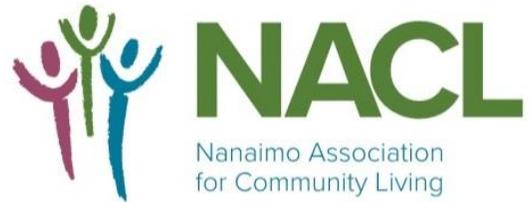


memo



To: Agency-Wide/NACL Board of Directors

From: Randy Humchitt, Deputy Executive Director

Date: June 17, 2022

Re: IMMEDIATE TRANSITION TO COMMUNICABLE DISEASE PLAN

Introduction (With Thanks!)

Throughout the COVID-19 Pandemic, NACL staff, persons served, families, and caregivers have done a remarkable job navigating the only constant during this challenging time – change. Your diligence in following the recommendations/direction of the Provincial Health Office, the local Health Authority, and the NACL COVID-19 Exposure and Control Plan (CECP) has resulted in a minimal impact of COVID-19 on NACL residences and programs. Indeed, there have been no COVID-19 cases that resulted in severe outcomes for anyone involved with the Association. The Senior Management Team and I have no doubt that you have saved lives.

As the world opens up and begins to put the worst of the pandemic behind us, we too look for ways we can open up our NACL world in a thoughtful and balanced way. The changes identified herein follow WorkSafeBC guidelines, PHO directives, and most importantly, Person Centered Thinking (balancing what is important “to” people (that which makes us feel satisfied, comforted, content, fulfilled, and happy) with what is important “for” people (issues of health, safety, and what others see as necessary to help people be valued and contributing members of their communities).

Moving from the COVID-19 Exposure and Control Plan to the Communicable Disease Plan

The Communicable Disease Plan (CDP), which is inclusive of the revised procedures for **Hand Washing**, **Universal Precautions and Personal Protective Equipment**, and **Communicable Diseases and Parasitic Infestations (HS026-P, HS027-P, and HS028-P, respectively)**, is attached to this memo for your reference. They follow the guidelines set by WorkSafeBC.

While not as in depth as the CECP, the CDP indicates similar areas where diligence will be required to ward off not only COVID-19, but all communicable diseases. This plan will take effect as of the distribution of this memo. This means that the COVID-19 Exposure and Control Plan, and any directives/guidance contained in it, will no longer be observed. NACL will reserve the right to re-institute the CECP, should the need arise.

Masking

Since the pandemic began, NACL has consistently gone above and beyond the masking requirements set out by the PHO. We were wearing masks in the beginning of the pandemic before it was mandated, we continued to wear masks in the summer of 2021 when the PHO relaxed masking orders, and we have continued to wear masks since the PHO order ceased in March of this year. Our intent has always been to protect the people we serve and those who support them to the best of our ability, and with all tools at our disposal.

Considering the high double-vaccination and booster rates in the Association, the vax rates of the province, Public Health guidance, and the balance of what is important to and for the persons served, staff, families, and caregivers, we will be taking a measured approach to the relaxation of the NACL masking requirement

where it makes sense to do so. We will follow both a person served and site Risk Assessment process to determine if staff will or won't be required to wear masks while working and providing support.

The Individual Risk Assessment will be based on reviewing who is in the risk category for "severe outcomes" should they contract COVID-19, following the Government of Canada's definitions. These may be persons served who:

- are an older adult (increasing risk with each decade, especially over 60 years);
- are pregnant;
- have Down Syndrome;
- haven't received all of the recommended COVID-19 vaccine doses;
- have a chronic medical condition, including:
 - asthma (moderate to severe);
 - dementia;
 - diabetes;
 - heart disease;
 - high blood pressure;
 - kidney disease;
 - liver disease;
 - lung disease; and/or
 - stroke;
- are immunocompromised, including if they:
 - have an underlying medical condition, such as cancer;
 - take medications that reduce the immune response, such as chemotherapy; and/or
 - have had a solid organ or blood stem cell transplant; and
- live with obesity (has a body mass index [BMI] of 40 or more).

The Site Risk Assessment will consider:

- the number of persons served in the program/residence who are a part of any of the risk categories noted above; and
- staff who may fall into the risk categories noted above.

The result of these Risk Assessments may result in different masking directives. Some programs and residences:

- may continue to require all staff to wear masks while on shift;
- may no longer require any staff to wear masks while on shift; or
- may require staff to wear masks while providing direct care to certain persons served.

Following our person-centered philosophy, where a person served requests that staff wear masks to support them, this will be honoured and written into their plan.

In addition, where staff are not required to wear masks but wish to do so, their wish will be respected and they will be supported to wear a mask. NACL will maintain a supply of masks and all personal protective equipment for this purpose.

The assessment process will begin as of the distribution of this memo. The final program/residence masking direction will be decided by the Program Manager in conjunction with the Executive Director/Designate. At that time, the new masking requirements will be communicated to programs/residences, including the date the changes are effective. Some programs may change quickly, others slowly, and some not at all. Where the masking requirement decision requires further research, Program Managers may need to consult with a healthcare professional to make a final masking requirement determination.

Conclusion

Just as change is constant, change is also hard. The COVID-19 Exposure and Control Plan, as well as the ongoing masking directives, provided great protection and security for NACL. As we have come out of the worst of the pandemic with the world around us, we had to re-evaluate the controls and risk mitigations that, for many, have become tiresome.

It has taken a long time, a lot of research, and several discussions to come to the decision to move to a Communicable Disease Plan and to review the masking requirements in the Association. We believe that these changes maintain the level of safety and security that is necessary for some, while easing the pressures of the pandemic requirements on others. We remain open to discussion on these matters, and welcome questions and considerations. Feel free to contact me anytime at randy.humchitt@nanaimoacl.com or (250) 802-3832.

To say that we've come a long way is more than an understatement. We couldn't have done it without each and every one of you. You're simply the best.