

February 16, 2021

**Delivered via Email**

Hon. Paul Merriman  
Minister, Ministry of Health  
Room 204, Legislative Building,  
2405 Legislative Drive,  
Regina, SK, S4S 0B3

Dr. Saqib Shahab  
Chief Medical Health Officer  
Office of the Chief Medical Health Officer  
Ministry of Health

The Honourable Scott Moe  
Premier of Saskatchewan  
226 Legislative Building  
Regina, SK S4S 0B3

Dear Sirs,

I write to you on behalf of over 13,000 health care and allied health workers throughout the province of Saskatchewan with respect to the administration of vaccinations for the COVID-19 virus.

Specifically, I wish to draw to your attention the shocking failure of your vaccine delivery plan to appropriately prioritize workers across the full range of interrelated job classifications on which our health care and long-term care systems depend.

As you are aware, the National Advisory Committee on Immunization (NACI) strongly recommend that all workers in health care settings be prioritized for the vaccine because of their close proximity to those who are likely to acquire COVID-19, but also suffer serious effects from this virus.

These workers have been on the front line of this fight against the spread of COVID-19 – in our hospitals, group homes, long-term care facilities, personal care homes, home care/community care services and blood distribution services. While these workers have been on the front line, the lack of visible support from your government has not gone unnoticed.

**BARBARA CAPE**  
President

**NEIL COLMIN**  
Vice-President

**JANICE PLATZKE**  
Treasurer

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In fact, you have left them understaffed resulting in increased overtime and running to provide care; your government doesn't appear to have an understanding or appreciation of what is actually happening on the front lines of this battle. Allow me to provide some snapshots of what is happening:

- Health care technologists: staff such as Cardiovascular Technologists, other Medical Radiation Technologist, Medical Lab Techs and Combined Laboratory & X-Ray Technologists (CLXTs) are often required to move from unit to unit throughout the hospital or integrated care facility where they work as they provide and interpret the various tests that are required to diagnose and provide appropriate treatment plans. Their risk of potential exposure is high because of that movement, as is the corresponding risk that they will transmit the virus throughout the facility.
- Providers of community care and home care: Continuing Care Aides (CCAs), Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) provide health care services within an individual's home or in a communal living setting, such as the Lighthouse in Saskatoon. This service is already fraught with unpredictability because of the variables in health status on a daily basis. Home care services do not have the predictability of a structured setting or the support of colleagues in the event of an adverse health event of an individual. Clients are not screened in advance of services being offered. As these are an individual's home or a communal living situation, the lack of structure for other interactions outside of these locations, such as visiting outside friends or family or locations, creates an exponential risk for their personal health and safety that cannot be dismissed or ignored.
- Group home staff: Staff who work in these settings are likewise put into a vulnerable position, along with their clients in these settings, because of the intimate, hands-on nature of their work providing assistance in the personal care and activities of daily living for each individual.
- Staff at blood donation clinics: In our allied health sector, such as Canadian Blood Services, there is no oversight or supervision of the adherence to public health orders such that the requirement for physical distancing of two meters is not adhered to in the strictest sense. This is likely done to continue to maximize the number of clients who are donating blood, including the conduct of mobile clinics that put allied health staff into a variety of work situations that expand the opportunity for infection. This is the opposite of cohorting.

- Staff at COVID test centres: for my final example, I want to highlight the unfortunate irony of the lack of a mandate to vaccinate those staff who are either conducting the actual COVID-19 tests and assessments or those who are providing the actual vaccinations. The close proximity in both of these unique work environments leaves too many opportunities for infection.

These are just a handful of examples of the movement and impact of health care and allied health workers. There are literally hundreds more examples impacting thousands of staff throughout the province.

While we appreciate that personal protective equipment (PPE) is standard issue for these staff, it is in an environment of several variants of COVID-19 that we continue to operate that has literally ‘upped the ante’ in our gamble with not vaccinating these health care and allied health staff as a priority. And while universal masking and PPE are key in arresting the spread of COVID-19, the clients, patients and residents that all of these workers encounter on a repeated and daily basis are not held to the same standard nor educated to the risks and effects of improper PPE wearing.

On behalf of not only my members within SEIU-West, but all health care and allied health workers, I implore you to reinstate the previously published sequence for these workers to receive the COVID-19 vaccines as a priority.

I look forward to your earliest possible response.

Respectfully,

A handwritten signature in black ink, appearing to read 'Barbara Cape', written in a cursive style.

Barbara Cape  
President  
SEIU-West