

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 24, 2021

11:00am – 12:15pm

MS Teams / audioconference

Present:

Nick Fabiano, ACHRM
Tony Matson, ACCS
Simon Bonk, CIO
Ghislain Sauvé, DG TSF
Bev Arseneault, SNN Project Lead
Kelly Hartle, CEO CORCAN
Claude Duguay, DG LR
Sylvain Mongrain, A/DG L&D
Steven Fiore, DG Resource Management
Daniel Giroux, Senior Director, Internal Audit
Jennifer Morse, Manager, Health Services
Patricia Phee, Director LR
Carson Gaudet, PRA Regional Director HS
Brigitte Deblois, Director
Anick Charette, Communications Advisor
Kristina Windsor, Program Manager
Tanny King, Manager OPM, IMS
Marie-France Lapierre, Director WOS
Angela Alves, OHS Advisor

ADHOC

Chris Clement, HS
Dan Heurter, HS
Jake Pedrosa

UCCO

Gord Robertson
Éric Thibault

ACFO

Rob Hawkins

PIPSC

Steven Fréchette, PIPSC

ADCIS

Greg Fortnum, ADCIS PAC
Pattie Krafchuk, ADCIS PRA
Lesley Kenyon, ADCIS ONT
Roger Poirier, ADCIS ATL

Absent:

Mackenzie Lambe, Senior Director, IMS
Jennifer Wheatley, ACHS
Geneviève Thibault, ADCIS QUE

Gary Desbiens, PIPSC

JP Surette, USJE
Frank Janz, USJE

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Opening remarks- ACHRM

- **ACHRM** welcomed participants to the meeting.
- There are a few outbreaks; Kent is an area of concern. Variants are something we remain concerned about.
- **CIO**-had the question at Advisory Committee about phones; there are about 2000 talk and text phones that we are expecting to receive by fiscal year end. Laptops are coming in as well, but there are some supply chain issues. We are well positioned and requests are being worked through.

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- Familial Contact Guidance Document

- **HS** completed a walkthrough of the proposed guidance for CSC staff who have a familial/household contact who has developed symptoms or who has tested positive for COVID-19.
- Bulletin provides the process to follow when you have familial/household contact, when we look at household contacts, it's difficult to effectively isolate in a household setting especially now with increase of variants of concern.
- With a symptomatic/+ve case within household, want employee to be off for initial 10 day initial contact and additional 14 days for staff member's own incubation period.
- Symptomatic family member, and tests negative, then employee would be able to return to work as per normal.
- Symptomatic family member, and tests +ve or don't get tested, then a minimum of 24 days of absence from the workplace.
- Encourage sites to WFH if possible.
- **ACHRM**- Is this in practice right now? What is different with this guidance?
 - We are encouraging sites to follow this process presently, out of an abundance of caution and safety as we see the rise in variants.
 - Need to get it out formally in the form of a bulletin so that sites have guidance.
- **ACHRM**- if somebody is symptomatic, household needs to self-isolate with them, but this is not consistent across jurisdictions, correct? There are times where we get

different info from local PH authority but Our approach is how we have written it in the bulletin.

- **ADCIS PAC**- what about staff close contact who live with someone who is symptomatic but choose not to get tested until they are symptomatic. Some staff at Kent are not going to get tested unless they themselves become symptomatic even though they have been identified as a close contact. What is the organizational position on this?
 - **ACHRM** testing is voluntary. Leave provisions are clear-applicability of 699 Leave is based on PH advice. IF PH is recommending testing, you are on 699 until you get tested, if you are positive and you are sick, then you use sick leave. If public health says to get tested and you don't, it does not warrant use of 699.
- **ADCIS PAC**- Would be helpful if this process/framework could include leave provisions alongside this guidance.
 - **ACHRM**- Leave provisions are alongside this framework and each jurisdiction is testing at different times. What is clear is not being tested based on PH advice to avoid going on a different leave, does not warrant 699 leave.
- **ADCIS ATL** – Regarding the national contact tracing unit, they only do contact tracing for institutional staff correct? Cases within Administrative office, we must rely on our own internal process correct?
 - **ACHRM**- we do not do contact tracing outside of the institutional environment, PH provides all recommendations on that.
- **ADCIS ATL**- If staff refuse to be tested, and are on 699, they can be away from their post for 10-24 days.
 - **ACHRM**-Leave provisions are clear, but we need to assess and understand if the algorithm is increasing absences or not.
- **Director LR**- Under negative or not tested the wording says self-isolate until household contact is “recovered”. This is the first time we have seen this language, makes you think the person is ill and now better but in this case they are negative, perhaps use a different terminology can be used for this one.
 - **Action:** Dan Heurter & Jennifer Morse to look at this.
- **UCCO**- Confusion if people don't get tested what is criteria for 699? Grey area causes conflict.
 - **ACHRM**- current leave policy is if an employee is waiting for a test result or told to go get tested, they are entitled to 699. If results are COVID positive, then they begin sick leave. If sick leave is exhausted, there is the ability to extend 699 leave. Individuals who refuse to get tested against public health advice, 699 will end and they use other leave.
- **UCCO** – Are staff refusing testing or following health advice?
 - **ADCIS PAC**- Ex. 1- CSC staff member has symptomatic family member, local PH says family member is to get tested and recommends close contacts (family) to

get tested and then staff member refuses to get tested until they themselves become symptomatic.

- Ex. 2- Staff have been deemed close contact with COVID+ staff members at work, encouraged by PH to get tested and chose not to get tested either. Conversation has to happen around why staff would not want to get tested as it puts themselves, family and coworkers at risk. How long should someone stay on 699 for the choice to not get tested and be put on a different type of leave?
 - **ACHRM-** if the choice to not get tested extends the absence from the workplace, this is where we would step in and not extend 699 and a different type of leave is used.
- **UCCO-** if CSC asks you to get tested and you don't, where do we go with that.
 - **ACHRM-** All tests are voluntary, however a refusal to get tested could have an impact on leave.
- **Next Steps: any feedback on the guidance document to be sent to Kristina by end of day tomorrow.** If comments warrant further discussion next week, this will be brought back to the table. Otherwise will proceed to the committees next week.

Round table (ALL)

- **ADCIS PAC**
 - In relation to the situation at Kent. Through genome sequencing, some staff who are COVID positive are carrying the variant which elevates the risk of onsite transmission.
 - Last week provincial health authorities agreed to offer vaccines to staff working in congregate living settings. Looking for national guidance on how to have these conversations with these staff.
 - **ACHRM-** definitely will have a conversation in the future but in the interim- we need to ensure the operational staff in your region are aware the invitation for vaccine is available. Subsequent RTW discussions need to be reviewed on a regular basis as the situation evolves in terms of mitigation strategies, concerns raised by practitioner, etc. Initial conversations should be around vaccine availability awareness, and in due course will have more conversations about broader approach.
- **A/DG L&D-** provided an update on the 128 in ONT region. One trainer felt unsafe delivering SCBA training; during donning and doffing of equipment, had to remove their medical mask. Local management, L&D and LR worked together to propose that medical masks can be removed but only one at a time respecting the 3m distance. The employee was not satisfied. This Monday, the ESDC ruled no danger, despite that L&D will make adjustments to the SCBA training RMF adding this piece of information to ensure training is delivered as safely as possible.

- **NEXT STEPS:** Kristina to share RMF amendments with Working Group secretarially and will then proceed for information to advisory, steering and NHSPC committees.
- **DG TSF** –Regarding behavioural hand sanitizer dispensers- consultations are ongoing, and largely completed in most regions.
 - **NEXT STEPS:** TSF intends to bring this to the WG next week for discussion.
- **CEO CORCAN-** barrier installations are on track.

Closing remarks

ACHRM thanked everyone for the meeting today.

DRAFT