

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, February 10, 2021

11:00am – 12:15pm

MS Teams / audioconference

Present:

Nick Fabiano, ACHRM
Simon Bonk, CIO
Kelly Hartle, CEO CORCAN
Ghislain Sauvé, DG TSF
Claude Duguay, DG LR
Sylvain Mongrain, A/DG L&D
Steven Fiore, DG Resource Management
Bev Arseneault, SNN Project Lead
Jennifer Morse, Manager, Health Services
Patricia Phee, Director LR
Carson Gaudet, PRA Regional Director HS
Brigitte Deblois, Director
Anick Charette, Communications Advisor
Jennifer Wheatley
Kristina Windsor, Program Manager
Tanny King, Manager OPM, IMS

ADHOC

Roger Poirier, ATL
Don Ley, IMS
Ann Griffin, WOS
Stephen Muir, Internal Audit Sector
Eric Cyr, Regional Administrator Interventions

UCCO

Gord Robertson
Éric Thibault

USJE

JP Surette
Frank Janz

ACFO

Rob Hawkins

PIPSC

Steven Fréchette, PIPSC
Gary Desbiens, PIPSC

ADCIS

Pattie Krafchuk, ADCIS PRA
Greg Fortnum, ADCIS PAC
Lesley Kenyon, ADCIS ONT

Absent:

Mackenzie Lambe, Senior Director,
Enterprise and Client Services
Marie-France Lapierre, Director WOS
Jasmine Verge, ADCIS ATL
Tony Matson, ACCS

Daniel Giroux, Senior Director, Internal Audit

Geneviève Thibault, ADCIS QUE
Angela Alves, OHS Advisor

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Opening remarks- ACHRM

- **ACHRM** welcomed participants to the meeting.

Record of Decision – ACHRM

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

Item 1- RMF IT Services

- **IMS** completed a walkthrough of the amended risk management framework previously named IT device distribution and newly named IT Support Services.
- Changes included some rewording in the moderate risk column and in the high risk column (RED), the wording was updated to allow the flexibility to continue to deliver IT services to in support of urgent operational requirements.
- **Decision:** No concerns raised, endorsed by the working group.
- **Next Steps:** Presentation to the advisory and steering committees next week.

Round table (ALL)

- **ACHS** presented two documents that were recently amended and what the changes were.

(1) PPE guidelines- substantive change of medical mask requirement at all sites and CCCs while remainder of the changes were technical in nature (update of list of symptoms to align with PHAC's guidance, amendments to align with IRMF).

- **UCCO** raised concerns about the wording and interpretation around universal eye protection in the IRMF and MERC checklists. Wording is not being interpreted the same and causing conflict at the sites. Would like to complete sub-committee discussions and come back to this discussion.
- **ACHRM-** CSC's position will remain that it is highly recommended to wear face shields. Agreed that sub-committee discussions would take place this week with the hopes of finding precision while remaining flexible.
- **SNN Project Lead** confirmed that the wording had changed some months ago from "required" to "expected".

- **PIPSC** agreed with **UCCO** that there has been frequent confusion and misinterpretation at local OHS committee meetings of whom should be wearing what forms of PPE and at what times. This has resulted in 127s/128s.
- **USJE** inquired about medical mask use in other settings.
 - **ACHRM** confirmed that medical masks are mandatory in congregate living settings and also in Community Parole Offices. Discussions have already taken place about non-congregate living settings that that medical masks will be made available but are not required in that setting.
 - **SNN Project Lead** also noted that they are mandatory as well for training and when in vehicles.

(2) Testing Strategy- this document has not changed since the summer and now includes additional testing options:

- Rapid Point-of-Care Tests added: Panbio Antigen test and Abbott ID Now which have been integrated into the document and when one test is preferred over another.
- **UCCO-** are rapid tests as accurate as lab tests?
 - **ACHS** explained that the lab test is the “gold standard” when it comes to accuracy but has also been found to produce false positives/negatives. Panbio would be chosen in situations where you would need quick results when testing a lot of people (ex. testing asymptomatic staff or hundreds of inmates during an outbreak. Abbott ID is more sensitive and would be useful in situations such as determining if someone is ready to come out of medical isolation.
 - **ACHS** shared that there is a series of optional webinars for front line staff. Also that Kristina Ma would be able to provide a more in-depth presentation at a future working group meeting.
 - **ACHS** also requested ideas from the group on how to encourage staff to participate in asymptomatic testing.
 - **Action: Working group members** to submit any input/feedback on documents to Kristina by end of day February 11, 2021.
- **PIPSC-** explained some confusion around an email that stated that those who are at home either symptomatic or positive COVID, no longer had the option to work on contact tracing.
 - **ACHS** explained that those who contact trace need to be trained and if they are trained and available, there should be no issues for them to work in contact tracing. There is a demand to complete this work.
 - **Action: ACHS and PIPSC** to discuss the details of the email at another time to resolve the confusion.
- **ACHRM** asked **CEO CORCAN** for a brief update on office equipment delays. **CEO CORCAN** confirmed that PRA region who experienced delays had now received the orders and shipped them out. QUE also got all orders in and are shipping them out. If orders are delayed, please let **CEO CORCAN** know.
 - **Action: JP Surette** to provide update to **Dave Neufeld**.
- **ACHRM** confirmed that despite some short delays, three CTPs have begun in the past few weeks in Kingston.

Forward agenda items

- **Kristina Ma** from Health Services to be invited to provide a more in-depth presentation of the testing strategy. **Anticipated for March 3, 2021.**

Closing remarks

ACHRM thanked everyone for a great meeting.

DRAFT