Jan 11, 2022

UNIFOR Local114

PLEASE POST

COVID – 19 UPDATE 43

1st ISSUE FOR 2022

Dear Brothers and Sisters,

Due to the rapidly changing circumstances surrounding COVID-19 and its impact on workers, program support criteria are subject to change. Be sure to visit www.unifor.org/covid19 to download updated versions of the fact sheets available to our members and their families.

All the information contained is from various sources it is not Local 114 Policy or Local 114 Statements.

https://www.unifor.org/campaigns/all-campaigns/covid-19-information-resources

Want to stay connected to what Unifor members are doing across the country? Then you're in the right place! Keep up to date on the latest Unifor news and events across Canada by signing up for our weekly newsletter. **https://www.unifor.org/node/9508**

Check out Unifor Nationals new website https://www.unifor.org/

For specific requests and support, contact covid@unifor.org

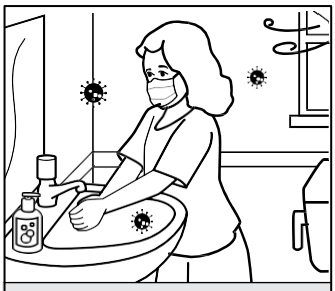
Local 114 website http://www.unifor114.com/

All the information contained is from various sources it is not Local 114 Policy or Local 114 Statements.

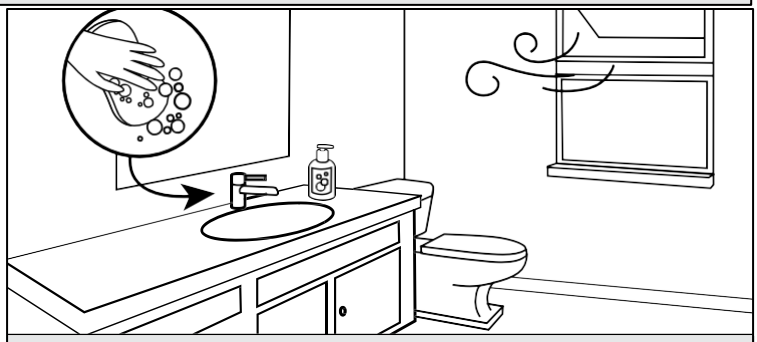
BC Centre for Disease Control
Provincial Health Services Authority

If someone is sick at home with COVID-19

Sam is sick. Sam needs to stay home for 10 days until better. Sam tries to stay in a separate room.



Sam wears a mask when going to the bathroom.



In the bathroom, Sam opens the window. After, Sam flushes with the lid closed. Sam cleans counters and handles.

Someone at home leaves food outside Sam's room and can go in if Sam needs help.

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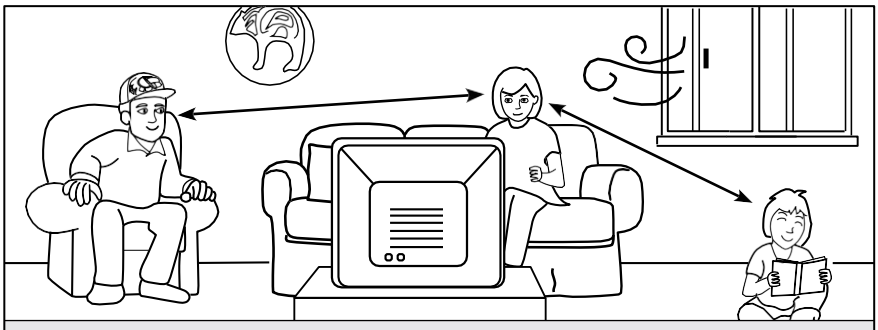
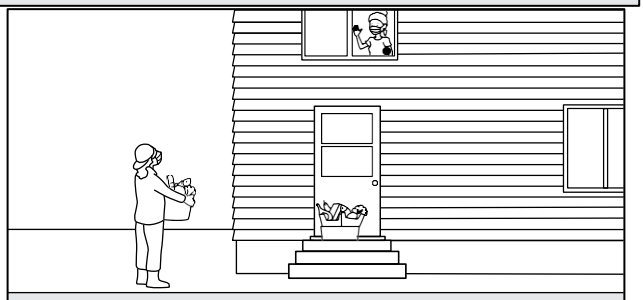
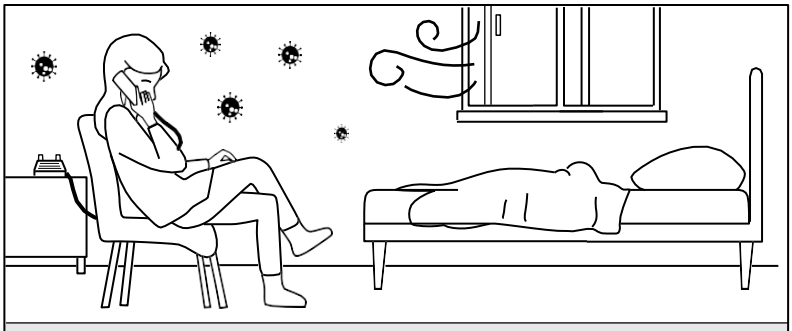


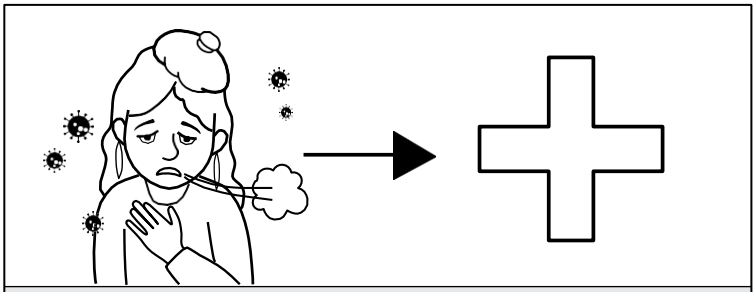
Everyone stays 2 metres apart at home. Sam stays in the bedroom.



Everyone stays home. No one visits.
Someone drops off food outside.



Sam can spread COVID-19 for 10 days.
Sam tries to stay in a separate room.



Sam should go to the hospital right away if breathing becomes hard.

For more info on COVID-19, visit **www.bccdc.ca** Questions? Call Healthlink BC at **8-1-1**

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https://www.unifor.org/resources/our-resources/ventilation-vital-engineering-control-protect-workers

Ventilation – The Vital Engineering Control to Protect Workers

Staying on Top of the Changing Variants

Our workplaces are dynamic entities, always changing and encountering new challenges, and certainly this has never been more evident than today as we face a seemingly never-ending array of mutating viruses related to COVID-19. At the current time we are dealing with the Omicron variant after having dealt with Beta and Delta variants of the SARS CoV-2 virus. Throughout the COVID-19 pandemic we have tried to provide as much relevant information to help occupational health and safety representatives and joint health and safety committee members in creating a healthier and safer workplace using some of the latest and best information to protect workers. In this case we are reminding readers that there are tools in the toolbox that should continue to be utilized to protect workers. This document will focus on a key engineering control in the workplace – ventilation and its impact on worker health and safety.

The Hierarchy of Controls

When making and implementing a plan to control hazards, we should always start by considering the most effective controls first. Using the powerful hierarchy of controls tool, we see that the most effective way to control hazards in the workplace is to eliminate them at the source. This applies to all workplace hazards, not just those related to COVID-19.

Unfortunately, the virus that causes COVID-19 (SARS-CoV-2) has not been eradicated (and it is unknown if it ever will be) Theoretically, the virus can be eliminated from the workplace as long as the carrier of the virus (the infected person) is not at the workplace. In other words, working from home or a remote location. For most workplaces this is not an option as long as the workplace requires the physical presence of workers.

Since substitution is not a relevant control in the case of the SARS-CoV-2 virus, we move to the engineering controls level. Ventilation is a key engineering control and can help control the spread of the SARS-CoV-2 virus in the workplace, and can help reduce the spread of COVID-19.

Controlling Virus Spread

The SARS-CoV-2 virus is known to spread from person to person through droplets and aerosols, which create a risk, especially to people in enclosed spaces and indoor conditions, where workers are in close proximity to one another. The effectiveness of ventilation will depend on a number of issues such as the occupancy level of the workplace, the physical structure, design and maintenance of the building where the work is being done and the type of work being done in the workplace.

Occupancy: In order to reduce the risk of COVID-19 (as previously stated) fewer workers in the workplace lessens the potential for the spread of infection. This of course also assumes that physical distancing (of 2m or more) will be adhered to, where possible. Some of our workplaces have hundreds of employees and others under the same roof, making this especially difficult.

Physical Structure, Design and Maintenance of the of Building: Every building is unique in its design and structure. It is important that the building be capable of safely handling the work being done inside of it, through the mechanical systems which mix fresh outdoor air and existing air in the building. These systems control heating, ventilation and air conditioning and are known as HVAC systems. HVAC systems are also only as effective as their ability to function to their design specifications; as we have often seen, many workplace HVAC systems are not being fully utilized or are not working as they were originally designed.

Type of Work Being Done in the Workplace: Each workplace is affected by hundreds, if not thousands, of factors ranging from what workers do in the workplace, to the types of chemical, biological or physical hazards encountered or created through the work process. Imagine the differences in ventilation needs between an automotive plant and an office or a hospital.

Even excellent indoor ventilation alone cannot protect people from exposure to the SARS-CoV-2 virus, particularly when workers are in close unprotected contact, or in the absence of other protective measures.

Tools for Improving Workplace Ventilation

It is advisable that each workplace's HVAC system is reviewed and understood not only by management, engineering and maintenance, but also by the occupational health and safety representatives or joint health and safety committee (JH&SC) members. There are many critical aspects that should be reviewed to ensure that the system is working optimally.

The HVAC system is the main determinant of the quality of indoor air. It controls the amount of air that is added to the workplace atmosphere, and also controls the cleanliness of incoming air. The HVAC system controls the rate at which the workplace air and its pollutants are either exhausted to the outside or re-circulated throughout the building. It is a vital component in protecting the health and safety of workers in the workplace.

Most HVAC systems re-circulate a large part of the indoor air to maintain comfort and reduce energy costs associated with heating or cooling outside air. When you feel air coming out of a supply duct or vent it's almost impossible to tell how much of this air is recycled or recirculated and how much is fresh outside air.

Be aware that "efficiency" related to HVAC systems often comes at the expense of air quality and worker health.

Use Your Rights to Know About Workplace Hazards and Your Right to Participate in Workplace Health and Safety

10 HVAC Questions to Ask

Here are questions that should be asked regarding workplace HVAC systems…

1. Does the occupational health and safety representative or JH&SC understand the workplace's unique HVAC system? You should know what the HVAC system should control and how it works. The employer should have drawings and blueprints that show what each element of the HVAC system is capable of and what it should be running at.

2. Has the JH&SC investigated the critical elements of the HVAC system? There should be someone at each workplace that can clearly explain what the critical elements are and how they work.

3. Has the HVAC system been maintained to manufacturer's specification? Ventilation systems are mechanical objects that require regular maintenance and certainly have recommended intervals for maintenance. There should be evidence available that maintenance work has been done and it should be verifiable.

4. How is the HVAC system tested and verified for compliance? You can't just assume that everything works without investigating. Depending on the system, monitoring can be done remotely or in person or using a combination of both methods. Each system is unique. Get the test results and understand how the tests were done and what they mean.

5. Who tested the system? HVAC experts? Maintenance workers? The workplace maintenance plan and/or occupational health and safety plan should address this issue. You should check that the tests conducted on the system have been completed. These should be verifiable in writing. You may want to be present when the testing is being done to verify the results. If you don't ask, you likely won't be invited to participate.
6. Was a report on the HVAC system ever issued? Is it available? It is possible that the inspection of the HVAC system resulted in concerns being raised by the people who did the inspection? Get your hands on the evidence and keep it as a permanent record.
7. Are there outstanding elements of the HVAC system that are off line or need repair? You should be able to verify that all work orders have been completed and closed. Ask your tradespeople or contractors if the work has been completed. It's always a good practice to check up with the workers who did the repairs. You may even get information that you didn't expect!
8. Are there any air quality concerns from workers? Does anyone complain of chemical odours or "stale air?" Is anyone complaining of headaches, drafts or uncomfortable temperatures? Are complaints being investigated and resolved?
9. Is anyone doing air quality sampling to ensure that the air is safe? Workplace air should be free of outside contaminants and meet all provincial and federal exposure limits and guidelines. Local unions can (and should) negotiate language that exceeds the minimum requirements. Aside from workplace chemical contaminants, workplace air can also deteriorate just from human breathing. As we exhale, we send carbon dioxide (CO_2) into the air. Indoor air can get stale if it is not being properly ventilated. Current air monitoring technology allows for easy and inexpensive measurement of CO_2 as an indicator to help ensure ventilation systems are delivering the recommended minimum quantities of outside air to the building's occupants.
10. Can the "fresh air mix" in the HVAC system be increased? Usually there is room for increased airflow as most systems are not designed to run at 100% output. Ask your HVAC system professionals how the fresh air mix ratio can be increased. Challenge your employers to run their HVAC systems for longer periods of time including times when the building occupancies are low or during off hours, in order to get the full benefit of air dilution.

Carbon Dioxide (CO_2) as Marker for Indoor Air Quality

The outdoor air in most locations contains up to 500 parts per million of carbon dioxide. When indoor concentrations of CO_2 are elevated (compared to the outside air) the cause of the higher levels is usually

due to the building's occupants.

People exhale carbon dioxide—adult breath contains about 35,000 to 50,000 ppm of CO2 which may be up to 100 times higher than outdoor air. Without adequate ventilation to dilute and remove this "CO2 pollution" generated by the occupants, CO2 can accumulate. Since the virus that causes COVID-19 is found in the breath that we exhale, we can see that dilution ventilation will lessen the exposure of occupants to the SARS-CoV-2 virus. Therefore, we can say that "the solution to indoor pollution is dilution!"

How Much Carbon Dioxide is Too Much?

The occupational safety standards for industrial workplaces hover around 5,000 ppm for CO2, however we must not be deceived by this limit. Indoor air quality experts agree that individuals exposed to elevated CO2 concentrations tend to report drowsiness, lethargy and a general sense that the air is stale. High CO2 levels are an indication that the air in the workplace is being "overly recycled" and is lacking the "outside fresh air" component. Indoor air monitoring results showing levels of CO2 exceeding 800 ppm are indicators that there is a problem with high room occupancy or an issue with the building's ventilation system's fresh air mix ratio. In either case, further investigation is warranted.

Other less technical solutions to improve CO2 levels include opening windows, doors and other outdoor access points to allow for additional direct outdoor air to enter the room or building being occupied. These solutions may cause disruptions from a heating or cooling perspective but are sure to lower indoor CO2 levels. Be prepared to bundle up (or wear short sleeves) if this is the route taken. These types of actions may also affect indoor exhaust ventilation effectiveness. One solution may lead to another problem! Monitor air quality after any changes are made.

Air Filtration

Air filters are an integral and important part of any HVAC system. Air filters allow for the removal of particulate contaminants in the supply air that would be harmful to the building occupants, or build up in the ductwork or equipment. Air filters also remove dirt that would cause blockages or imbalances of elements in the air handling systems including vents, coils, fans and other parts.

Most filters are tested and rated according to the ASHRAE Standard 52.2-2007. This ASHRAE standard assigns varying filters a minimum efficiency reporting value (MERV rating) based on their ability to remove particles at various sizes and airflow rates. The standard also reports a filter's resistance to airflow. Ventilation devices such as fan powered terminals and return grilles typically use low to mid efficiency filters. High efficiency filters such as HEPA filters are typically installed near the air outlet to avoid possible contamination from ductwork leakage. The higher the efficiency of the filter usually means the greater the pressure drop in air speed.

The SARS CoV-2 virus can be trapped in filtration systems that use filters with a MERV rating of 13 or higher. (MERV 13 filters remove over 85% of 1-3 micrometre, also called micron or µm, sized particles). Research has indicated that the particle size of the SARS-CoV-2 virus is around 0.1 µm. However, the virus does not move through the air by itself, rather the virus is trapped in respiratory droplets and droplet nuclei (dried respiratory droplets) that are predominantly 1 µm in size and larger. If a MERV 13 filter cannot be accommodated in the HVAC system, then use the highest MERV rating you can. Remember that this must be done in conjunction with HVAC professionals.

If ventilation systems cannot be altered and the workplace occupancy cannot be reduced, then the use of portable air filtration devices with High Efficiency Particulate Air (HEPA) filters could be considered

together in combination with established public health infection control measures. Again, it is recommended that manufacturer's directions be followed as well as the advice of an experienced professional before installing these portable air filtration devices in your workplace.

Conclusion

As we have discussed, workplace ventilation plays a vital role in keeping workers healthy and safe, and can play an even more important role in these ever changing COVID-19 times. SARS-CoV-2 transmission in the workplace depends on multiple factors, of which ventilation is only one (however a very important one).

Workers have a right to know about hazards in the workplace, a right to participate in workplace safety through their occupational health and safety representatives and a right to refuse unsafe work. A detailed focus on workplace ventilation can utilize all three of these rights including the right to refuse unsafe work when all other steps fail. Getting to know and understand your workplace's ventilation system is a good step to improving worker health and safety now, and in the future beyond the COVID-19 Pandemic.

Any questions with regard to this fact sheet can be addressed to the Unifor National Health, Safety and Environment Department at healthandsafety@unifor.org or 1 (800) 268-5763.

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CTV NEWS

THE COVID-19 BRIEF

CORONAVIRUS UPDATE

Your resource for cutting through fear and misinformation. Check your email for trusted reporting and analysis to help differentiate between fact and fiction.

Follow the latest updates and read full coverage

The outbreak by the numbers (as of 2 p.m. EST Monday, Jan. 10, 2022):

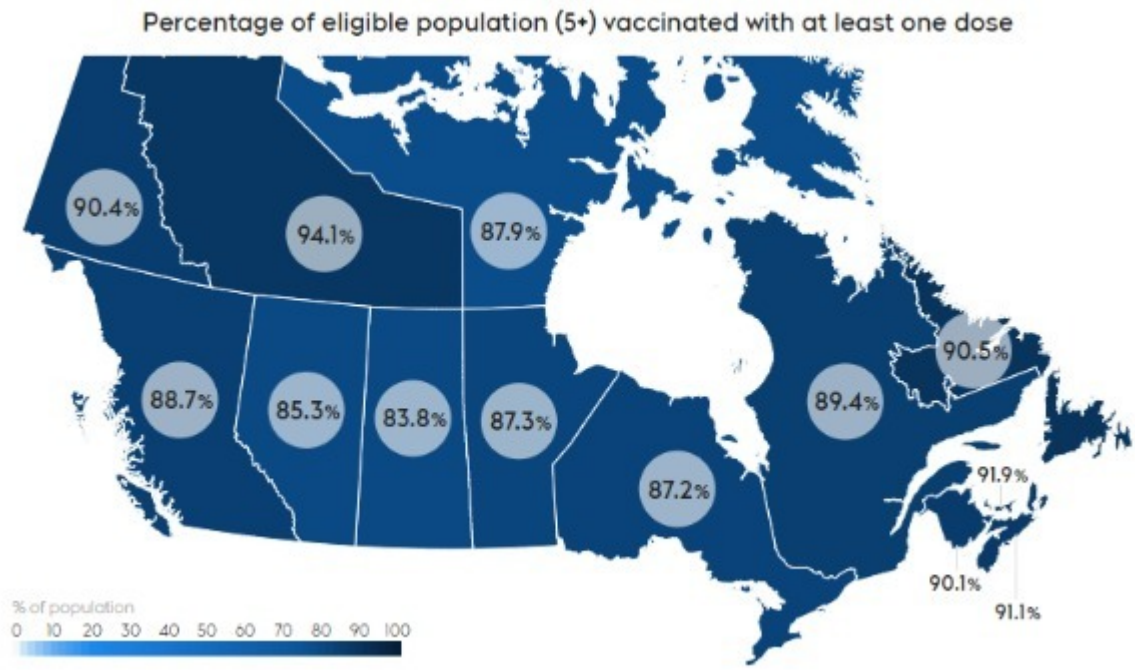
- **Canada:** 2,567,292 cases | 386,896 active | 30,845 deaths
- **Globally:** 308,619,579 cases | 5,492,243 deaths

Vaccinations by the numbers (as of 2 p.m. EST Monday, Jan. 10, 2022):

- Total vaccine distribution as of December 30, 2021: 80,320,500
- Total pediatric vaccine allocations as of December 23, 2021: 5,800,000

Map shows percentage of *eligible* population (5+) vaccinated with at least one dose; percentages table below are for *total* population.

Eligible population (5+) in Canada: 86.93% first dose | 81.23% fully vaccinated



- **World:** 9,455,141,858 doses given | 59.3% first dose | 50.1% fully vaccinated
- **Canada:** 82.6% have received at least one dose | 77.2% fully vaccinated
- **British Columbia:** 84.8% at least one dose | 79.4% fully vaccinated
- **Alberta:** 80.1% at least one dose | 72.9% fully vaccinated
- **Saskatchewan:** 80.4% at least one dose | 73.5% fully vaccinated
- **Manitoba:** 81.9% at least one dose | 75.1% fully vaccinated
- **Ontario:** 82.8% at least one dose | 77.2% fully vaccinated
- **Quebec:** 85.1% at least one dose | 77.9% fully vaccinated
- **New Brunswick:** 86.3% at least one dose | 79.1% fully vaccinated
- **Nova Scotia:** 87.3% at least one dose | 80.2% fully vaccinated
- **Prince Edward Island:** 87.9% at least one dose | 81.7% fully vaccinated
- **Newfoundland and Labrador:** 90.2% one dose | 86.1% fully vaccinated
- **Yukon:** 85.7% at least one dose | 79.6% fully vaccinated
- **Northwest Territories:** 88.9% at least one dose | 81.8% fully vaccinated
- **Nunavut:** 78.5% at least one dose | 63.1% fully vaccinated

** Percentages have been adjusted to reflect updated population figures and third doses in some provinces*

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Here's what's been happening in Canada

Record high hospitalizations. Following reports of alarming staff shortages among hospitals and long-term care facilities in different parts of the country, hospitals in several provinces are now either nearing or hitting their highest numbers yet for COVID-19-related hospitalizations.

Quebec is starting the week with a record-breaking number of hospital admissions linked to coronavirus infections, reporting a total of 2,554 hospitalizations on Monday. Ontario health officials recorded at least 2,467 COVID-19 patients in hospital on Monday as well, only a slight drop from the province's record high of 2,594 set on Saturday. Residents of New Brunswick also saw the province's highest number of COVID-19-related hospitalizations this weekend with 80 logged on Saturday before reporting 79 hospitalizations on Sunday. Threats to overwhelm hospitals in these provinces and others stem from high case counts caused by the rapidly spreading of Omicron variant. Click below for more stories:

- Interactive map and graphic: Tracking every case in Canada
- Severe illness not rising at the same 'explosive rate' as COVID-19 cases: Tam
- B.1.640: 5 Canadian cases of little-known coronavirus variant
- Staffing problems abound for public services across Canada as Omicron spreads

More children head back to school. More than a million children return to classrooms this week after a lengthy holiday break brought on by the Omicron variant. On Monday, British Columbia and Alberta saw students go back to in-person learning. Children in Manitoba, Nova Scotia and New Brunswick are also picking up their pencils again this week, but returning to class virtually with online learning. With the ongoing threat posed by Omicron, parents may be wondering what is and isn't safe for their children to do – one medical expert weighs in. Click below for more stories:

- Here's what's changing about B.C. school exposure notifications
- Some Alberta students 'excited' for mental health boost with classes resuming
- Ontario adds new COVID-19 symptoms to list that require students to stay home
- Pediatrician urges parents to have the COVID-19 talk as Omicron cases hit new highs
- Opening schools should be a priority, but Omicron requires extra safety: experts

Snapshot across Canada. As Omicron takes over as the predominant COVID-19 variant in Canada, the country is seeing increases in both average daily case counts and hospitalizations. Recent statistics shared by Canada's top doctor show that the average number of COVID-19 cases reported in a single day increased by 65 per cent compared to the week before, while hospitalizations rose by 91 per cent compared to the previous week. Still, in a federal briefing on Friday, Chief Public Health Officer Dr. Theresa Tam said severe illnesses aren't rising at the same "explosive rate."

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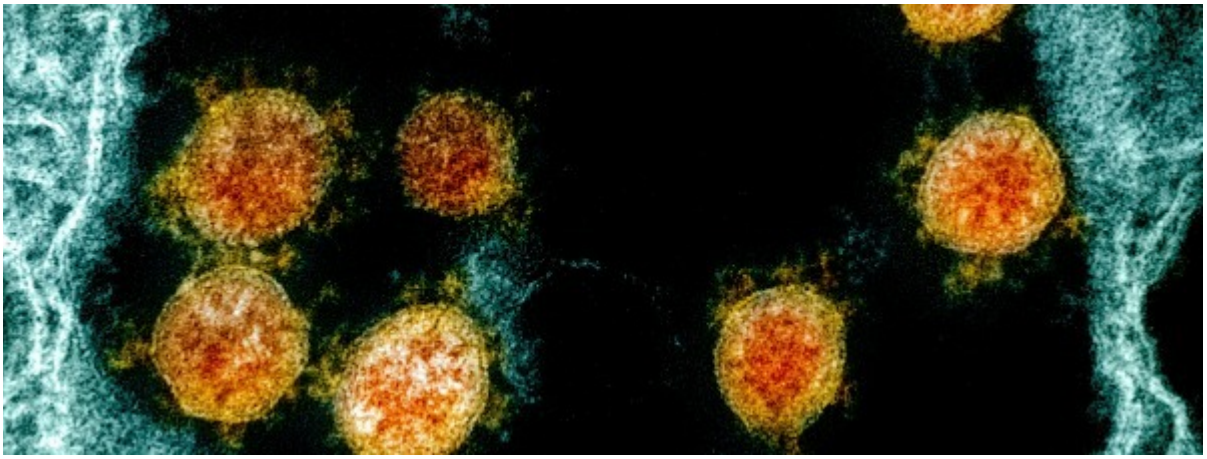
Saskatchewan saw its highest weekly average of new COVID-19 cases on Sunday, with 773.9 infections. **Nova Scotia** also logged its largest seven-day average over the weekend with 947.7 cases on Saturday, before slightly falling on Sunday to reach an average of 898.1 infections.

Both **Ontario** and Quebec saw dips in their weekly averages of new cases over the weekend, but hospitalizations remain at an all-time high. In **Quebec**, emergency rooms are already at full capacity. According to the province's health minister, the rate at which COVID-19-related hospital admissions are growing could result in 3,000 hospitalizations within a matter of weeks. The province, however, only has 1,500 ER beds. A recently leaked graphic of **Alberta** Health Services' "early warning system" also shows that non-ICU admissions to hospitals in the province will be the highest they've ever been throughout the pandemic in just two weeks.

New Brunswick saw daily case counts fall over the past week, but hospitalizations also remain high. Almost one in five hospitalizations in the province involve intensive care and 10 people are on a ventilator. For a closer, visual look at how the provinces and territories are doing, check out our interactive **COVID-19 tracking map** and see how we rank against the U.S. Click below for more stories:

- With lack of COVID testing, B.C. is 'completely flying blind,' say experts
- 'Why do I feel so guilty?' Saskatchewan residents sending rapid tests out of province
- Bearskin Lake chief says community near 'breaking point,' needs urgent federal help
- Doctors urge vigilance as some hospitals raise alarm about infants with COVID-19
- Newfoundland and Labrador reduces COVID-19 isolation time to seven days
- In Atlantic region, COVID case counts climbing as hospitals at or near capacity



The latest headlines...

In vaccines and COVID-19 therapeutics. A booster dose of the COVID-19 vaccine is capable of producing enough antibodies to "neutralize" the Omicron variant, according to new research out of Europe. Initial results showed that Omicron appeared resistant to most antibodies, including those produced in people fully vaccinated with COVID-19 vaccines, or those who were previously infected with the virus.

But after delivering a booster dose of the Pfizer-BioNTech vaccine, there was a "significant" increase in antibodies, enough to fight off the variant. This adds to the growing amount of data that shows the efficacy of booster shots in protecting against Omicron. Click below for more stories:

- U.S. FDA cuts gap for Moderna COVID-19 booster dose to five months
- Moderna CEO Bancel says people may need another booster in fall of 2022
- U.K. government advisers recommend against fourth vaccine dose

In research and data. Anyone who recently had the common cold might also have some level of protection against COVID-19 infection, a new study suggests. Researchers based in the United Kingdom examined how the presence of T-cells at the time of SARS-CoV-2 exposure can affect whether or not a person becomes infected. They discovered that a high level of pre-existing T-cells, created by the body when infected with other coronaviruses like the common cold, can protect against COVID-19 infection. Researchers note that the study is limited, with just 52 participants involved. Click below for more stories:

- N95 respirators can be safely reused after decontamination up to 25 times, study finds
- U.S. FDA warns against using throat swabs for home COVID-19 tests
- COVID-19 vaccine may affect menstrual cycle length, study finds

Around the world. As Omicron continues to ravage the globe, not only are countless countries seeing a sharp rise in daily COVID-19 cases, but the weekly average of new infections for the world as a whole continues to reach new heights. For a more detailed breakdown, take a look at our global tracker.

In **France**, President Emmanuel Macron recently said he wanted to "piss off" unvaccinated residents by making their lives so complicated that they would eventually get jabbed. Since then, protesters have rallied in cities across the country, demonstrating against the latest curbs on civil liberties that include showing proof of vaccination or a negative test to enter restaurants and bars, and use certain trains.

In **Germany**, there appears to be plans for compulsory COVID-19 vaccinations. But ruling parties are saying it could take months for lawmakers to properly debate the contentious measure in parliament. The country has also seen its share of protests against pandemic restrictions, some of which have turned violent. Meanwhile, the **United States** Supreme Court is currently weighing new vaccine policies proposed by the Biden administration on health-care workers and certain businesses.

In **Australia**, tennis great Novak Djokovic recently won a legal battle to stay in the country after the Australian government cancelled his visa upon arrival last week. Officials said Djokovic didn't qualify for an exemption to Australia's vaccination rule that all non-citizens should be fully vaccinated. Djokovic, who is scheduled to play in the Australian Open starting Jan. 17, has been a vocal opponent of COVID-19 vaccine mandates. Click below for more stories:

- Uganda's schools reopen, ending world's longest lockdown
- India starts booster shots for vulnerable amid Omicron surge
- Spanish PM calls for debate on treating COVID-19 as endemic
- China's Tianjin testing all 14 million residents after Omicron found
- African Cup opens in Cameroon under shadow of COVID-19

Your questions answered

As we continue to receive a number of Omicron-related questions from viewers, we'll take some time each week to answer them. This one comes to us from Janet:

"If you have Omicron symptoms, should you get tested before getting the booster shot?"

According to experts, the answer is yes – if possible, it's advised to take a rapid antigen or polymerase chain reaction (PCR) test to determine whether or not symptoms are related to

COVID-19 before getting vaccinated. However, given Omicron's high transmissibility and rapid spread, experts also say there's a high chance that anyone experiencing COVID-19 symptoms is likely infected with the virus.

"People who have symptoms, with the prevalence of disease that we have, likely do have COVID and if you likely have COVID, now isn't the time to rush to the booster," Dr. David Carr, an emergency physician at the University Health Network in Toronto, told CTVNews.ca in a phone interview on Wednesday. "We wouldn't recommend getting a booster shot in the course of an active infection."

Instead of rushing to get a third dose of the vaccine, both Carr and Dr. Gerald Evans, chair of Queen's University's infectious diseases division in Kingston, Ont., recommend that anyone experiencing COVID-19 symptoms should hold off until they have recovered. Getting any kind of vaccine while experiencing a viral infection can hinder the body's immune response to it, said Evans, particularly if the infection is severe.

"We don't give it to you while you're acutely ill because the vaccine seems to have less of an effect in producing the response we want from the immune system," he told CTVNews.ca on Wednesday in a phone interview. "Your immune system doesn't seem to respond as well to the vaccine as it would when you're feeling well."

According to Carr, as a general principle with vaccines, it's recommended to wait about a month after the onset of symptoms before getting vaccinated. But Evans says that the latest data suggests that there doesn't seem to be any issue with getting a COVID-19 vaccine as soon as a person's more serious symptoms have recovered.

"Once your throat's not so sore anymore, your nasal congestion is clearing up, you can breathe well [and] you're not coughing anywhere near as much as you did…then that's a reasonable time to book your vaccine," he said.

Read the entire story here.

Do you have a question about the new Omicron COVID-19 variant you'd like us to answer? ***Let us know here.***

One last thing...

With the highly transmissible Omicron variant fuelling a wave of COVID-19 cases not seen before, a growing number of Canadians are falling ill. Common indicators of mild to moderate infection include a runny nose, sore throat, headache, fatigue, muscle aches and fever.

While some may experience more severe illness, experts say most people who have at least two vaccine doses will experience mild to moderate flu-like symptoms, which can be easily treated at home. My colleague Nicole Bogart wrote about some important things to consider while taking care of yourself at home if you're sick with COVID-19.

Step 1 – Self-isolate. Stay away from other household members and avoid public settings while monitoring symptoms.

Step 2 – Have a COVID-19 supply kit stocked with items such as a thermometer, tissues, hand sanitizer and ibuprofen or acetaminophen to reduce fever, among other things.

Step 3 – Get lots of rest and drink your fluids.

For more suggestions, read the entire story here.

I hope you enjoyed this Monday edition of our newsletter. Keep an eye out for the next one.

landing in your inbox on Thursday.

Thank you for reading and have a good week,
Jennifer Ferreira, CTVNews.ca writer

Have feedback about the newsletter? Send your comments here.

For more news on the coronavirus in Canada:

Vaccine tracker: How many people have received shots?
Tracking every case of COVID-19 in Canada
LIVE UPDATES: What's the latest in Canada and around the world today

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Unifor's website is constantly being updated as new information is provided. Unifor has many websites to direct you to for assistance.

Resources:

Unifor COVID-19 Information and Resources: https://www.unifor.org/covid19
https://www.unifor.org/campaigns/all-campaigns/covid-19-information-resources

Government of Canada Outbreak Update: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

Government of Canada Income Supports for Workers/Individuals: https://www.canada.ca/en/department-finance/economic-response-plan.html

Please also check the websites of your respective provinces for any additional provincial supports or resources that may be available to you.

BCCDC website for Health info about COVID-19: www.bccdc.ca

British Columbia Centre for Disease Control (BCCDC) website: http://covid-19.bccdc.ca/

Health Issues: Dial 811 and follow your Provincial Protocols

Mental Health Issues: Dial 211 or access your EAP benefits:

Other useful websites with information

Federal Government Financial Support Resources:

Government of Canada COVID-19 Financial Assistance for Canadians Outside of Canada: https://travel.gc.ca/assistance/emergency-info/financial-assistance/covid-19-financial-help

Government of Canada Economic Plan & How to Apply for Support: https://www.canada.ca/en/department-finance/news/2020/03/canadas-covid-19-economic-response-plan-support-for-canadians-and-businesses.html

COVID - 19 Employment and Social Development Canada Information Guide: https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus.html

Canada Revenue Agency COVID-19: https://www.canada.ca/en/revenue-agency/services/covid-19-employee-info.html

Provincial Government Financial Support Resources:

BC Preparedness Response: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support

Income Assistance: https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance

Income Assistance Offices in the Lower Mainland: https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/access-services#lowermainland

Health & Preparation Resources:

COVID-19: Being prepared: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/being-prepared.html

Government of Canada Symptoms & Treatments: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html

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BC COVID-19 Symptom Self-Assessment
Tool: https://covid19.thrive.health/?fbclid=IwAR1NzQXV3eUgFa5bSimQ2wiRpXVRMZc1LPbgp5fUNIDFlK1Sc7yjhcc4aB

Health Link BC & 811: https://www.healthlinkbc.ca/services-and-resources/about-8-1-1

Other Useful Links:
World Health Organization Myth Busters: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

World Health Organization Public Advice: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
Government of Canada, Community-based Measures: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html

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If you have any questions, please contact your Local Union Representative.

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Follow phone directory to get to your Local Rep and if not available leave a message you will get a call back.

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