

# memo



**To:** Agency-Wide/NACL Board of Directors  
**From:** Graham Morry, Executive Director  
**Date:** March 11, 2020  
**Re:** CORONAVIRUS/COVID-19 UPDATE

The following is the most recent communique regarding the COVID-19 virus (otherwise known as Coronavirus). From this point forward, you will receive weekly communications as to NACL's response to the virus, and our internal strategies to keep people healthy and safe.

## Current Situation

On March 11, 2020, the World Health Organization (WHO) officially designated the COVID-19 (the Coronavirus) as a pandemic (occurring over a wide geographic area and affecting an exceptionally high proportion of the population). There are currently 39 cases identified in BC, with one death. There have not been any cases reported on Vancouver Island.

## NACL's Response to Date

Our first memo went out on February 28, 2020 explaining current directions from Community Care Facilities Licensing, indicating the need for diligent universal precautions including regular handwashing, social distancing, and not coming to work if displaying symptoms such as coughing, fever, aches, etc.

Since that time, NACL has been sourcing masks and isolation gowns to arrive any day now. As of now, we have approximately 3,000 masks and 1,000 gowns on the way.

Homes will be instructed to stock up on three (3) weeks of food and extra medications. MasterCard limits have been raised to accommodate this need.

Night shift duties, though already comprehensive, will focus on disinfecting key hard surfaces.

We have met with the union to discuss our mutual response, including essential services levels and non-union staff working front-line shifts. The union expressed support in the need to potentially implement these measures, and we will be in regular communications as events evolve.

## Moving Forward

As we move forward, we need to be prepared to be flexible as to how we respond to this virus, including the potential for reallocating staff where needed, isolating in place, and not coming to work if exhibiting symptoms. This triggers other issues, as we are already often short-staffed; but this is critical to minimizing the risk to persons served and our colleagues.

In addition, employees who do not have sick banks or have used those banks should not have to worry about not getting paid in the short-term. To that end, we will consider payroll loans on a case-by-case basis to alleviate some of the concern of potential loss of pay. If you would like further information on how this would work, casual staff can contact Randy Humchitt (Deputy Executive Director), and permanent/temporary staff, please speak to your Program Supervisor.

Non-union management/administrative staff will be orientated to specific programs as an added level of support.

People returning from countries identified as a concern may be asked to quarantine for 14 days before returning to work.

It is our intent to be as thoughtfully prepared as we can; if you think we have missed anything, please let us know. As always, you can contact me directly if you wish.

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#### **Pandemic Procedure**

As a reminder, we have included our Pandemic Procedure (HS029-P) on the following pages.

<b>Procedure Number:</b>	HS029-P
<b>Procedure Name:</b>	<b>HS029-P: Pandemic Event</b>
<b>Procedure Section:</b>	Health and Safety
<b>Impact Group:</b>	All Employees
<b>CARF Standards:</b>	Health and Safety (1.H.11)

## **Purpose:**

Nanaimo Association for Community Living (NACL) remains open in all but the most extreme circumstances. Unless an emergency closing is announced, all employees are expected to report to work.

## **Procedure:**

### **Personal Hygiene and Good Health Practices to Maximize Health**

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To maximize health, individuals should cover their cough by coughing into their elbow or into a tissue, wash hands regularly and use alcohol hand gel, and avoid touching their eyes, nose, and mouth.

### **Occupational Health and Safety Committee**

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The NACL Occupational Health and Safety (OH&S) Committee and appropriate representatives (the Program Supervisor or designate) from each program will be responsible for monitoring emergency conditions for the purposes of communicating and implementing emergency plans to maintain the safety and security of NACL premises during emergency conditions.

### **Designation of Emergency Closing**

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Only by the authorization of the Executive Director in consultation with the OH&S Committee will NACL cease operations due to emergency circumstances. If an emergency evacuation is ordered, all employees should calmly and quickly follow their established evacuation procedures and routes.

### **Business Continuity**

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If employees have not been infected with influenza, then they are expected to report to work. If personal emergency conditions prevent employees from reporting to work or on time, they are responsible for notifying their Program Supervisor, if feasible, as soon as possible prior to their scheduled shift.

If possible, such notification should be made by a telephone conversation directly with the Program Supervisor. If direct contact is not possible, leaving a detailed voicemail message or message with NACL's management staff is the preferred alternative. If it is not possible to reach any of the aforementioned admin staff, leaving a message with another employee

is acceptable as a **last resort**. Employees should leave a phone number where they can be reached.

If reporting to work and common flu symptoms appear (refer to the chart in **Appendix A** below outlining the difference between cold and influenza symptoms), the employee will be sent home and expected to have an evaluation by a trained medical professional.

### Elevated Risk Alert

If the pandemic influenza is severe enough, then NAACL may decide to reduce employees' face-to-face exposure by encouraging the practice of social distancing by telecommuting, teleconferencing, remaining at least three feet apart from co-workers, and limiting or banning business travel to regions affected by flu outbreaks.

## APPENDIX A: Knowing the Difference Between Cold and Flu Symptoms

SYMPTOM	COLD	FLU
Fever	Fever is rare with a cold.	Fever is usually present with the flu in up to 80% of all flu cases. A temperature of 100°F or higher for 3 to 4 days is associated with the flu.
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough).
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.	Stuffy nose is not commonly present with the flu.
Chills	Chills are uncommon with a cold.	60% of people who have the flu experience chills.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not common with the flu.
Sudden Symptoms	Cold symptoms tend to develop over a few days.	The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
Headache	A headache is fairly uncommon with a cold.	A headache is very common with the flu, present in 80% of flu cases.
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is not commonly present with the flu.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with the flu.