

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

Workforce and Internal Services Working Group

Record of Decision

Wednesday, March 31, 2021

11:00am – 12:15pm

MS Teams / audioconference

Present:

Nick Fabiano, ACHRM
Jennifer Wheatley, ACHS
Simon Bonk, CIO
Ghislain Sauvé, DG TSF
Kelly Hartle, CEO CORCAN
Brigitte Deblois, Director
Bev Arseneault, SNN Project Lead
Daniel Giroux, Senior Director, Internal Audit
Patricia Phee, Director LR
Carson Gaudet, PRA Regional Director HS
Anick Charette, Communications Advisor
Angela Alves, OHS Advisor
Kristina Windsor, Program Manager
Tanny King, Manager OPM, IMS

PIPSC

Steven Fréchette, PIPSC

ADCIS

Greg Fortnum, ADCIS PAC
Lesley Kenyon, ADCIS ONT
Roger Poirier, ADCIS ATL

ADHOC

Chris Clement, HS
Dan Heurter, HS
Madison VanDalen, HS
Don Timmons, WOS
Vanessa Kyle, HS
Éric Cyr, QUE
Travis Boone, L&D

Absent:

Mackenzie Lambe, Senior Director, IMS
Claude Duguay, DG LR
Geneviève Thibault, ADCIS QUE
Tony Matson, ACCS
Rob Hawkins, ACFO
JP Surette, USJE
Frank Janz, USJE
Jennifer Morse, Manager, HS

Gary Desbiens, PIPSC
Sylvain Mongrain, A/DG L&D
Steven Fiore, DG Resource Management
Marie-France Lapierre, Director WOS
Pattie Krafchuk, ADCIS PRA
Gord Robertson, UCCO
Éric Thibault, UCCO

Opening remarks- ACHRM

- **ACHRM** welcomed participants to the meeting.
- There are a few outbreaks that are continuing to be managed across the country; variants of concern in Ontario.
- Positive note- next batch of vaccines expected in next couple of weeks. Healthcare staff were in priority one, priority two, staff in congregate living are expected to start getting vaccinated. BC, MAN, much of ONT have been invited to be vaccinated. Less movement in ATL, QUE & PRA provinces. Agreed that doses we have coming to us in April to vaccinate inmates, will be used to vaccinate CSC staff (institutions, CCCs) where they aren't being vaccinated currently by the provinces, to fill those gaps.
- Kudos to the Health Services team for moving this forward.

Record of Decision – ACHRM

- Asked if there were any comments or amendments to propose on the record of decision from the last meeting. **NIL Response**

Item 1- COVID 19: Vaccination Implications for Active Screening

- **ACHS** presented a walkthrough of the one-pager and poster, with guidance that mirrors that from the provinces (Ontario).
- If a person is vaccinated, there are some typical symptoms that may occur that are not a sign of COVID.
 - Within 48 hours of COVID-19 vaccination, new onset of symptoms associated with the vaccine include headaches, fatigue, and general muscle or body aches.
 - Consensus is that if the employee experiences the above symptoms but are well enough to work, they can work.
 - If the symptoms do not resolve in 48 hours, the employee should remove themselves from the workplace, contact their manager and the local public health authority, and contact tracing should be initiated.
 - If they are experiencing one or more of these three symptoms plus another symptom common to COVID-19 (for example, a cough or fever), this guidance does not apply and they should follow public health advice at that point.
- **ADCIS PAC**- what about the privacy of staff. Can managers ask staff if they have been vaccinated?
 - In this context, there is no need for the staff member to declare their symptoms. If you've been vaccinated and have new onset of these 3 symptoms within 48 hours post-vaccination but feel well enough to work, you don't need to tell anyone you have symptoms, come on into work. In order to not be screened out at work, during active screening if you declare you are having symptoms, you would need to self-declare that these symptoms are from the vaccine in order to go into work, otherwise you would be screened out. The poster indicates this.

- **ACHRM-** managers should not be going around asking staff if they have been vaccinated. Sharing of information about getting vaccinated would only be required as Jennifer mentioned, in the case of accessing the workplace with new symptoms.
- **Angela-** from an awareness perspective, where are we telling institutions to be placing the posters so staff are informed?
 - Right beside the active screening poster which will be the most effective location. Also, the one-pager can be made available by the IH by email to their workforce.
- **ADCIS ATL-** Province announced yesterday that they will begin vaccinating correctional staff. There are many staff coming back to the workplace from IODL program. As they come back to work in May/ June, is CSC going to provide vaccines to staff coming back to work?
 - The way the provinces run it, once you are eligible, you are eligible forever. Expectation is that if staff want to get vaccinated and they were previously eligible in their jurisdiction, they call public health to get vaccinated. We are not trying to replace the provincial jurisdiction's role.
 - Congregate living environments are a Q2 priority. It was never our intent to forever play that role for the jurisdiction, only to assist jurisdictions, who due to workload and their local situation, have not yet been able to offer vaccine to staff in our congregate living environments. If CSC has administered the first dose, we are responsible to administer the second dose.
 - Collaborating with provinces to continue to plan for congregate living environments, when vaccines are available, offer them to staff and if CSC gets there first, we'll do it.
- **ADCIS ATL-** we have a lot of people residing in NB and working in Springhill. All staff working out of Springhill should be invited to get vaccinated, correct?
 - **ACHS-** This is under the provincial health authority but yes we would advocate for that.
- **ACHRM-** Provinces are moving into mass vaccinations. We are not taking over the role, it's complimentary.
- **PIPSC-** QUE beginning to vaccinate those who work in closed environments. We have psychologists who work in the community and who visit the institutions and are not on the list to get vaccinated. They should be on the list.
 - **ACHS-** in general the goal is to vaccinate those who work at the site day after day. We are in the process of creating a list of those who sometimes goes into an institution but that is not their normal workplace so we make an equitable decision for all regions while respecting the NACI guidelines, **HS will round back on this.**
- **ACHRM-** A big thank you to the HS team for all of the efforts rolling out the vaccines.

Item 2- Vaccination Clinics

- **ACHS-** As discussed, we are going to be vaccinating in mid-April in jurisdictions where the province is not yet ready to offer that, to those who work in congregate living settings.
 - Each region will run vaccination clinics depending on workforce availability.
 - With that, we will need to collect and store personal health information.
 - Information collection, storage and sharing of information will be nationally consistent.
 - Part of the vaccination program requires consent which includes basic health information to let the practitioner know if they should be asking additional questions. Paper files will be kept for 10 years and stored either by CSC or Health Canada. If HC is chosen to store these files, after second dose is administered, the file would be sent to HC for storage. **Once the way forward is finalized HS will share this information.**
 - In addition to storing it, we will be sharing staff and inmate vaccination information with the province for their vaccine database.
 - A couple of conditions require a more detailed medical conversation; such as those undergoing cancer treatment, immuno-compromised, and taking steroid medications. HS working on a one pager for staff that will advise if they have questions or concerns about getting vaccinated, to have a conversation with their medical practitioner in advance of the vaccination clinic.
 - The consent form is not unique to CSC, it is also modeled after the province's consent form.
 - Healthcare file belongs to the patient so if anyone wanted a copy or access their file, CSC will provide access.
- **CIO-** offering to work with **ACHS** and team in terms of retention and sharing of records to make it more seamless, happy to have the conversation if there is a need. **ACHS** to double-check that HS team is in contact with M. Elmore.

Item 3- Distribution Plan – Behavioural Hand Sanitizer Dispensers

- **DG TSF** presented an update:
 - Shared a working model of the dispenser with the sites, local consultations have taken place with OHS committees.
 - Document presented the numbers of dispensers and refill bags broken down by region and by site.
 - Once distributed, it leaves 200 units and 1000 refills to be stored for future use.
 - **NEXT STEP: to be presented to the advisory, steering and NHSPC next week.**

- **ADCIS QUE-** some sites didn't ask for dispensers since they already had units in use. Are we able to ask for additional units?
 - **DG TSF-** Yes no problem. Requests can come back to the working group followed by the other committees.

Round table (ALL)

ACHRM- Familial contact consultation responses have been shared with Health Services. They are taking the time to consider the comments and intend to come back to the working group next week.

ADCIS ONT- Peter Bennett will be ADCIS ONT as of April 7. **ACHRM** thanked Lesley Kenyon for her contributions to the working group.

Closing remarks

ACHRM thanked everyone for the meeting today.

DRAFT