

## Warren Gillis

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**From:** Warren Gillis  
**Sent:** December 2, 2020 2:22 PM  
**To:** Sean Fowler  
**Subject:** Table top exercise  
**Attachments:** PPE Inventory December 1, 2020.xlsx

We ran a table top exercise yesterday with Toko MacDonald, Janelle Minute, Khaled El Mostapha, Tony Jones and Myself. We had invited the head cook but he was unable to make it. We worked through the scenarios with our Contingency planning SO – 7.02 Epidemics and outbreaks. And with all of the scenarios we looked at what our PPE supplies were and if they would last in the event of an emergency. I have included the latest update to our PPE list.

Scenarios we decided to look at.

1. Inmate arrives from outside the NWT.
  - a. Ran through our experience with our recent inmate that came from Alberta with the RCMP. The inmate was sick and was tested for COVID.
    - i. We found we needed better communication up front with the RCMP, ask more questions get more information
    - ii. Khaled will contact the Health centre where they are coming from for more information.
    - iii. Work with Public Health beforehand to get more information – the RCMP gathered info but we needed more .
    - iv. Nurse cannot give the test right now which makes it difficult as we then have to transport the individual.
      1. Khaled is working with Jaret to see how he can get the test for the inmates who have symptoms.
  - b. What worked well.
    - i. Limiting staff interaction and having Khaled be the lead for contact during the initial phase where we were not sure if he was positive.
    - ii. More communication with staff, we did a lot but more one on one explaining how and why we doing certain things.
    - iii. Contacted Public Health and Covid test was done before the inmate set foot in the facility.
    - iv. Having a Nurse on staff to help staff with concerns etc.
2. Inmate arrives off the street and is experiencing Covid symptoms.
  - a. Work with Public Health
  - b. Place in Wet cells or CALM unit and monitored by Khaled.
  - c. Limit staff interaction
3. Inmate within the facility starts experiencing Covid symptoms.
  - a. Contact Public Health
  - b. Contact tracing

- c. Can staff go home to families
- d. Are staff expected to stay at the facility
- e. Lockdown of inmates – out on shifts
- 4. Staff starts to develop symptoms and gets tested and it comes back positive.
  - a. Contact Public Health
  - b. Contact tracing
  - c.
- 5. Staffing levels drop below pre-set staffing thresholds
  - a. Develop a pandemic plan
  - b. Find out who is available to work in emergency
  - c. Call in Management/ program staff if needed
  - d. Limit inmates out of cells- rotate them out of cells.
  - e. Change shift patterns go to 12 hour shifts.
- 6. All full-time kitchen staff are sick with Covid
  - a. Utilize relief cooks
  - b. Casual cooks
  - c. Easy meals to cook
  - d. Order in from local businesses if required.
- 7. 25%/ 50% of community has Covid.
  - a. Staffing will drop due to the outbreak
  - b. Pandemic plan in place
  - c. Continue no visits no outings in the community
  - d. Restrict access to the facility

Issues that we identified that we will continue to work on.

- 1. What happens if community spread, will we be able to get groceries.
- 2. Will other business shut down or limit business.
- 3. Public works contractors for repairs etc.
- 4. Khaled to check on getting the Okay to take COVID tests for inmates.
- 5. Staff not taking things seriously and not following protocol – DW will talk to staff and stress the importance of following the protocols that are already put in place.

We will need to work closely with public health for staff health concerns and inmate health concerns. We also need to be concerned about staff mental health as this has been going on for 8 months and you can see staff burnout. We will continue to work closely with staff and inmates.

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## **The Basics of a Tabletop Exercise and How to Get Started**

A tabletop exercise is a facilitated discussion utilizing a scenario to review and test decision-making processes and existing plans. The tabletop exercise design process facilitates conceptual understanding, identifies strengths and weaknesses and/or achieves changes in policies and procedures. The success of the exercise depends largely on group participation in the identification of problem areas and the resolution of those problems.

Participating in exercises, simulations or other activities helps you identify gaps in your plans and capabilities. It also helps you see progress toward meeting preparedness goals. Exercises are conducted to test and validate plans and capabilities.

Tabletop exercises are discussion-based, and typically follow seminars among the building block progression of exercise planning. Participants should already be familiar with their plans through a seminar or orientation. Participants will review the scenario and discuss likely actions in response to injects.

A moderator or facilitator guides players through a discussion in response to a scenario. Problems are discussed as a group, and resolution may be reached and documented for later analysis. All participants should be encouraged to participate in the discussion.

Tabletops are conducted for various purposes. These can include:

- For leaders to learn and better understand interagency capabilities of agencies
- To identify potential gaps that need to be developed in a new plan
- To test and uncover issues or validate a new procedure or plan
- Assess the capabilities of existing resources
- Increase critical thinking among leaders to identify new solutions or ideas

**Tabletop exercises are to test the plans and processes, NOT to test the participants**

### Possible scenarios

- **Inmate arrives from outside the NWT.**
- **Inmate arrives off the street and is experiencing Covid symptoms**
- **Inmate within facility starts experiencing Covid symptoms due to contact from staff.**
- **Staff starts to develop symptoms and goes and gets tested and it comes back positive.**
- **Staffing level drops below pre-set staffing threshold.**
- **Warden and Deputy Wardens are so ill that they cannot manage facility from home.**
- **All full-time kitchen staff are sick with Covid (kitchen would need a deep clean)**
- **25%, 50% of community has Covid.**