously the Flu and COVID can have similar symptoms.

If you haven't had the flu vaccination yet, there will not be a lot of supply for vaccination yet. If you have had the flu vaccination in the fall then you should get the COVID vaccination when it becomes available. Public health will say you should do both. Other vaccines, like the Pneumonia vaccination, are available these days, and if you haven't had any of these it might be time to catch up with current recommendations with your family doctor.

**Question:** How long does the immunization last?

**Answer:** We do not have the answer for that. The trials ended in the last six months. They follow people who have been immunized in these trials forward to see how long it lasts. It is going to be for quite a long time but is that going to be years? We don't have the answer for that yet.

**Question:** The Public Health orders are to continue to wear masks and socially distance. Why is that?

**Answer:** The vaccine is 95% percent effective; it is not 100% effective. We have had people get vaccinated, who work in long-term care and doctors and nurses, they are still required to self isolate because they have been exposed to someone with COVID. That may change, it may be different depending on how information becomes available.

**Question:** If I got the vaccine, would it stop me from getting COVID if my caregiver would have chosen not to get it?

**Answer:** 95% is still very good, flu vaccination is probably 60% effective. It is better than a lot of the vaccinations that are currently given to people. If you are going to be contacting vulnerable populations, you should consider that they should be vaccinated as well.

**Question:** Are there exact dates for February, March, April, May of when the vaccine will be available?

**Answer:** I don't have exact dates to give you. Pharmacists and family doctors are going to be involved in giving the vaccine. This will give more flexibility to availability. It can be difficult for some of you to get to a doctor's appointment. Therefore, we are hoping that pharmacists will be widely immunizing and gives you easier access.

**Question:** The scheduling of private risk maybe modified as transmission is monitored, could you please explain that?

**Answer:** We have our priority groups listed on the BCCDC website, but if there is an outbreak such as in a hospital, they will sometimes send vaccine to a particular hospital ward, where there have been multiple cases of COVID to try to stop the outbreak. These outbreaks can go on for many weeks and we are trying to stop the transmission. Most long-term care residents and staff have now been immunized.

**Comment:** Immunity is in place for a limited time with priority for another vaccine, then random vaccines in place.

**Answer:** We don't know how long the immunity will last. There may be booster shots recommended. Again, there is National, Federal governments and local Health Authorities who have a say, and they shouldn't be that different. However, some of the Health Authorities are approaching how they are accessing these groups slightly differently.

**Question:** When will IVERMECTIN be available in Canada for prophylactic use and/or treatment of COVID 19? Should, or could, IVERMECTIN be used instead of the vaccine for individuals with prior, or still under investigation, possible Vaccine Injury?

**Answer:** I am on the prevention side; I was involved in all that contract tracing. I was not involved in the Ivermectin side so I cannot comment on this.

**Question:** Is it known, in the vaccine trials which disabilities were represented in the trial participants?

**Answer:** I am not able to answer this with great clarity. The vaccine trials are made as simple as they can, so they often exclude anyone with any pre-existing conditions because they are concerned that they are going to foul the results by having this condition.

There were tens of thousands clinical trials given in the US, millions given out in the UK, hundreds of thousand given in Canada. There are a lot more vaccines already provided to people that have more evidence of things that can occur.

Such as with Anaphylaxis reaction, it is estimated in that in the general population that occurs in the proverbial one in a million and about one in a hundred thousand of Pfizer and Moderna vaccine immunization. There are people who have Anaphylaxis for no reason as well as commonly known reactions; i.e., bee stings, where it is a known cause of Anaphylaxis reaction.

**Question:** Do you know how the vaccine rollout will be handled? If there are two seniors who are in different age categories but live in the same house (e.g. an 84-year-old living with a 76-year-old)? Will they get the vaccine at the same time or will the older one gets it in phase 2 and the younger one in phase 3?

**Answer:** I do not have an answer for this.

**Question:** What are some of the known reactions between the two vaccinations?

**Answer:** I have been involved in the vaccine clinics mainly in long-term care and as participants go back for the second dose, I have followed up with people on their reaction. Common side effects are sore arms, and some had a fever for a day or two afterwards.

Some experience flu like symptoms, which makes it confusing because we are concerned that those people were exposed to COVID before we came into the facility. If they were exposed 5 days before we still vaccinated them, and then they started to get fever and flu like symptoms the next day, we would have to figure out if that was from the vaccine or from the actual COVID virus.

I would say that we have heard of maybe 3 people in the province (I could be wrong) who had an Anaphylaxis reaction after the first dose. They had been assessed with no serious on-going side effects; they were treated for Anaphylaxis. What reaction would come up for the second dose, I don't know.

Paul: We understand the roll out plan is always changing. Fraser Health indicated at one point that the roll out plan for people with disabilities, long-term home recipients are looking like February, March? Many of us live with our spouses, and caregivers are hired privately; paid for through the Health Authorities on the CSIL program.

**Question:** What phase would CSIL employers currently fall into? Will spouses be vaccinated at the same time?

**Answer:** Spouse tend to provide care. I am not comfortable to say that I don't see why they shouldn't receive the vaccine, because they should. The plan being now is that the government will roll out the vaccine in two weeks and only the person giving the care will receive the vaccine, that could change. There is Provincial and bureaucratic layers that are involved in these decisions.

Like flu vaccination, persons say they do not like to get the shot, but they do so because they look after their elderly parents who are vulnerable and so on. I have been involved in a lot of planning, to ramp up for hundreds of thousands of doses. The problem is clinics stated they would start this week, Monday January 25<sup>th</sup>, then the news received was that there would be no dose distribution because of the incident with the vaccinations in Europe. This makes for very hard planning.

There will be a time, I am hoping sooner rather than later, that there will be an over abundance of vaccine, for those that don't have to qualify, they will just receive it. With a limited supply we are still trying to target the high-risk groups, the most vulnerable patient hence the long-term care where we were seeing huge outbreaks. Spouses vaccination makes perfect sense to me and hopefully when the vaccine options become available, they will provide for all.

**Question:** I've had the first dose of the vaccine, but with the delays in vaccine delivery by Pfizer I will likely miss the 35-day window for the 2nd dose. Is that going to be an issue? FYI, I had no adverse reaction to the first dose, a sore arm, the same reaction I have with the flu vaccine.

**Answer:** We deal with vaccines a lot; the trials are very rigid because they must meet certain criteria for their vaccine trials. Once the vaccine gets into the real world, there would be a lot of flexibility. 35 days, 42 days and even beyond there would be no need to restart the vaccine. One dose maybe all that a person needs but we don't have the evidence to say stop at one dose. We know that we can delay the second dose even beyond the 42 days. They are still well protected after one dose.

I.e., we give Hepatitis shots to people and human nature is such that if you say to someone here is dose one and the second one is in a month. The majority do not come in at a month's time. For whatever reason, they come in six weeks later. You cannot give a big gap in the time to people to when they should have the shot because otherwise, they are able to take months to return for the second vaccination. I can appreciate that people will not be able to get it within the 35 days, they will most likely get it within the 42 days and if it is beyond that, it would not be the ideal situation.

**Question:** I have been taking daily Steroids, will that have any effect on the vaccination? Should I be taking any precautions?

**Answer:** Some people are suppressed because of a medical condition and some people are suppressed because of medication and treatment of their medical condition. Vaccine trials did not include suppressed patients, given that it is a killed vaccine, scientifically you can't catch the disease if it is a killed virus. You just may not get as many antibodies because of getting the vaccine.

You will not be as well protected and being on steroids daily such as persons that have chemotherapy for cancer treatment received the vaccine and we are not aware of any side effects in those groups. The side effect is they are not responding as well, which is a concern.

**Question:** When can I have the vaccine, I have a brain injury? How does it work, will someone contact me, or do I have to contact someone?

**Answer:** The vaccine is in short supply in Canada. It goes from Federal Government to be dispersed to the provinces. It may be that within the next few weeks we get a lot more supply and it won't be until at least February. Once we get more supply, I would say we are all ready to go.

The vaccine clinics have a plan in place, but I do not have a specific date. There was an announcement in the province that they expect that they are going to have people preregister for the vaccine and that will be posted on the provincial website. There will be ads on TV, online and in print, to give you options on how to get the vaccine. It will most likely end with you being on information overload.

There are those that will reserve themselves from taking the injection, who choose to monitor how their friends and family fair with the vaccine, then they will realize that they have moved on from phase 2 and are now in phase 3. You can get the vaccine anytime, you will not lose your spot, you will have access to vaccination. Pending the availability of vaccination, once they are in phase three and they start going to general population, meaning hundreds of thousands and beyond, doses will become available.

**Question:** Do you know how effective the vaccine is against the variants in the UK, Brazil, and South Africa and how did it affect the people there?

**Answer:** Pfizer and Moderna have been approved for use and are effective against the UK variant, less so against the South African variant. When the 95% effectiveness came out from the trials there were a lot of people in the medical community that were quite ecstatic that it was that high. As with flu vaccination recommended is 60-70% if we are lucky to be effective.

The vaccines are only 75% effective against the South African variant, but that is not a reason that we wouldn't recommend it. We don't know when the next variant will come up, there is one identified in Brazil and they are cropping up everywhere.

The vaccine will reduce getting very sick with COVID, which is the key consideration. To stop someone from being hospitalized and ending up in a ventilator to someone who gets a cold and feels no serious symptoms for a week. This is a win situation in the Health departments and from everyone's point of view. "I want to wait to get the vaccine that is effective to all variants; that is still a win.

I have read that the vaccine manufacturers can modify the vaccinations to try to be more effective against these other variants. Meaning if a person were to receive Pfizer vaccination on the first round, in six months there would be a recommendation for a booster dose because of the other variants. It is a moving target. As I deal with vaccines on a regular basis, by science I look at their effectiveness.

**Question:** Let's assume a person chooses to get vaccinated as soon as possible. Is there a difference in pre-existing conditions in terms of which ones make you more at risk if you were to contract COVID than another one like COPD vs Diabetes and therefore you would be higher on the list and get vaccinated sooner?

**Answer:** If you are already at difficulty breathing and at risk for getting a respiratory infection, that will be a concern. The evidence that diabetes and other conditions is that they don't specifically affect the lungs, but they still put you at risk from complication of an infection. Age overwhelmingly is the issue; you can have a 40-year-old with Chronic Lung Disease and an 80-year-old who runs marathons. The 80-year-old

is still at a much higher risk of hospitalization and death from COVID than the 40-year-old with pre-existing lung condition.

Therefore, the roll out is going to be age related. Imagine everyone looking at their own condition, saying I am at risk and therefore I should be priority. We can't do much about our age; we can lie about it, but it doesn't help with these matters.

For whatever additional pre-existing conditions you may have, age is the strongest factor.

**Question and answer related by Dr. Yau:** To address the questions about the vaccine when you are taking an immunosuppressant medication, taking an immunosuppressant is not a contraindication to the vaccine. Being on an immunosuppressant increases the risk of complications of acquiring COVID disease, would it be more important to be protected with the vaccination? With regards to the efficacy of the vaccine if you are taking those medications, again we don't have enough data to suggest otherwise. We still believe the risk of infection far outweighs any hypothetical risk of the vaccine.

**Dr. Salzman Answer:** These things haven't been studied, there are some strong medications like Cancer treatment, no question that you are suppressed in that case it would be measured. To be protected by a vaccine, you must reach a certain level of antibodies for it to work.

Let's say Pfizer and Moderna are 95% effective and the Cancer medication may reduce that to 85% effectiveness, which is still good. Reducing effectiveness just means it won't work as well. If something reduces the effectiveness to 1% then I would say it is not worth going through with the vaccination. We are not aware of any suppressant or condition which reduce it to the point that it has zero effectiveness.

If someone has had COVID disease, they are considered immune, but they are still recommended to be vaccinated because the issue would be how long they would be immune for. You would be adding to what is already in their system and boosting whatever they naturally have.

Anti-vaccination groups will say, it is better to get measles infection than get the measles vaccine because measles virus infection would give more immunity forever, one could argue this point. I do not recommend people get COVID because they would think that its better than getting the vaccine, because you could die from COVID, that's a bad gamble.

Doctors are being communicated a lot of information. If there was a specific medication directly negative to the vaccine, you would become aware of that because it would be discussed at the time of the vaccination.

**Question:** The upcoming vaccine from Johnson and Johnson will have a lower effective dose, how would we get the order of vaccination priority?

**Answer:** It has not been approved yet, but it likely will be sooner than later. I could theorize lower effectiveness than the Pfizer and Moderna. Let's say Pfizer and Moderna dries up and is not available; we don't want people to say that they don't want the other vaccine to wait for these two. It could take up to six months to replenish the supply; there will most likely be annual vaccinations. It will be good to have options.

**Question:** About the phase roll outs, one thing I was reading about was about the long-term care homes, people in facilities. I wasn't sure about people who are in our age group, our position and staff would fall under phase 2?

Hilary: There are different government departments that are putting out promotional information for the vaccine. There is a lot of confusion with other peers, however the information that I have taken is directly from the BCCDC outlining the phase two group. Long-term care recipients and that is under phase two which is February to March, this is their official release.

Paul: I sit on a provincial committee that is looking at people with disabilities in general around this roll out. We do have acknowledgement that in phase two, but we don't know around when the rollout dates will be.

**Update:** As of January 27<sup>th</sup>, PM the BCCDC has amended their phase groups details

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/vaccines#phases>

**Question:** I understand from what the Dr has said about age being more important than regular doses methylprednisolone.

**Answer:** Age seemed to be a stronger predictor of how COVID affects people with a pre-existing condition or any medication that people are on. The National Advisory Committee Immunization, which is a federal body, in addition to the provincial body, advised the government to go with the ruling that will be age related for the roll out. PWD are not in the general public, they are a part of phase two.

**Question:** What is your prediction of how long this COVID virus is going to last? Will it be gone in one year, two years? Will there be a day where people don't have to wear a mask?

**Answer:** Once most of the people are immunized life will go more back to normal. We will obtain a permanent immunity, but it doesn't mean you will see people without their masks. The feeling is that the COVID virus will be around for a very long time, it is predicated that it may be seasonal, but one day there will be a day where people will not have to wear a mask.

**Question:** This is an m-RNA vaccine, can this potentially change or affect the germ line DNA in those that receive it?

**Answer:** We will not incorporate messenger RNA in our DNA. Even pregnant women and women who are planning to get pregnant, are recommended to get vaccinated. There is no concern that it would be passed into their DNA and then into their baby.

**Question:** Has there been any evidence that patients with a permanent tracheostomy have any better outcomes when hospitalized with COVID 19 as the suctioning would be or could be more efficient?

**Answer:** I don't have an answer for that. I know of people going into a hospital for COVID hospitalization, but we don't follow that. We are a public Health perspective: who has been exposed, who is at risk for exposure. It is your personal doctors that deal with all of that.

Medical knowledge can be outdated anytime. I was told as a medical student that 5 years medical knowledge is no longer relevant and now it is getting down to months or weeks.



## Employment laws around COVID and Vaccination with Hilary Currie, IFRC

Several peers had employment questions about the employment issues they were having around staff safety and COVID. BC Employment standards is still finding their way around COVID policies. Financial benefits, job protection etc. When faced with feeling at risk from staff COVID exposure, peers have been wanting to know what their rights are.

I have listed the common questions that have come forward:

**Question:** Can I make getting the COVID vaccine a job requirement?

**Answer:** You, as employers have the right to make it a job requirement. For existing employees, you can change job requirements for your staff at anytime. Give a reasonable written notice, or memo, advising them of the change to their job requirements. In the written notice you can request that they sign to acknowledge that they have received the notice, fully understand and accept the changes.

You can choose to put this in your job postings and for new employees, place this clause into the employee agreement as a job requirement under the terms and condition of the employment agreement.

**Question:** What do I do if staff refuse to get vaccinated?

**Answer:** People have various reasons why they choose not to be vaccinated, it can be medical or their opinion on the vaccine, but you have a right to make decisions based on how you want to manage your personal support, and this is a decision you make for your own safety.

However, you cannot force an employee to be vaccinated. Under Human Rights a person cannot be forced to put a foreign substance in their body. Therefore, you can accept that or make some hard decisions.

If someone has possibly been exposed to COVID and you are concerned about their activities, then you have the option to lay off the employee. Staff who are given lay offs for reasons related to COVID are subject to job protection and you are expected to allow them to return to the job after it's been determined it's safe to come back.

### Layoff Options:

- A Temporary Lay Off is for 13 weeks and is without severance. **Both the employer and the employee must agree to the temporary lay off.** This is with the expectation that they will come back after 13 weeks.
- If they do not agree to the Temporary Lay Off, you can do a General Lay Off, and pay them severance. With the General Layoff, they are to receive severance.
- If the Temporary Lay off goes beyond 13 weeks, it is no longer considered temporary and will revert to a General layoff and severance would need to be paid based on the first day of the initial layoff.

**Stay At Home Orders:** If you have staff who have been exposed to COVID or who have returned from travelling, you have the right to ask them to self isolate for two weeks. You have the right to do this without any repercussions. This also falls under job protection. You are not obligated to pay them.

**Termination:** If you are not able to resolve this issue with an employee and you continue to feel at risk you can make the decision to terminate employment.

You can terminate someone if they refuse to get the vaccination, and there are options for “cause”.

If you terminate staff “**without cause**”, you pay them severance.

To dismiss an employee for not getting a vaccine when you have made it a job requirement can be argued as “**just cause**”. With a just cause termination the employer does not pay severance.

However, please note that this is a grey area. The employee has the right to file a claim against you for severance pay and should BC Employment Standards find in their favour you would be ordered to pay them severance. To date (January 27<sup>th</sup>, 2021) there have been no claims made for this reason, so without a precedent BC Employment Standards is unsure of how they would determine a case like this. It’s a judgement call on your part.

## Leadership Groups with Paul Gauthier

Thank you to everyone who participated in the Leadership Group Doodle Polls, by putting their names forward to join groups. In order to efficiently manage the start up of the groups, we will begin with four, and once we have them going will bring in other groups.

Doodle polls for these groups had a great response with people interested in the leadership groups. We had people interested in all nine of them. The four will be supported directly by TFL and IFRC. As a reminder these are volunteer rolls.

The four that will get started in February 2021:

- **Home Support Hours and re-evaluating The Time-Task-Analysis**
- **Client Contribution Per Diem**, (trying to eliminate the client contribution)
  - Michelle Hewitt has started this issue and is looking forward to this becoming a Leadership Group
- **Public Awareness and Political Advocacy.** Being able to let others know about the benefits of support programs like the CSIL programs and how it has worked so well for many of us. Educate politicians on how critical personal support is to people with disabilities.
- **Provincial Representation.** We want to develop a group who can compile the issues which impact people with disabilities by hearing what is happening in each of the Health Authority regions of BC and addressing them at a provincial level. This could result in a strong advocacy group for all people with disabilities.
  - **Lorette, a member of ACE, is looking forward to teaming up with other people who want to see change.**

**Spencer van Vloten of BC Disability** is writing articles to promote organizations, programs and the CSIL program, “BC’s best kept secret”. He is looking for CSIL employers for an interview and to talk about why the CSIL programs work for you. If you are interested, please reach out to Paul Gauthier or contact Spencer through the BC Disability by clicking the Contact button on the top right corner of the following web page: <https://www.bcdisability.com/news>

### Pathways To Independence Meeting February Topics

- Technology for Living Update on the Simon Cox Student Design Competition
- Foreign Worker Program with Katarina Oey, Regulated Canadian Immigration Consultant
  - Ms. Oey will provide information about the in's and outs of the immigration with the new Foreign Worker Program.
  - Art Jonker who uses the program, will be speaking from his personal experience
- Dr. Jim Salzman, with COVID Vaccine updates and to field questions
- CSIL Contract Updates with Tim Louis and Ken Kramer, ACE
- Temporary Pandemic Pay Update

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

### Pathways To Independence Next Meeting Date

Upcoming Meeting Date:

- Thursday, February 25th, 2021 1:30pm to 3:30pm

**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!**