Lavigne3, Sophie (HC/SC)

From: Harper, Sharon (HC/SC)
Sent: 2020-03-30 8:26 PM
To: Owen, Michelle (HC/SC); Simpson, Pamela (HC/SC)
Cc: Bellisario, Lianne (HC/SC)
Subject: FW: National Recruitment for Human Resources

Importance: High

Please see below. We have been asked to pull together a team to do a national recruitment campaign for HR for case tracking and contact tracing. It will be fast paced to get this up and running and to see it through. Kendal wants an executive to lead this, so I wanted to reach out to you to discuss your capacity in this regard.

Please respond as soon as you see this message. I would like to have a discussion about this request at 9 am tomorrow.

I also need to get some more information from Kendal about the DM's expectations.

Sharon

From: Weber, Kendal (HC/SC)
Sent: 2020-03-30 7:43 PM
To: Harper, Sharon (HC/SC)
Cc: Hoffman, Abby (HC/SC)
Subject: National Recruitment for Human Resources

Hi Sharon –I'm on CDM right now and PTs have indicated that they need human resources for case tracking and contact tracking. The DM committed to organizing a national recruitment campaign in the short term. He asked if we could quickly pull together a task team in your group to organize this work. We know already that the Association of Faculties of Medicine is very willing to help. They have over 6,000 students in their final 2 years who are currently at home (not allowed in hospitals and not writing their final exam).

Can you pull together a team? We'll need an executive lead and the work will move quickly over the next couple of days. Can you let me know if you have an executive who could lead and the team to support?

Thanks
Kendal

Lavigne3, Sophie (HC/SC)

From: Harper, Sharon (HC/SC)
Sent: 2020-03-31 7:47 AM
To: Owen, Michelle (HC/SC); Simpson, Pamela (HC/SC)
Cc: Bellisario, Lianne (HC/SC)
Subject: FW: Recruitment Campaign
Attachments: National recruitment campaign.docx; letter to Deans .docx; Deans - Science, Health, Medicine.xlsx

See below and attached.

From: Weber, Kendal (HC/SC)
Sent: 2020-03-31 7:17 AM
To: Harper, Sharon (HC/SC); Larabie, Cheryl (HC/SC)
Cc: Hoffman, Abby (HC/SC)
Subject: Recruitment Campaign

Hi Sharon
Thanks so much for jumping in on this one. Here is a draft proposal based on my discussion with the DM last night. Your team would lead the overall project management and work closely with PHAC (they will lead on public health outreach). On the portal, Stephanie Poliquin is working in the COVID secretariat from PSC and offered to reach out to them today to make the link for us. She used to run the student recruitment program. It appears to be an easy solution to piggy back on.
As I mentioned, the DM would like to move on this quickly in the 48 hours with a proposal going out to PTs at the end of the day and have something up and running this week. I have a few calls on other items between 8 and 9:30 so we could we set up a call at 9:45 with your team. Also attached is a draft letter for universities that was pulled together yesterday and a list of contacts. The letter will need to be modified but is a start.

Cheryl – could you set up a conf call for 9:45 with Sharon, Kerry Robinson (PHAC), Stephanie Poliquin, Abby, and any names that Sharon passes along from her team.

Thanks
Kendal

National COVID-19 Volunteer Recruitment Campaign

Context:

As part of efforts to respond to COVID-19, the Government of Canada is seeking a large number of volunteers from across the country to support provinces and territories in four key areas:

1. Case tracking (data collection)
2. Contact tracing (public health)
3. Health system surge capacity
4. Lab and testing capacity (TBD)

Target groups:

- The recruitment would target 4 groups of volunteers
  - Group One: Students from Faculties of Public Health, Health, and Medicine
  - Group Two: Federal public servants deemed non essential with appropriate skill set
  - Group Three: Retired health professionals including first responders, international medical graudates
  - Group Four: Students from Faculties of Science (pending need for lab and testing capacity)

Other groups to be considered potentially at later dates in Group Five: retired law enforcement officers (police, RCMP) and reservists

Process:

- The Government of Canada would create a portal for collecting the names.
- A national call-out would be issued with the list of the types of work needed.
- Letters would be sent to universities, colleges, associations, and federal departments asking them to further distribute the call out
- Individuals would self identify and fill in a short on-line form and submit via web portal
- The GoC would collect and pass the names to provincial contacts for assignment of duties
- Health Canada/Public Health Agency could help facilitate training of the individuals
- Pay vs. volunteers: this is to be determined;

Portal:

- It is proposed that the Public Service Commission public intake portal be used to intake the volunteers. It is an established portal with capacity to collect personal information and disseminate contact information to different sites.
- A basic intake form would need to be created with name, contact information, type of work interested in, identification of any related skills or education

Next steps for completion March 31:

1. Reach out to PSC to determine portal capability (Stephanie Poliquin);
2. Draft short template for volunteers to fill in (HC-SPB)
3. Draft short proposal to be shared with PTs to validate approach (HC-SPB)

4. Reach out to a few key associations to validate the proposal and seek support (HC and PHAC for public health)
5. SAC to discuss at afternoon meeting (PHAC)
6. Draft letter to Faculties, Schools, Associations asking them to promote the call for volunteers (SPB-HC)

March 30, 2020

Dear Deans of Science, Health and Medicine,

I am writing to you today to enlist your urgent support. As you are aware, we are in a critical week for the COVID-19 pandemic in Canada. Although I am encouraged by the efforts that jurisdictions and individual Canadians are making to flatten the curve, we know there is more work to be done. As part of our efforts to flatten the curve and prepare for the surge, we are seeking a large number of volunteers from across the country and we believe that your faculty and students are well placed to assist.

There are many areas in which you can provide support. As part of our surveillance and monitoring efforts, there is a requirement for volunteers to augment capacity through the collection, management and assessment of case data and to inventory health care system assets. We need urgent assistance in detailed case tracking and contact tracing to more quickly break outbreak chains by isolating close contacts. Another important component of our strategy relates to testing. We know that achieving better outcomes is linked to enhanced testing. We are seeking your support to achieve the highest possible testing rates by leveraging your facilities and to augment the workforce through the participation of faculty and students in testing efforts.

In addition to stronger surveillance and monitoring, we are preparing the health care system for the surge. The experience of other jurisdictions has shown that health care systems will be stretched. In preparation for the surge, we are also seeking your support to identify volunteers that can augment health care human resource capacity and we believe that students can play a critical role. Another element is the development of training such that health care human resources can develop the required skills to be redeployed to areas of highest need (e.g. ICU, ventilator operation). We are also turning our attention toward best practices including frameworks for ICU management, asset planning and ethical guidelines. If you have anything to share on any of these topics, it would be most appreciated.

Many of you are also likely thinking about the recovery phase. We have a keen interest in serological testing to assess immunity as well as advancing clinical trials on an eventual vaccine and other therapeutic treatments. A better understanding of research efforts underway will help us plan for this next step.

I appreciate your attention to this matter and providing swift attention to my requests. Please direct questions, names of volunteers and submissions of information to XXXX. You have a key role to play in mitigating the impacts of this outbreak in Canada.

Sincerely,

Stephen Lucas, PhD

Deputy Minister

Health Canada

Institution	Title	First name	Last Name	Job Title	Email	Lang Pref
Acadia University	Dr.	Suzanne	Currie	Dean, Faculty of pure and applied science	suzie.currie@acadiau.ca	[redacted]
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Athabasca University	Dr.	Lisa	Carter	Dean, Science & Technology	lisac@athabascau.ca	
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Campion College	Dr.	Allison	Fizzard	Dean	allison.fizzard@uregina.ca	
Canadian Mennonite University	Dr.	Jonathan	Dueck	Vice-President Academic and Academic Dean	jdueck@cmu.ca	
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Kwantlen Polytechnic University	Dr.	Elizabeth	Worobec	Dean, Science & Horticulture	elizabeth.worobec@kpu.ca	
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Lakehead University	Dr.	Michel	Bedard	Dean, Health and Behavioural Sciences	mbedard@lakeheadu.ca	
Lakehead University	Dr.	Todd	Randall	Dean, Science and Environmental Studies	randall@lakeheadu.ca	
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McGill University	Dr.	Bruce	Lennox	Dean, Science	bruce.lennox@mcgill.ca	
McGill University	Dr.	Timothy	Evans	Director and Associate Dean of the School of Population and Global Health	timothy.evans@mcgill.ca	
McMaster University	Dr.	Paul	O'Byrne	Dean and Vice-President, Faculty of Health Sciences	deanfhs@mcmaster.ca	
McMaster University	Dr.	Maureen J.	MacDonald	Dean, Faculty of Science	deansci@mcmaster.ca	
Memorial University of Newfoundland	Dr.	Mark	Abrahams	Dean of Science, Professor of Biology	deansci@mun.ca	
Memorial University of Newfoundland	Dr.	Margaret	Steele	Dean, Medicine	deanofmedicine@med.mun.ca	

Health Canada Santé Canada

Canada

COVID-19 Response: Long-Term Care

Context, Measures to Date, and Next Steps

Briefing for SPB ADM

April 17, 2020

Purpose

To present the context, measures to date and potential next steps to respond to challenges in the long-term care sector.

Overview

- Data
- Context
- Challenges
- PT Responses
- Federal role
- Federal actions to date
- Next steps

- Annex: vulnerable seniors in other settings

Data

- Facilities may be publicly owned and operated, or privately owned and operated with public funding (on a for- or not-for-profit basis)

- There is no comprehensive national source of data on LTC facilities, and variations in P/T data pose numerous challenges
  - e.g., the unit of measurement may be beds or residents, and may be captured on annual basis (as unique or total admissions), or as snapshot in time
  - Census data on residents of collective dwellings includes nursing homes, but characterization of various categories poses challenges
  - Also, there are significant discrepancies between Census data and P/T counts

- With these caveats, the **estimated number of residents is 170,000-210,000**

- Data on **number of facilities** is more robust: **approximately 2,060**

- The mix varies considerably among P/Ts, e.g:
  - Territories: 100% public
  - QC, SK: 75% public
  - AB: 50% public
  - ON: 40% public or private NFP; 60% private FP
  - BC: approx. 1/3 each public, private NFP/FP
  - NB: 100% private NFP

Context

- Long-term care (LTC) facilities have become the front line of the COVID-19 pandemic in Canada, with devastating outbreaks in BC, ON and QC

- Once introduced, transmission of infection is rapid due to inherently challenging circumstances (e.g., congregated living / eating arrangements and high proportion of patients with dementia)

- Mortality rates in LTC account for about half of COVID deaths in Canada

- In addition, disruption to regular operations in affected facilities may have grave effects for those without COVID

- Vulnerabilities in the sector have been apparent for some time, particularly with respect to health human resources, and specifically personal support workers (PSWs) who provide the majority of hands-on care
  - This unregulated workforce is largely composed of women, often recent immigrants, and characterized by low pay, lack of benefits, and part-time work
  - Staff to resident ratios have long been considered insufficient, especially as the severity of health conditions in LTC (ie, dementia) has increased
  - Generally speaking, wages are lower in private facilities than public

Challenges in pandemic context

- **Workforce issues** have been key to the introduction of the virus, and to declining conditions in facilities
  - Workers with part-time positions at multiple sites have been a significant source of infection
  - Absenteeism due to illness, self-isolation or child care responsibilities threatens ongoing care delivery for COVID and non-COVID patients
  - Existing recruitment and retention challenges have been exacerbated by low-pay work in a dangerous environment
  - There are potential perverse incentives with income support measures (e.g., CERB may be more remunerative than continued work)
  - Pressures appear to be greater at private facilities, generally speaking

- **Infection prevention and control within and outside LTC Homes**
  - Congregate environments and, in some cases, multi-person rooms pose challenges for physical distancing
  - Potential for staff/visitors to introduce infection
  - Perception that LTC facilities have been a lower priority for PPE and public health measures such as testing and surveillance

Challenges in pandemic context, cont.

- **Maintenance of quality of care**
  - Pre-pandemic challenges were significant and have been exacerbated by needs of residents with COVID-19 and time required for protective measures
  - Restrictions on visitors have placed greater pressures on staff, as many were closely involved in the care of loved ones
  - There have been particular challenges with providing palliative care, partly due to re-direction of resources to acute care for anticipated surge (e.g., medications to assist with respiratory symptom management)

- **Social isolation**
  - Visitor restrictions and cancellation of outings has resulted in serious concerns regarding the impact of social isolation on resident well-being
  - Attempts by staff to fill the gap, e.g., by facilitating virtual contacts, is an additional strain on resources

- **Increased non-COVID mortality**
  - The extent to which general mortality in LTC has increased during the pandemic is unknown, but may be significant

Responses at the P/T level

- All P/Ts have put in place restrictions on visitors.
- Many PTs now require frequent screening/testing of residents and staff
- Most PTs have identified the LTC sector as a priority for supply of PPE, and implemented enhanced masking policies for patient contact (however, anecdotal reports of issues remain)
- Several P/Ts have implemented one worker/one site policies
  - BC is a leader in this regard, and has created a database to match workers with sites of preference, and is offering full-time hours with guaranteed equal pay
- QC has put in place various temporary wage measures (as has BC, in the context of its one worker/one site policy)
- A number of PTs are hiring and redeploying staff from other settings to LTC facilities, or calling for volunteers, student nurses, etc.
- Some PTs are taking steps to provide child care for health care workers

Responses at the P/T level, cont.

- NS has developed an outbreak toolkit to maintain quality of care
- Some PTs are providing iPads to reduce social isolation, and others are allowing visits by informal caregivers to assist with feeding and mobility
- In several P/Ts, the focus of efforts is on private facilities, whose residents are perceived as more vulnerable

Variations in P/T circumstances: sequencing and responses

- While there are highly publicized and devastating outbreaks in BC, ON and QC, other PTs have experienced little impact to date (e.g., MB, Atlantic provinces)
- As PTs learn from each other and from international experience, there are grounds for optimism that the experience of heavily impacted P/Ts may be mitigated
- Also, despite being the first jurisdiction to experience a severe outbreak, BC has successfully contained subsequent outbreaks in other facilities with rigorous case tracking and contact tracing

Federal role

- LTCs are a provincial and territorial responsibility. P/Ts may use funds through the Canada Health Transfer for LTC services, but are not required to do so, or meet national standards for doing so.

- In practice, all P/Ts provide LTC services, with variations regarding governance, cost, eligibility, etc.

- To date, the federal government has not played a role in the LTC sector
  - Major federal health system studies/initiatives have not included LTC
  - Bilateral agreements under the FPT Common Statement of Principles for Shared Health Priorities on home and community care sought to minimize institutional care and explicitly excluded LTC settings

- Departments with potential roles include:
  - Health Canada (health care)
  - PHAC (population health-seniors)
  - ESDC (seniors-general).

Federal actions to date

- In light of the current public health crisis, the federal government has taken significant steps to support the LTC sector, including:
  - Released public health guidance for LTCs (April 11)
  - Implemented income/wage support measures with implications for LTC workers
    - eligibility of part-time workers for CERB
    - transfers to P/Ts for wage top-ups for essential workers
  - Used the roster developed through the federal volunteer recruitment campaign to identify potential resources for LTC homes
    - about 4,000 registrants have self-identified as having pertinent experience
  - Responded to/is considering specific P/T requests, e.g.,
    - nursing support in NS
    - military to assist in LTCs in QC

- In addition, general measures such as facilitating procurement of personal protective equipment have the potential to assist in LTC sector

Next steps

Potential additional measures could include:

1. Considering whether existing federal measures such as PPE procurement / actions to address drug shortages could be optimized to explicitly benefit LTCs
2. Supporting the provision of palliative care in LTCs (for both COVID and non-COVID patients), through measures such as HC-led development of expert guidance (bc not PHAC mandate); facilitating procurement and distribution of key medications; other mechanisms (e.g., facilitating virtual connections with palliative specialists from less affected PTs, promoting Pallium's free online courses)
3. Identifying federal government buildings or collaborating to identify alternative housing as quarantine and self-isolation spaces and/or to facilitate physical distancing (e.g., for LTCs with multi-resident rooms)
   - Extent of P/T need - TBD
   - Requirements for such accommodations may be quite stringent (e.g., single bathrooms, lay-out to enable care provision)
4. In addition to responding to requests by PTs through national volunteer recruitment, leverage labour programs to train and identify workers to support LTCs (e.g., Canada Summer Jobs Programs)
5. Developing an expert round table or advisory committee. In the **short-term**, could develop guidance (see point 2), including a proposed approach to intensive testing and contact tracing, based on BC experience. **Medium-term (emergence),** could play a coordination role with PTs for reforms to LTC / home care / caregiving.

Annex – vulnerable seniors in other settings

Home Care

- The home care sector faced even greater challenges than LTC with recruitment and retention in the pre-pandemic period (e.g., unpaid travel time, lower wages)
- PSWs and other staff in home care are now exposed to unique challenges (e.g., even less access to PPE, and uncontrolled environments in clients' homes) while providing critical support to frail seniors in the community
- Wage incentives in LTC are likely to create greater pressures on home care, which would heighten the vulnerability of clients. Some P/Ts are re-directing home care resources to LTC facilities, which could exacerbate challenges in home care.

Seniors Residences

- These are generally private sector facilities offering accommodation and meals; personal care may be available through home care, or on a user-pay basis through the facility
- While less vulnerable than LTC in some respects (e.g., all single units; residents usually have a higher cognitive level of functioning), they face similar challenges as congregated settings of vulnerable individuals
- Governance arrangements may make interventions more challenging (while private LTC facilities receive public funding and have existing relationships with health authorities, seniors residences are not generally integrated in health system structures

Mail - Robertson, Dylan - Outlook

Begin, Martin (HC/SC) <martin.begin@canada.ca>

Fri 2021-01-08 1:06 PM

What worked?

In March 2020, Health Canada requested the support of the Public Service Commission to implement initiatives to support provinces and territories with their surge needs in response to the COVID-19 pandemic. This included the rapid launch of a national COVID-19 volunteer recruitment campaign on April 2. At the closing of the campaign on April 24, a total of 53,769 volunteers had registered in the inventory.

A team was mobilized to operationalize and manage referrals from this inventory. Overall 24,717 referrals from this inventory were made between April 24 and August 31, including public health professionals, physicians, nurses and personal support workers, to provinces and territories across the country. It was complemented by 3000 additional referrals from other federal inventories. This inventory was also used to refer volunteer candidates to support pandemic response efforts in a number of areas – including in long term care homes.

Moreover, as the pandemic response evolved, the Canadian Red Cross became a partner of this initiative once the inventory had been created – specifically in Quebec and Ontario – to enhance the collective pandemic response capacity in these provinces. Seven Public Service Commission employees also worked on interchange with the Canadian Red Cross to assist capacity-building efforts.

The campaign inventory continues to be active and is being used in the current phase of our pandemic response. Provincial stakeholders have indicated that the campaign inventory is an important resource, and the Public Service Commission and Health Canada are continuing to provide referrals and stand ready to provide further assistance if needed to assess potential candidates.

Given the type of information gathered to support contact tracing efforts, Health Canada leveraged federal public service resources with access to secure systems/equipment and security screening requirements. As this work falls under provincial jurisdiction, agreements were established to support this work, including specific training to match a variety of provincial needs. In addition, Health Canada collaborated with Statistics Canada to

implement a flexible model that can shift between provinces and territories as demands fluctuate and is scalable to support additional provincial/territorial surge capacity moving forward.

Health Canada also partnered with the Public Health Agency of Canada in the development of contact tracing training content, which was launched in September 2020.

What didn't get executed on, and why?

With the circumstances surrounding the campaign, the collection of consistent placement data proved to be challenging. For instance, standardized data and data collection and reporting processes were not established up front. As a result, provinces and territories were not collecting or tracking information on the source of the candidates they ultimately recruited. In light of this, it is difficult to provide an accurate account of how many of the referrals made to provinces and territories through this campaign resulted in placements.

That said, the campaign was successful in developing an inventory of almost 54,000 Canadians, and this roster continues to be drawn on to support overall efforts.

What lessons have we learned from all this?

The COVID-19 National Volunteer Recruitment Campaign has been described as an innovative solution to a complex and unprecedented situation. It was launched in a record time. It was effective, but could have been improved by allowing better capturing of information and data to facilitate analysis, management and reporting. Keeping volunteers informed of the status of the campaign is important to let them know how the inventory is being used.

In the context of the second wave, as we continue to leverage this volunteers inventory, up front needs assessment and reporting mechanisms have been established to allow better monitoring of its effective use going forward.

We have also developed streamlined processes to allow us to filter referrals based on the specific needs identified by provincial and territorial uses. If new inventories are created in future, time permitting, it would also be beneficial to further consult inventory users on the full range of their needs and requirements, in order to ensure that the inventory being created responds more precisely to changing needs.

BM

Thu 2021-01-07 5:18 PM

Hi. The interview won't work. I'm still trying to get answers to your questions. Do you need that tonight, or could it be tomorrow? Is your deadline Central Time or Eastern Time? Martin Martin Bégin Communications Executive, Media Relations | Gestionnaire des

From: Robertson, Dylan <Dylan.Robertson@freepress.mb.ca>
Sent: 2021-01-05 2:22 PM
To: HEALTH MEDIA SANTÉ (HC/SC) <hc.media.sc@canada.ca>
Subject: Interview request (Wed 5ET deadline) HC SPB ADM

Hello PHAC/HC folks,

Is there any chance of possibly getting an interview with Kendal Weber, the ADM overseeing strategic policy for HC? My editors would like me to file an article tomorrow evening. I would really appreciate a 10-minute phone call; I think that might be faster for you folks than trying to survey multiple branches and writing up a statement for approval.

I got these records, attached, through an FOI. I've circled the parts that interest me in red. They mention a few ideas the public service came up with to tamp down on COVID-19.

- soliciting volunteers, and not just for contact tracing (an April 17 briefing on long-term care noted "about 4,000 registrants have self-identified as having pertinent experience")
- a contact list and formal letter to university heads, asking for help recruiting students with some medical knowledge to help with testing (I'm unclear if that appeal was ever made)
- getting federal bureaucrats who are unable to do their normal jobs helping with contact-tracing calls.

  creating an inventory of unused federal properties (either sitting idle or abandoned during the pandemic) to isolate long-term care residents from outbreaks

- retooling the Canada Summer Jobs program to help with long-term care homes
- controlling for the impact of LTC staffing/pay ramp-ups on homecare

It seems to me that some of these came to life but not most of them. (For example, the provinces didn't seem to actually use most of the volunteers; I think there might have been some university labs used but not all; I am not aware of federal property being used to house LTC residents; I know StatsCan is helping with contact tracing but I don't think any other agency/dept is doing this). What I'm hoping to ask about is:

- what worked?
- what didn't get executed on, and why? (I imagine logistics, or FPT buy-in, or simply trying to maintain the core operations of govt)
- what lessons have we learned from all this?

Please look into this, and let me know. Thanks very much,

-Dylan

Dylan Robertson | Ottawa Bureau Chief