

Klachkova, Anastasiya (CSC/SCC)

From: Wheatley Jennifer (NHQ-AC)
Sent: February 25, 2021 12:51 PM
To: Clement Chris (NHQ-AC)
Subject: email for lain bjr.docx
Attachments: email for lain bjr.docx

Iain,

I hope all is well for you. I realize you and your team are working incredibly long days and I don't want to add to your workload, however, I was hoping we could discuss the possibility of CSC assuming responsibility for vaccinating institutional staff early in Q2.

I fully appreciate that staff vaccinations normally fall under provincial authority and in Q1 both PHAC and CSC worked continuously to engage provincial/local health authorities to facilitate vaccination of Q1 priority health care workers. These efforts were met with some success; however, as of mid-February approximately 1,535 of the 1840 eligible HCW are still to be vaccinated. Many of these unvaccinated HCW have been working in active outbreak sites throughout January and February. While I realize supply issues have in part affected these results, I would like to explore options to accelerate the vaccination of CSC staff working in our congregate living/institutional settings in keeping with the NACI priorities by CSC assuming responsibility to vaccinate staff.

As we are approaching Q2 I am concerned that the significant variation in how provinces implement the NACI priorities in Q1 will continue and that the approximate 14,000 staff who work in congregate living environments (institutions) across the country will experience inequitable access to vaccination clinics thereby increasing the risk to our institutions and inmates. Relevant to this discussion, over 539 staff have tested positive since the beginning of the pandemic – more than any other federal department. The vast majority of outbreaks we have seen in our institutions have been the result of inadvertent introduction by staff – demonstrating that vaccination of our staff is critical to protecting the institutions.

Having already vaccinated 600 older inmates in Q1, we are currently planning to vaccinate the remaining incarcerated population beginning in April of Q2. While some staff and labour partners understood the need to vaccinate older and more vulnerable inmates before staff in Q1, I anticipate significant labour partner concerns and reactions when CSC begins to offer vaccine to a larger group of inmates in April if there is not a simultaneous and public plan to vaccinate staff as well.

While vaccinating all institutional staff ourselves is not a simple task, I am confident that we have the necessary professionals across the country to facilitate this important work. CSC would not require the support of PSOHP. Furthermore, by CSC accepting responsibility to vaccinate 14,000 institutional staff, we would alleviate the vaccination and coordination burden from the provinces of vaccinating this key priority group.

To realize this plan, CSC would of course need to access vaccine for staff. Should there be a decision to extend the second dose interval beyond 42 days we could use our existing allocation of Moderna to vaccinate both institutional staff and inmates in April so long as we are resupplied prior to the time that the second dose is required. Alternatively, CSC would need an additional allocation of Moderna or another vaccine if approved by Health Canada. We would be looking for a maximum of 30,000 doses (for institutional staff as well as to address the current shortfall of unvaccinated CSC HCWs, assuming a 2 dose vaccine is required). This does not include headquarters staff (regional or national) or community based staff. While the 1,500 community based staff are also NACI Q2 priorities, as essential frontline workers, there are also groups of employees who would fall into this priority group in other government departments. As such, I am proposing to only vaccinate staff who work in congregate living environments providing care and custody to a federal population.

I realize there was a lot in this email and this is not a simple proposition. I would be happy to discuss in more detail. My team is also available and in regularly communication with your staff.