

Klachkova, Anastasiya (CSC/SCC)

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Sent: March 2, 2021 9:50 PM
To: Fabiano Nick (NHQ-AC)
Cc: 100-HS-ACHSO; Lane Stephanie (NHQ-AC); Clement Chris (NHQ-AC); Morse Jennifer (NHQ-AC); Gagnon Kirstan (NHQ-AC); Kyle Vanessa (NHQ-AC)
Subject: DM Speaking Notes_4 March.docx
Attachments: DM Speaking Notes_4 March.docx

Nick,

Attached are the draft speaking notes for the DM meeting on vaccines Thursday night. Can you have a look and suggest any edits and then we can send it to the boss tomorrow (maybe aim for midday if possible).

Jenn

Speaking Notes DM Meeting, March 4, 2021

- Thank you for the invitation to speak about CSC's request to vaccinate its frontline staff working in congregate living environments.
- Before I begin, I would like to thank the Public Health Agency of Canada and Health Canada for your ongoing support and collaboration over this last year. It has been a difficult year for everyone and I know our staff and inmates are safer than they otherwise would have been thanks to the expert guidance and support we continue to receive from your groups.
- For those of you less familiar with CSC, we operate 43 institutions and 14 CCCs across Canada. Currently the inmate population is 12,374 and there are 388 offenders in CCCs.
- To date we have had 16 outbreaks with 1336 inmates testing positive.
 - Due to the institutions where the outbreaks occurred, Indigenous offenders, who are over represented in our institutions, have also been disproportionately impacted with 45% percent of all positive inmates being Indigenous.
 - In addition, 10% of all positive inmates cases were visible minorities.
 - 5% of positive cases were from a women's site.
- In addition, we have had 44 inmates hospitalized for COVID-19 with tragically 5 inmates dying in hospital.
- In addition, 539 staff have tested positive since the beginning of the pandemic – more than any other federal department and many of these cases were reported because of workplace transmission.
- This is significant as half of our outbreaks involving inmates (8 of 16 outbreaks) were believed to be caused by staff unwittingly introducing COVID-19 into our sites.
- While inmates are excluded from the *Canada Health Act* and the responsibility of CSC, staff would normally receive their health care, including vaccinations, from the provinces/territories but we are not living in normal days.
- As you know, according to the NACI priorities CSC institutional health care staff are a Q1 priority and all other congregate living staff are a Q2 priority.
- Both CSC and PHAC officials have engaged provincial authorities at various tables and bilaterally to facilitate vaccinating 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 think the time has come for CSC to vaccinate its frontline staff working in congregate living environments as 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 institutions and CCCS will not get vaccinated at the same time as inmates.
- 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.

- Not vaccinating our staff at the same time or earlier than inmates also will continue to make our institutions and the people under our care and custody more vulnerable to an outbreak.
- 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. Assuming a 80-90% uptake for all staff and inmates CSC has sufficient Moderna vaccine already allocated to inmates in April to vaccinate both inmates and staff for their first dose. This would of course mean that CSC would require a second allocation in time for the second dose.
- Alternatively, CSC could undertake to vaccinate staff with Astra Zeneca in March or April although our preference would be Moderna as it will alleviate any labour concerns about using a different vaccine for staff and inmates and it would be logistically easier to manage just one vaccine if we are running concurrent staff and inmate vaccination clinics.
- I realize that I just went over a lot of material and I am happy to answer any questions you may have.