

**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, April 14, 2021

11:00am – 12:15pm

MS Teams / audioconference

#### Present:

Nick Fabiano, ACHRM  
Tony Matson, ACCS  
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  
Steven Fiore, DG Resource Management  
Marie-France Lapierre, Director WOS  
Mackenzie Lambe, Senior Director, IMS  
Patricia Phee, Director LR  
Claude Duguay, DG LR  
Jennifer Morse, Manager, HS  
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  
Geneviève Thibault, ADCIS QUE  
Pattie Krafchuk, ADCIS PRA

#### ACFO

Rob Hawkins

#### ADHOC

Manjeet Sethi, A/ACHS  
Dan Heurter, HS  
Éric Cyr, QUE

#### Absent:

JP Surette, USJE  
Frank Janz, USJE  
Gord Robertson, UCCO  
Éric Thibault, UCCO  
Jennifer Wheatley, ACHS

Gary Desbiens, PIPSC  
Sylvain Mongrain, A/DG L&D

## Opening remarks- ACHRM

- **ACHRM** welcomed participants to the meeting.
- We are not out of the woods and in fact we are seeing upticks across the country. We are now seeing daily outbreaks and we need to be monitoring and be mindful of our infection prevention and control measures. Vaccines are starting to arrive at our institutions and this will be progressing over the next couple of weeks. We are close but not close enough, we cannot abandon what we have been doing well the past months

## 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- PPE and Infection Prevention and Control Measures

- **Brigitte Deblois and Kathy Dunn** (RN and infection control specialist) provided an update on the latest developments:
  - Kathy explained that she is here to give a plea on how serious this is. We are at a tipping point. We need to find a way to encourage best practices.
  - There are increasing cases, the impact of COVID-19 is growing on the youngest population with increasing severity, illness and deaths.
  - Growing concern on rising hospitalizations and ICU admissions. The overall burden on the healthcare system is increasing with surgeries being cancelled, children's hospitals being retrofitted to manage adult patients, field hospitals being set up as ICU critical care, etc.
  - Important that we recognize COVID fatigue; people are sick of hearing about it and want to get back to some new normal, whatever that looks like.
  - Not sure numbers are resonating anymore; severe and critical illness continues to rise.
  - There are however benefits to following PH advice and adhering to infection control measures not only at work but as individuals in the community.
- Trends:
  - Grim milestone: Canada has now averaged more COVID-19 cases per million than the US (7 day average in Canada we averaged 207 cases per million, US averaged 206 per millions).
  - Alarming global trends: Last 7 weeks, steep incline around the world and more of an influence of these emerging variants, they are more transmissible and a shift is occurring in seriousness and demographics. Middle decade individuals in ICUs now compared to previous waves.
  - Increasing role in asymptomatic transmission. We are seeing more household contacts (once it gets in your home there is almost 100% of transmission).

- ONT- reported 4000 cases in last 2 days, impacting the ICUs. What we saw happening in NY and Italy before the first wave in Canada, is what is happening in Toronto now.
- AB- last 24 hours, cases going up, variants make up at least 51% of cases.
- BC has the largest outbreak in the P1 variate (originated in Brazil). 60-70% of cases in lower mainland are of this variant, linked to Whistler. Now this variant is moving into AB.
- QUE seeing similar surges, and are implementing curfews with civil unrest as a result.
- No changes in PH recommendations, measures or infection control practices as they do work. Mounting evidence of the role of aerosols and ventilation for this particular virus. Once the virus is introduced, all you can really do is contain it, try to prevent ongoing transmission, do case contact trace for early identification and not have further introduction.
- Vaccine roll out is in front of us. Vaccines are preventative for further outbreaks or minimize the severity of illness and do not help with the surge and will not get us out of what is happening right now except for interrupting the chain of transmission.
- How can we re-energize staff? Appeal to people personally that this is a risk to them, co-workers, family and it is not a time to let our guard down. Vaccines are promising; they are effective but only one tool. As long as the virus is circulating internationally, it has an opportunity to change again and scientists are keeping track to ensure vaccines continue to work on different variants.
- **ACHRM**- the goal of having these conversations is to find a way to get through this last stretch. In addition, if there are ideas / conversations we need to have to motivate momentum, we all have our spheres of influence where we can have those conversations over the next month or so.
- **A/ACHS**- we are experiencing the effect whereby as we have now implemented so many safety measures, the perception of risk is decreasing. Fear was higher at the beginning of the pandemic and the cases were low. Now cases are high and the perception of risk has gone down. We need to somehow have better messaging to counteract this effect. Vaccination is one- if the perception of risk has decreased, then at least the vaccine will help protect them. Something to think about in our messaging.

## Item 2- Familial/Household Contact COVID-19 Algorithm

- **HS** –the familial contact guidance was presented a couple of weeks back and several questions were raised. HS reviewed the comments received, rolled them up and is here to speak to the concerns raised.
- In terms of leave, it becomes a conversation with LR folks in your regions/sites. HS is not the authority. HS can provide guidance on safe approach and what that means for the workplace.

- Spread within the home is far greater higher than anywhere else is and highlights the need to be cautious. When we look at close contact/household contact, it is the same thing. If there is a positive case in the home you are automatically a close contact of that positive case.
- CSC takes a cautious approach and we contact trace upon symptom onset (do not wait for a positive result) in an effort to prevent introduction into our congregate living environments.
- The approach we take with the bulletin aligns with the screening and questionnaire at the front gates (asks if there is someone at home who is positive/symptomatic).
- Questions about type of leave-HS worked with LR and agreed to put a link in the doc to the FAQs to provide answers on leave. HS have created an algorithm (attached in the agenda) which walks employees/managers through the situations in a simplified way.
- If a family member is positive and staff tests negative they still have to isolate for a minimum of 10 days plus an additional 14days, does this match PH advice?
  - HS did a scan across to see what the recommendations are across the country. As long as you are in a household with a positive or suspected case, your risk of getting it is still there. There is a need to follow that period of transmissibility.
- **ACHRM-** we have been dealing with the questions on leave since the beginning. Following PH advice first and foremost in terms of isolation, when to get tested etc. 699 is available as long as they are waiting to get tested. If the result is positive, then sick leave is to be used. If the result is negative and PH or CSC says they must still isolate, then 699 will be applied in those situations. Childcare is another set of circumstances or if they choose not to get tested, it does play into whether or not 699 is applied and we've been dealing with those cases. Link to Qs & As and LR will help guide these scenarios.
- **HS-** wanted to add that the cases we are talking about are symptomatic or positive individuals in the home. If we have kids coming home identified as a close contact to a positive case, they are asymptomatic and not exhibiting any symptoms, this does not apply.
- **HS-** If the application of this bulletin starts to put undue pressure the workforce within a given institutional setting, we have the ability to stand EOCs to look at those cases. This is where we can discuss risks and as a committee, make forward going decisions; can we bring people back, can we mitigate risks, alternate risks etc.  
**DECISION:** No concerns from the WISWG.  
**NEXT STEPS:** Presentation to the committees.

### Item 3- Update- Behavioural Hand Sanitizer Dispensers/refills

- **DG TSF** - The Advisory, Steering, and NHSPC committees approved the distribution plan previously presented however in the midst of the national depot starting to pack for shipment, the numbers for refills have been amended. Numbers are now even because

refills come in packages of two and for simplicity of shipping, even numbers was the solution.

- For the dispenser specifically in the QUE region – previously showing zero but now Joliette is showing 12 dispensers and Port-Cartier is showing 15. Regions followed up with sites after the last consultation and have now requested these additional units.
- **DECISION:** No concerns from the WISWG.
- **NEXT STEPS:** inform the committees next week.

#### Item 4- Procurement of HEPA Filtration Devices

- PSPC has awarded a contract for procurement of 150 HEPA air filtration devices and 100 spare filters. These are anticipated to be delivered to the national depot by April 26, 2021.
- In between, TSF is pursuing consultation with the regions: what are the areas of concern; areas of risk (program spaces, concerns with ventilation) and will then tabulate those numbers and will proportion the units accordingly.
- The contract allows for option of additional 150 devices. If needed, we will exercise the option to procure more.

Round table (ALL)

NIL

Closing remarks

**ACHRM** thanked everyone for the excellent meeting today.