

# COVID 19 POC reporting

REPORTING PERIOD: Jan 17 - Jan 23, 2021.

Please note here if this report includes dates before Jan 17 dependent on your previous report. \*\*\*\*\*

Due January 27, 2021 to CRHEM.PLAN@gov.bc.ca

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
	Each site should have one row in the tab, please add in additional rows if you new sites that have opened in this reporting period.
	If there is no new information/data, please replace [data required] with "0" (data) or "no implementation"
<b>Fields</b>	<b>Notes</b>
# Tests deployed	PHSA Supply Chain to complete on behalf of HAs
Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period

Withheld pursuant to/removed as

NR

NR

Provincial Health Services Authority*	6408	[data required]	Surrey Pretrial Correctional Centre	Corrections	N/A	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	75	20
			North Fraser Pretrial Correctional Centre	Corrections	N/A		46	3
			Alouette Correctional Centre for women	Corrections	N/A		8	0
			Okanagan Correctional Centre	Corrections	N/A		3	0
			Prince George Correctional Centre	Corrections	N/A		0	0
			Vancouver Island Correctional Centre	Corrections	N/A		0	0
			Kamloops Correctional Centre	Corrections	N/A		0	0
			Fraser Regional Correctional Centre	Corrections	N/A		0	0
			Nanaimo Correctional Centre	Corrections	N/A		0	0
			Ford Mountain Correctional Centre	Corrections	N/A		0	0

NR

BC total	14800	N/A				219	23	
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\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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# COVID 19 POC reporting

**REPORTING PERIOD: Jan 6 (or the last date of your previous report) - Jan 9, 2021.**

**Future reporting reports will be Sunday - Saturday**

**Please note here if this report includes dates before Jan 6 dependent on your previous report. \*\*\*\*\***

**Due January 13, 2021 to CRHEM.PLAN@gov.bc.ca**

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
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# of positives	# of positive tests on patients in the reporting period

ABBOTT ID NOW

Health authority partner	# Tests deployed	Date deployed	Site or Location (city/community)	Start date of testing	Use	If MHO discretion - please specify the population	Partner organizations	Treatment of positive and negative results	# Tests used in the reporting period	# of positives from patients	Notes
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NR

	0	N/A	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO	59	1
	0	N/A	North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		69	1

Provincial Health Services Authority*	192	08-Jan-21	Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health	and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	0	0
	192	08-Jan-21	Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		0	0
	0	N/A	Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		0	0
	0	N/A	Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		0	0
	0	N/A	Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		0	0
	0	N/A	Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		0	0
	0	N/A	Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		0	0
	0	N/A	Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		0	0
NR										
BC total	384	N/A							203	2

\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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NR

# COVID 19 POC reporting

**REPORTING PERIOD: Jan 17 - Jan 23, 2021.**

**Please note here if this report includes dates before Jan 17 dependent on your previous report. \*\*\*\*\***

**Due January 27, 2021 to CRHEM.PLAN@gov.bc.ca**

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
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Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period

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NR

Provincial Health Services Authority*	[data required]	[data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	71	1
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		40	1
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		10	0
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		10	0
			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		0	0
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		10	0
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		0	0
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		0	0
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		0	0
			Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		0	0

NR

BC total		N/A									
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\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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# COVID 19 POC reporting

REPORTING PERIOD: Jan 24 - Jan 30, 2021.

Please note here if this report includes dates before Jan 17 dependent on your previous report. \*\*\*\*\*

Due February 2, 2021 to CRHEM.PLAN@gov.bc.ca

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
	Each site should have one row in the tab, please add in additional rows if you new sites that have opened in this reporting period.
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<b>Fields</b>	<b>Notes</b>
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Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period



NR

Provincial Health Services Authority*	[data required]	[data required]	Surrey Pretrial Correctional Centre	Corrections	N/A	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	67	1	
			North Fraser Pretrial Correctional Centre	Corrections	N/A		46	1	
			Alouette Correctional Centre for women	Corrections	N/A		9	1	
			Okanagan Correctional Centre	Corrections	N/A		17	0	
			Prince George Correctional Centre	Corrections	N/A		21	0	
			Vancouver Island Correctional Centre	Corrections	N/A		22	0	
			Kamloops Correctional Centre	Corrections	N/A		8	0	
			Fraser Regional Correctional Centre	Corrections	N/A		[data required]	[data required]	
			Nanaimo Correctional Centre	Corrections	N/A		[data required]	[data required]	
			Ford Mountain Correctional Centre	Corrections	N/A		[data required]	[data required]	
NR									
BC total		N/A					205	3	

\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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ABBOTT ID NOW

Health authority partner	# Tests deployed	Date deployed	Site or Location (city/community)	Start date of testing	Use	If MHO discretion - please specify the population	Partner organizations	Treatment of positive and negative results	# Tests used in the reporting period	# of positives from patients	Notes
Provincial Health Services Authority*	[PHSA Supply Chain data required]	[PHSA Supply Chain data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health	59 used	1	
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		69 used	1	
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]	

			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health	officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	[data required]	[data required]	
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		[data required]	[data required]	
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]	
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]	
NR			Ford Mountain Correctional	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
			[data required]	[data required]	[data required]	[data required]	[data required]	[data required]	[data required]	[data required]	
BC total		N/A									

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\*\* Provincial Allocation only

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NR

# COVID 19 POC reporting

**REPORTING PERIOD: Jan 17 - Jan 23, 2021.**

**Please note here if this report includes dates before Jan 17 dependent on your previous report. \*\*\*\*\***

**Due January 27, 2021 to CRHEM.PLAN@gov.bc.ca**

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
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	If there is no new information/data, please replace [data required] with "0" (data) or "no implementation"
<b>Fields</b>	<b>Notes</b>
# Tests deployed	PHSA Supply Chain to complete on behalf of HAs
Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period



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NR										
Provincial Health Services Authority*	[data required]	[data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	75	20
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		46	3
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		8	0
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		3	0
			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		0	0
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		0	0
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]
			Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]

BC total		N/A									
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\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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NR

# COVID 19 POC reporting

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete both tabs for POC test kit usage
	Please add in additional rows if you have additional sites

Fields	Notes
# Tests deployed	PHSA Supply Chain to complete on behalf of HAs
Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy
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Partner organizations	if any, please note (ex: FNHA)
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period
# of positives	# of positive tests in the reporting period
# of tests used for other purposes	# of kits used for other purposes (wastage, validation use, etc)

ABBOTT ID NOW

Health authority partner	# Tests deployed	Date deployed	Site or Location (city/community)	Start date of testing	Use	If MHO discretion - please specify the population	Partner organizations	Treatment of positive and negative results	# Tests used in the reporting period on patients	# of positives from patients	# of tests used for other purposes (wastage, validation)
Provincial Health Services Authority*	[PHSA supply chain to complete]	[PHSA supply chain to complete]	Surrey Pretrail Correctional Center	21-Jan-20	Corrections	Corrections	FHA		52	1	N/A orientation
			North Fraser Pretrial Correctional Center	22-Jan	Corrections	Corrections	FHA		48	1	N/A orientation
			Allowette Correctional center for women	14-Jan	Corrections	Corrections	FHA				
			Okanagan Correctional Center	14-Jan	Corrections	Corrections	IHA				
			Prince George Correctional Center	16-Jan	Corrections	Corrections	NHA				
			Vancouver Island Correctional Center	21-Jan	Corrections	Corrections	VIHA				
			Kamploops Correctional Center	26-Jan	Corrections	Corrections	IHA				
			Fraser Regional Correctional Center	02-Feb	Corrections	Corrections	FHA				
			Nanaimo Correctional Center	06-Feb	Corrections	Corrections	VIHA				
			Ford Mountain correctional center	14-Feb	Corrections	Corrections	FHA				
BC total											

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\*\* Provincial Allocation only

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# COVID 19 POC reporting

**REPORTING PERIOD: Jan 6 - Jan 12, 2021 (Wednesday - Tuesday)**

**\*if you are including data before Jan 6 that was missing from your previous report, OR you are unable to report up to Jan 12, please note the dates of reporting here:**

**Due January 13, 2021 to CRHEM.PLAN@gov.bc.ca**

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Provincial Health Services Authority*	[PHSA Supply Chain data required]	[PHSA Supply Chain data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further	23	1	28 QC test/2 manchine/day 8 education	
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		35	1	28 daily QC test/2 machines /day 6	
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		[data required]	[data required]	[data required]	
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]	[data required]	
			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		[data required]	[data required]	[data required]	
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		[data required]	[data required]	[data required]	



NR			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health	instructions from MD's/medical health officer.	[data required]	[data required]	[data required]	
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	[data required]	
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]	[data required]	
			Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	[data required]	
BC total		N/A										

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\*\* Provincial Allocation only

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NR

# COVID 19 POC reporting

**REPORTING PERIOD: Jan 6 (or the last date of your previous report) - Jan 9, 2021.**

**Future reporting reports will be Sunday - Saturday**

**Please note here if this report includes dates before Jan 6 dependent on your previous report. \*\*\*\*\***

**Due January 13, 2021 to CRHEM.PLAN@gov.bc.ca**

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NR

Provincial Health Services Authority*	[PHSA Supply Chain data required]	[PHSA Supply Chain data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health	59 used	1
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		69 used	1
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		[data required]	[data required]
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]

NR			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health	officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	[data required]	[data required]	
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		[data required]	[data required]	
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]	
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]	
	Ford Mountain Correctional	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]			
				[data required]	[data required]	[data required]	[data required]	[data required]	[data required]		
BC total		N/A	[data required]	[data required]	[data required]	[data required]	[data required]	[data required]	[data required]		

\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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**Reporting period (2020/21):**

Week	Covering dates of	Reported submitted to HC/MO
1	Start of implementation to Jan 5, 2021	08-Jan
2	Jan 6-9	15-Jan
3	Jan 10-16	
4	Jan 17-23	
5	Jan 24-30	
6	Jan 21 - Feb 6	
7		
8		
9		
10		

Health Authority	Name of Site	Type of Site	Number of Tests Used[1]	Positive results on patients	Notes
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PHSA	Surrey Pretrial Correctional Centre	Corrections	339	26	
	North Fraser Pretrial Correctional Centre	Corrections	277	6	
	Alouette Correctional Centre for women	Corrections	31	1	
	Okanagan Correctional Centre	Corrections	34	0	
	Prince George Correctional Centre	Corrections	21	0	
	Vancouver Island Correctional Centre	Corrections	32	0	
	Kamloops Correctional Centre	Corrections	8	0	
	Fraser Regional Correctional Centre	Corrections	0	0	Planned
	Nanaimo Correctional Centre	Corrections	0	0	Planned
	Ford Mountain Correctional Centre	Corrections	0	0	Planned

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Type of Site	Number of Tests Used[1]	Positive results on patients
Corrections	742	33
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Week	Site	Type of Site	Used	Positives
1	Surrey Pretrial Correctional Centre	Corrections	52	
2	Surrey Pretrial Correctional Centre	Corrections	23	1
3	Surrey Pretrial Correctional Centre	Corrections	51	3
4	Surrey Pretrial Correctional Centre	Corrections	75	20
5	Surrey Pretrial Correctional Centre	Corrections	71	1
6	Surrey Pretrial Correctional Centre	Corrections	67	1
7	Surrey Pretrial Correctional Centre	Corrections		
8	Surrey Pretrial Correctional Centre	Corrections		
9	Surrey Pretrial Correctional Centre	Corrections		
10	Surrey Pretrial Correctional Centre	Corrections		

<b>TOTAL</b>			<b>339</b>	<b>26</b>

Week	Site	Type of Site	Used	Positives
	North Fraser Pretrial			
1	Correctional Centre	Corrections	48	
	North Fraser Pretrial			
2	Correctional Centre	Corrections	35	1
	North Fraser Pretrial			
3	Correctional Centre	Corrections	62	0
	North Fraser Pretrial			
4	Correctional Centre	Corrections	46	3
	North Fraser Pretrial			
5	Correctional Centre	Corrections	40	1
	North Fraser Pretrial			
6	Correctional Centre	Corrections	46	1
	North Fraser Pretrial			
7	Correctional Centre	Corrections		
	North Fraser Pretrial			
8	Correctional Centre	Corrections		
	North Fraser Pretrial			
9	Correctional Centre	Corrections		
	North Fraser Pretrial			
10	Correctional Centre	Corrections		
<b>TOTAL</b>			<b>277</b>	<b>6</b>

Week	Site	Type of Site	Used	Positives
	Alouette Correctional Centre for			
1	women	Corrections	0	0
	Alouette Correctional Centre for			
2	women	Corrections	0	0
	Alouette Correctional Centre for			
3	women	Corrections	4	0
	Alouette Correctional Centre for			
4	women	Corrections	8	0
	Alouette Correctional Centre for			
5	women	Corrections	10	0
	Alouette Correctional Centre for			
6	women	Corrections	9	1
	Alouette Correctional Centre for			
7	women	Corrections		

Alouette Correctional Centre for 8 women	Corrections		
Alouette Correctional Centre for 9 women	Corrections		
Alouette Correctional Centre for 10 women	Corrections		
<b>TOTAL</b>		<b>31</b>	<b>1</b>

Week	Site	Type of Site	Used	Positives
1	Okanagan Correctional Centre	Corrections	0	0
2	Okanagan Correctional Centre	Corrections	0	0
3	Okanagan Correctional Centre	Corrections	4	0
4	Okanagan Correctional Centre	Corrections	3	0
5	Okanagan Correctional Centre	Corrections	10	0
6	Okanagan Correctional Centre	Corrections	17	
7	Okanagan Correctional Centre	Corrections		
8	Okanagan Correctional Centre	Corrections		
9	Okanagan Correctional Centre	Corrections		
10	Okanagan Correctional Centre	Corrections		
<b>TOTAL</b>			<b>34</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Prince George Correctional Centre	Corrections	0	0
2	Prince George Correctional Centre	Corrections	0	0
3	Prince George Correctional Centre	Corrections	0	0
4	Prince George Correctional Centre	Corrections	0	0
5	Prince George Correctional Centre	Corrections	0	0
6	Prince George Correctional Centre	Corrections	21	0
7	Prince George Correctional Centre	Corrections		
8	Prince George Correctional Centre	Corrections		
9	Prince George Correctional Centre	Corrections		
10	Prince George Correctional Centre	Corrections		
<b>TOTAL</b>			<b>21</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Vancouver Island Correctional Centre	Corrections	0	0

	Vancouver Island Correctional			
2	Centre	Corrections	0	0
	Vancouver Island Correctional			
3	Centre	Corrections	0	0
	Vancouver Island Correctional			
4	Centre	Corrections	10	0
	Vancouver Island Correctional			
5	Centre	Corrections	22	0
	Vancouver Island Correctional			
6	Centre	Corrections		
	Vancouver Island Correctional			
7	Centre	Corrections		
	Vancouver Island Correctional			
8	Centre	Corrections		
	Vancouver Island Correctional			
9	Centre	Corrections		
	Vancouver Island Correctional			
10	Centre	Corrections		
<b>TOTAL</b>			<b>32</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Kamloops Correctional Centre	Corrections	0	0
2	Kamloops Correctional Centre	Corrections	0	0
3	Kamloops Correctional Centre	Corrections	0	0
4	Kamloops Correctional Centre	Corrections	0	0
5	Kamloops Correctional Centre	Corrections	8	0
6	Kamloops Correctional Centre	Corrections		
7	Kamloops Correctional Centre	Corrections		
8	Kamloops Correctional Centre	Corrections		
9	Kamloops Correctional Centre	Corrections		
10	Kamloops Correctional Centre	Corrections		
<b>TOTAL</b>			<b>8</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Fraser Regional Correctional Cent	Corrections		
	Fraser Regional Correctional			
2	Centre	Corrections		
	Fraser Regional Correctional			
3	Centre	Corrections		

Fraser Regional Correctional 4 Centre	Corrections		
Fraser Regional Correctional 5 Centre	Corrections		
Fraser Regional Correctional 6 Centre	Corrections		
Fraser Regional Correctional 7 Centre	Corrections		
Fraser Regional Correctional 8 Centre	Corrections		
Fraser Regional Correctional 9 Centre	Corrections		
Fraser Regional Correctional 10 Centre	Corrections		
<b>TOTAL</b>		<b>0</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Nanaimo Correctional Centre	Corrections	0	0
2	Nanaimo Correctional Centre		0	0
3	Nanaimo Correctional Centre		0	0
4	Nanaimo Correctional Centre		0	0
5	Nanaimo Correctional Centre			
6	Nanaimo Correctional Centre			
7	Nanaimo Correctional Centre			
8	Nanaimo Correctional Centre			
9	Nanaimo Correctional Centre			
10	Nanaimo Correctional Centre			
<b>TOTAL</b>			<b>0</b>	<b>0</b>

Week	Site	Type of Site	Used	Positives
1	Ford Mountain Correctional Centre	Corrections	0	0
2	Ford Mountain Correctional Centre	Corrections	0	0
3	Ford Mountain Correctional Centre	Corrections	0	0
4	Ford Mountain Correctional Centre	Corrections	0	0
5	Ford Mountain Correctional Centre	Corrections		

6	Ford Mountain Correctional Centre	Corrections		
7	Ford Mountain Correctional Centre	Corrections		
8	Ford Mountain Correctional Centre	Corrections		
9	Ford Mountain Correctional Centre	Corrections		
10	Ford Mountain Correctional Centre	Corrections		
<b>TOTAL</b>			<b>0</b>	<b>0</b>

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# COVID 19 POC reporting

REPORTING PERIOD: Jan 10 - Jan 16, 2021.

Please note here if this report includes dates before Jan 10 dependent on your previous report. \*\*\*\*\*

Due January 20, 2021 to CRHEM.PLAN@gov.bc.ca

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
	Each site should have one row in the tab, please add in additional rows if you new sites that have opened in this reporting period.
	If there is no new information/data, please replace [data required] with "0" (data) or "no implementation"
<b>Fields</b>	<b>Notes</b>
# Tests deployed	PHSA Supply Chain to complete on behalf of HAs
Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period

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Health authority partner	# Tests deployed	Date deployed	Site or Location (city/community)	Start date of testing	Use	If MHO discretion - please specify the population	Partner organizations	Treatment of positive and negative results	# Tests used in the reporting period	# of positives from patients	Notes
Provincial Health	PHSA Supply Chain	PHSA Supply Chain	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second	51	3	
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		62	0	
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		4	0	

Provincial Health Services Authority*	[data required]	[data required]	Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health	swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	4	0	
			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		[data required]	[data required]	
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		[data required]	[data required]	
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]	
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]	
			Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]	
NR											
BC total		N/A									

\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only

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# COVID 19 POC reporting

REPORTING PERIOD: Jan 17 - Jan 23, 2021.

Please note here if this report includes dates before Jan 17 dependent on your previous report. \*\*\*\*\*

Due January 27, 2021 to CRHEM.PLAN@gov.bc.ca

<b>Purpose:</b>	To enable federally required reporting on POC test kit usage.
<b>Instructions:</b>	Please complete all <b>three</b> tabs for POC test kit usage
	Each site should have one row in the tab, please add in additional rows if you new sites that have opened in this reporting period.
	If there is no new information/data, please replace [data required] with "0" (data) or "no implementation"
<b>Fields</b>	<b>Notes</b>
# Tests deployed	PHSA Supply Chain to complete on behalf of HAs
Date deployed	PHSA Supply Chain to complete on behalf of HAs
Site or Location (city/community)	Provide the location/city of each site
Start date of testing	Date POC testing went live
Use	Drop down box with categories aligning with the POC testing strategy, or other (wastage, validation)
If MHO discretion - please specify the population	Only required if use is "MHO discretion" - Please note the population/setting of implementation
Partner organizations	if any, please note (ex: FNHA). If none, please put <b>No partners</b>
Treatment of positive and negative results	One time report - very high level bullets detailing the process for 1) positive result and 2) negative result.
# of tests used	# of tests used in the reporting period (inclusive of testing, wastage, training and validation)
# of positives	# of positive tests on patients in the reporting period

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Provincial Health Services Authority*	[data required]	[data required]	Surrey Pretrial Correctional Centre	21-Dec-20	Corrections	N/A	Fraser Health	A second swab is collected for positives and sent to BCCDC for further validation. MHO and MD's notified. If client refuses a second swab to be sent to BCCDC, medical health officer and MD notified, and clients are placed on isolation until further instructions from MD's/medical health officer.	75	20
			North Fraser Pretrial Correctional Centre	22-Dec-20	Corrections	N/A	Fraser Health		46	3
			Alouette Correctional Centre for women	14-Jan-21	Corrections	N/A	Fraser Health		8	0
			Okanagan Correctional Centre	14-Jan-21	Corrections	N/A	Interior Health		3	0
			Prince George Correctional Centre	16-Jan-21	Corrections	N/A	Northern Health		0	0
			Vancouver Island Correctional Centre	21-Jan-21	Corrections	N/A	Island Health		0	0
			Kamloops Correctional Centre	26-Jan-21	Corrections	N/A	Interior Health		[data required]	[data required]
			Fraser Regional Correctional Centre	02-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]
			Nanaimo Correctional Centre	06-Feb-21	Corrections	N/A	island Health		[data required]	[data required]
			Ford Mountain Correctional Centre	14-Feb-21	Corrections	N/A	Fraser Health		[data required]	[data required]

BC total		N/A									
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\* Inclusive of all PHSA sites  
\*\* Provincial Allocation only



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Ministry of  
Public Safety and  
Solicitor General

BC Corrections  
Adult Custody Division

# **COVID-19 Contingency Plan**

## Induction Unit and Isolation Guidelines

Version 0.6  
April 9, 2020

## Document Revision History

Doc Rev	Description	Author	Date
0.6	<p>This version contains the following changes:</p> <ul style="list-style-type: none"><li>• New format/layout</li><li>• Added version history and tracking</li><li>• Added list of people/groups/resources that contributed to the development of this document</li><li>• Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units</li><li>• Added 'meal service' section for Induction Units</li><li>• Updated 'laundry and waste disposal' section for Isolation Protocols</li></ul>	Matt Lang	2020-04-09

## Introduction

This document outlines guiding principles for the operation of Induction Units and use of Isolation protocols. These strategies are part of BC Corrections' contingency plan to prevent the introduction and spread of COVID-19 into correctional centres. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission of novel coronavirus. These guidelines have been prepared in consultation with the Provincial Health Services Authority (PHSA) Correctional Health Services (CHS), the Public Service Agency Workplace Health and Safety and through reference to information from the BC Centre for Disease Control (BCCDC) and the World Health Organization.

As the circumstances related to COVID-19 continue to change, these guidelines may be adapted as new information is available, new orders are issued by the Provincial Health Officer, or new direction comes from the Public Service Agency or WorkSafeBC. Changes and updates to this document are recorded in the "Document Revision History".

Induction Units and Isolation protocols may need to be adapted based on individual centres' physical space, staffing, population, operations, and other resources and conditions. Centres should contact PHSA, Correctional Health Services (CHS) for assistance in applying these practices.

## Rationale

- There are many opportunities for COVID-19 to be introduced into a correctional centre:
  - Admission of new intake who may have been exposed to COVID-19 in the community;

- Movements in and out of correctional centres for people to appear in court or attend medical appointments;
  - Transfer of individuals between centres; and,
  - Daily attendance of correctional staff, health workers, food service personnel, and other service providers.
- People in custody often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
  - People in custody live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread if it is introduced into a centre.
  - Persons incarcerated in correctional centres are often vulnerable to such communicable diseases due to poor health and/or immune function.
  - In most cases, incarcerated persons are not permitted to leave the facility.
  - Options for medical isolation additional precautions (droplet and contact precautions) of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
  - Because limited outside information is available to many incarcerated persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.

## Definitions

### *Routine Practices*

Routine Practices help prevent the spread of many infections, including COVID-19. They include:

- Frequent hand washing;
- When coughing or sneezing, cough or sneeze into a tissue or the bend of the arm, dispose of any tissues as soon as possible, and wash hands afterwards;
- Physical distancing; and,
- Regular cleaning/disinfecting of high-touch surfaces.

### *Physical (Social) Distancing*

Physical (social) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. It means minimizing close contact with others, which includes:

- Avoiding gathering in groups;

- Avoiding common greetings, such as handshakes;
- Avoiding touching one's eyes, nose and mouth;
- Limiting contact with people at higher risk, such as older adults and those in poor health; and,
- Keeping a distance of at least 2 arms-length (approximately 2 metres) from others.

#### *Contact and Droplet Precautions*

In addition to Routine Practices, these are additional precautions for suspected or confirmed cases of COVID-19. They include:

- Use of Personal Protective Equipment (PPE); and,
- Enhanced cleaning/disinfecting procedures.

#### *Cohort*

Refers to the practice of grouping individuals.

#### *Induction Unit*

A dedicated unit to house all new admissions for a 14-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit.

#### *Isolation Protocols*

Refers to the physical isolation of an individual that is subject to Contact and Droplet Precautions. These apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases.

#### *Close Contact*

In the context of COVID-19, an individual is considered a close contact if they:

- Have had close prolonged contact (i.e. within 2 metres for a prolonged period) with a suspected or confirmed case of COVID-19; or,
- Have had direct contact with infectious bodily fluids (e.g. was coughed or sneezed on) of a suspected or confirmed COVID-19 case while not wearing PPE.

## Induction Units

### Guidelines

- All new admissions are housed on an induction unit for a 14-day assessment period to monitor for signs of COVID-19 prior to being placed onto a regular living unit.
- Prior to cell assignment, any areas such as holding cells, showers and benches are cleaned between groups of new admissions.
- While in an induction unit, inmates will be:
  - Housed in a single cell as a single occupant (double-bunking is not permitted);
  - Kept in separate cohorts based on admission dates; and
  - Offered time out of their cells either with other members of their cohort or, when safety/security concerns prevent time out of their cell for an individual with their cohort (e.g. due to contact concerns), individually.
- Wherever possible, inmate time out of cell will meet or exceed the minimum 2.5 hours required by Adult Custody Policy.
- The confining of any inmate to their cell for more 20 hours per day (i.e. they are offered less than 4 hours time out of their cell) must be authorized under the separate confinement provisions of the Correction Act Regulation.
- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependant on the ability to maintain physical distancing.
- Wherever possible, cell doors should be opened remotely instead of staff having to key and touch doors.
- Asymptomatic individuals do not need to wear PPE.
- Staff supervising an induction unit (with no suspected or confirmed exposure to a COVID-19 case) do not need to wear PPE.
- Individuals (staff and inmates) assigned to Induction Units should receive training in Routine Practices (hand washing, coughing/sneezing etiquette, and physical distancing) and cleaning/disinfecting procedures.

### Meal service

- Centres are to develop procedures to ensure individuals/cohorts do not contaminate meals for other individuals/cohorts.
- At a minimum, those procedures must include:
  - Cleanliness requirements;

- Physical distancing requirements as/when meals are collected and for the duration of the meal period; and,
  - Disinfection of any meal service items (trays, bowls, meal carts, etc.) before they are returned to the kitchen.
- If possible, meals for Induction Units should be served in disposable containers that are disposed of after use.

#### Additional considerations:

- Installation of a physical marker (e.g. tape) on the floor surrounding the staff station to clearly indicate the appropriate physical distancing from where staff sit at the desk.
- Installation of additional visual markers (e.g. tape) on unit floor to serve as a reminders of physical distancing requirements.
- Installation of signage outside the Induction Unit door to instruct all staff and contractors of the Routine Practices and any other precautions that are in effect in that area.
- Clear and frequent communication with people in custody about changes to their daily routine and how they can contribute to risk reduction.
- Provision of regular informational sessions by correctional staff and health professionals to provide information and answer questions about COVID-19.
- Identification of alternative forms of activity to replace group activities to support the mental health of people in custody.

#### If an individual in a cohort becomes symptomatic

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols (see below).
- The remainder of the cohort is placed on Isolation Protocols.
- If the individual is tested for COVID-19 and tests **positive**:
  - The cohort remains on Isolation Protocols; and,
  - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.
- If the individual is tested for COVID-19 and tests **negative**:
  - If the individual is asymptomatic and cleared by a health professional, then they can be removed from isolation and returned to the cohort;
  - The cohort can be removed from Isolation Protocols; and,
  - The 14-day assessment period resumes (it does not need to restart).
- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):

- The cohort remains on Isolation Protocols; and,
- The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.

### Health care surveillance

- Health professionals will conduct periodic checks of inmates in Induction Units.
- A health professional will identify to correctional staff if there are any concerns with one or more individuals.
- Surveillance protocols and frequency will be determined by PHSA CHS.

### Exit screening

- When individuals complete a 14-day assessment period without displaying any symptoms, they can be moved to a regular living unit.
- No additional screening is required.

### Cleaning and disinfecting procedures

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure all Induction Unit common areas are sanitized several times per day.
- At a minimum, common areas must be cleaned twice daily and after each cohort/individual has been permitted time out of their cells.
- Objects and areas that must be regularly cleaned include:
  - High-touch surfaces;
  - Door handles and light switches;
  - Common toilet, washroom, shower facilities;
  - Kitchen areas, including appliances, countertops, sink handles, cabinet door handles;
  - Telephones;
  - Recreational equipment; and,
  - Any other appliances/equipment that individuals use during time out of their cells.



- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, keys, handcuffs).
- Use household cleaners that have been certified as effective disinfectants against the virus that causes COVID-19 and is as appropriate for the surface, following label instructions.
- Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock as/when needed.
- Consider increasing the number of individuals (staff or inmates) trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

## Isolation Protocols

### Application

Isolation Protocols are recommended and consistent with direction from PHSA CHS. They apply to suspected or confirmed, individual cases of COVID-19, as well as close contacts of suspected or confirmed cases as determined by a health professional.

#### *Isolating suspected and confirmed cases of COVID-19*

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols.
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing.
- The individual remains in isolation until cleared by a health professional.

#### *Isolating Close Contacts of COVID-19 Cases*

- Identification of close contacts with COVID-19 case is done by health professionals in consultation with correctional staff.
- Close contacts of a suspected or confirmed case of COVID-19 are immediately placed on Isolation Protocols.
- If a large group of individuals or even an entire living unit is subject to Isolation Protocols, then the entire group may need to isolate in-place.
- Close contacts remain in isolation until cleared by a health professional.

- Generally, if a close contact is isolated due to contact with a suspected case that is subsequently tested for COVID-19 and receives a negative result, the close contact will be released from Isolation Protocols and can return to their previous placement (on an Induction Unit, if a new admission, or returned to their previous living unit).

## Guidelines

NOTE: Some recommendations below apply primarily to centres with onsite healthcare capacity. Centres without onsite healthcare capacity or without sufficient space to implement effective medical isolation should coordinate with an alternate centre to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- To reduce the risk of transmission, individuals on Isolation Protocols are to be housed in a single cell to prevent contact with others.
- Wherever possible, each isolated individual should be assigned their own housing space, which will include dedicated toilet and shower facilities.
- Keep the individual's movement outside the medical isolation space to an absolute minimum:
  - Individuals within medical isolation to remain in their assigned cell;
  - Serve meals to individuals inside the medical isolation space;
  - Exclude the individual from all group activities;
  - For those individuals without an in-cell bathroom, provide a dedicated; and, bathroom when possible. Establish approved disinfection protocols for centres unable to provide an individualized bathroom.
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
- Restrict isolated individuals from leaving the centre (including transfers to other centres) during the 14-day isolation period, unless released from custody or a transfer is necessary for medical care, infection control, lack of isolation space, or extenuating security concerns.

## Cohorts of isolated individuals

- Confirmed COVID-19 cases may be isolated as a single cohort.
- Confirmed cases of COVID-19 must be separated from suspected cases or individuals who have been identified as having been in close contact with a confirmed case.

- Ideally, suspected cases and close contacts remain individually isolated; to prevent contact with others and reduce the risk of transmission, they should not be placed in a cohort of any other isolated individuals.
- If the number of isolated individuals exceeds the number of isolation spaces available in the correctional centre, and placing an individual with a cohort is unavoidable:
  - Individuals must not be added to an existing isolation cohort;
  - All individuals must be monitored closely, and individuals with symptoms of COVID-19 should be moved to individual isolation;
  - Under the guidance of CHS, those who are at higher risk of developing severe illness from COVID -19 must be closely monitored; and,
  - All possible accommodations to reduce exposure risk for the higher-risk individuals (e.g. intensify physical distancing strategies for higher-risk individuals) should be made.

#### Meal service

- Meals for isolated inmates will be served in disposable containers.
- Meals will be provided to isolated individuals in their cells.
- Disposable food service items are placed in the trash.

#### PPE requirements

- Isolated individuals should wear a face mask at all times when outside of the medical isolation space, and whenever another individual enters.
- Clean masks should be provided as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- Isolated individuals should wear face masks, as source control, under the following circumstances:
  - Isolated individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals) when interacting within a cohort; And,
  - All isolated individuals should wear a face mask if required to leave the isolated space for any reason.
- Staff who have close contact with isolated individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties.

## Health care surveillance

- Health professionals will conduct periodic checks of inmates in Isolation.
- Protocols and frequency will be determined by CHS.

## Exit screening

- Health professionals will "clear" individuals from Isolation Protocols.
- Screening protocols will be determined by CHS and will be uniform for all centres.

## Cleaning and disinfecting practices

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure enhanced cleaning and disinfecting of all areas housing Isolated inmates.
- At a minimum, those procedures must outline:
  - Thorough cleaning and disinfecting of all areas (e.g., cells, bathrooms, and common areas) used by the individual(s), focusing especially on frequently touched surfaces;
  - PPE requirements for individuals performing cleaning/disinfecting duties; and,
  - Ventilation requirements, where possible:
    - Open outside doors and windows to increase air circulation in the area And allow for ventilation prior to cleaning to minimize potential for exposure to respiratory droplets, particularly where air exchange is poor.

### Procedures for cleaning and disinfecting hard (non-porous) surfaces:

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection:
  - Cleansers such as VIROX, Cavi and Excel wipes provide effective disinfection for COVID-19;
  - Most common registered, approved household disinfectants should also be effective;

- Diluted bleach solutions can be used if appropriate for the surface;
- Choose products based on security requirements within the facility; and,
- Consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, ventilation, contact time, etc.).
- Never mix household bleach with ammonia or any other cleanser..
- Prepare a diluted bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) bleach per 4.5 litres of water, or
  - 4 teaspoons bleach per 0.95 litres of water

#### Procedures for cleaning and disinfecting soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19 and are suitable for porous surfaces.

#### Laundry and waste disposal

- Centres are to develop procedures for:
  - Issuing and collecting clothing and bedding to individuals in isolation;.
  - Washing potentially infectious clothing and bedding; and,
  - Collecting potentially infectious waste from individuals in isolation.
- At a minimum, those procedures must outline:
  - Frequency of clothing/bedding issue and laundering, and waste collection;
  - Handling procedures; and,
  - PPE requirements for individuals handling clothing and bedding from isolated individuals.
- Launder items as appropriate in accordance with the manufacturer's instructions.
- Launder items using the warmest appropriate water setting for the items, and dry items completely.
- Clean and disinfect clothes hampers/bins according to procedures for surface cleaning.

- If possible, centres should consider using a hamper/bin liner that is either disposable or can be laundered.

## Release Procedures

Policies and procedures related to release from custody for inmates on Induction Units / Isolation Protocols are included here.

### Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols will be informed by CHS health professionals in consultation with the regional health authority.
- Health care professionals will include incorporation of screening for COVID-19 symptoms and a temperature check into release planning (for inmates not clearing the screening process, follow the protocol for a suspected COVID-19 case).
- Before releasing an individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, the facility should be contacted to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.
- If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, the regional health authority should be contacted to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

Any questions related to Induction Unit and Isolation protocols may be directed to Matt Lang, Deputy Provincial Director, Adult Custody Division, at [matt.lang@gov.bc.ca](mailto:matt.lang@gov.bc.ca).



# Correctional Facilities

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COVID-19 CADTH REFERENCE LIST

# Testing for COVID-19 in Correctional Facilities: Clinical Effectiveness and Guidelines

**This report was published on  
May 1, 2020, 2:00 p.m.**

To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

Version: 1.0  
Publication Date: May 2020  
Report Length: 5 Pages

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**Public Health Response to COVID-19 Cases in Correctional and  
Detention Facilities — Louisiana, March–April 2020**

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# MEMORANDUM

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Date: January 29, 2020

To: All Staff, BC Corrections and Correctional Health Services

From: CHS Infection Control Committee

Subject: Health screening for novel Coronavirus

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Ministry of  
Public Safety and  
Solicitor General

BC Corrections  
Adult Custody Division

# **COVID-19 Contingency Plan**

## Induction Unit and Isolation Guidelines

Version 0.7  
April 20, 2020

## Document Revision History

Doc Rev	Description	Author	Date
0.6	This version contains the following changes: <ul style="list-style-type: none"> <li>• New format/layout</li> <li>• Added version history and tracking</li> <li>• Added list of people/groups/resources that contributed to the development of this document</li> <li>• Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units</li> <li>• Added 'meal service' section for Induction Units</li> <li>• Updated 'laundry and waste disposal' section for Isolation Protocols</li> </ul>	Matt Lang	2020-04-09
0.7	<ul style="list-style-type: none"> <li>• Added "Draft" watermark to document</li> <li>• Updated instructions for mixing diluted bleach solutions</li> <li>• Removed list of people/groups/resources that contributed to the development of this document</li> <li>• Incorporated stylistic edits suggested by the ADM</li> </ul>	Steve Dickinson	2020-04-20



## Introduction

This document outlines guiding principles for the operation of Induction Units and use of Isolation protocols. These strategies are part of BC Corrections' contingency plan to prevent the introduction and spread of COVID-19 into correctional centres. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission of novel coronavirus.

These guidelines have been prepared in consultation with the Provincial Health Services Authority (PHSA) Correctional Health Services (CHS), the Public Service Agency Workplace Health and Safety and through reference to information from the BC Centre for Disease Control (BCCDC) and the World Health Organization.

As the circumstances related to COVID-19 continue to change, these guidelines may be adapted as new information is available, new orders are issued by the Provincial Health Officer, or new direction comes from the Public Service Agency or WorkSafeBC. Changes and updates to this document are recorded in the Document Revision History.

Induction Units and Isolation protocols may need to be adapted based on individual centres' physical space, staffing, population, operations, and other resources and conditions. Centres should contact PHSA CHS for assistance in applying these practices.

### Rationale

- There are many opportunities for COVID-19 to be introduced into a correctional centre:
  - Admission of new intake who may have been exposed to COVID-19 in the community;
  - Movements in and out of correctional centres for people to appear in court or attend medical appointments;
  - Transfer of individuals between centres; and,
  - Daily attendance of correctional staff, health workers, food service personnel, and other service providers.
- People in custody often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- People in custody live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread if it is introduced into a centre.

- Persons incarcerated in correctional centres are often vulnerable to such communicable diseases due to poor health and/or immune function.
- In most cases, incarcerated persons are not permitted to leave the facility.
- Options for medical isolation additional precautions (droplet and contact precautions) of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Because limited outside information is available to many incarcerated persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.

#### Questions or concerns

Any questions related to Induction Unit and Isolation protocols should be directed to Matt Lang, Deputy Provincial Director, Adult Custody Division, at [matt.lang@gov.bc.ca](mailto:matt.lang@gov.bc.ca).

## Definitions

### *Routine Practices*

Routine Practices help prevent the spread of many infections, including COVID-19. They include:

- Frequent hand washing;
- When coughing or sneezing, cough or sneeze into a tissue or the bend of the arm, dispose of any tissues as soon as possible, and wash hands afterwards;
- Physical distancing; and,
- Regular cleaning/disinfecting of high-touch surfaces.

### *Physical (Social) Distancing*

Physical (social) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. It means minimizing close contact with others, which includes:

- Avoiding gathering in groups;
- Avoiding common greetings, such as handshakes;
- Avoiding touching one's eyes, nose and mouth;
- Limiting contact with people at higher risk, such as older adults and those in poor health; and,
- Keeping a distance of at least 2 arms-length (approximately 2 metres) from others.

### *Contact and Droplet Precautions*

In addition to Routine Practices, these are additional precautions for suspected or confirmed cases of COVID-19. They include:

- Use of Personal Protective Equipment (PPE); and,
- Enhanced cleaning/disinfecting procedures.

### *Cohort*

Refers to the practice of grouping individuals.

### *Induction Unit*

A dedicated unit to house all new admissions for a 14-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit.

### *Isolation Protocols*

Refers to the physical isolation of an individual that is subject to Contact and Droplet Precautions. These apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases.

### *Close Contact*

In the context of COVID-19, an individual is considered a close contact if they:

- Have had close prolonged contact (i.e. within 2 metres for a prolonged period) with a suspected or confirmed case of COVID-19; or,
- Have had direct contact with infectious bodily fluids (e.g. was coughed or sneezed on) of a suspected or confirmed COVID-19 case while not wearing PPE.

## Induction Units

### Guidelines

- All new admissions are housed on an induction unit for a 14-day assessment period to monitor for signs of COVID-19 prior to being placed onto a regular living unit.
- Prior to cell assignment, any areas such as holding cells, showers and benches are cleaned between groups of new admissions.
- While in an induction unit, inmates will be:
  - Housed in a single cell as a single occupant (double-bunking is not permitted);
  - Kept in separate cohorts based on admission dates; and
  - Offered time out of their cells with other members of their cohort or, when safety/security concerns prevent offering time out of cell with other members of their cohort (e.g. due to contact concerns), individually.
- Wherever possible, inmate time out of cell will meet or exceed the minimum 2.5 hours required by Adult Custody Policy.
- The confining of any inmate to their cell for more 20 hours per day (i.e. they are offered less than 4 hours time out of their cell) must be authorized under the separate confinement provisions of the Correction Act Regulation.
- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependant on the ability to maintain physical distancing.
- Wherever possible, cell doors should be opened remotely instead of staff having to key and touch doors.
- Asymptomatic individuals do not need to wear PPE.
- Staff supervising an induction unit (with no suspected or confirmed exposure to a COVID-19 case) do not need to wear PPE.
- Individuals (staff and inmates) assigned to Induction Units should receive training in Routine Practices (hand washing, coughing/sneezing etiquette, and physical distancing) and cleaning/disinfecting procedures.

### Meal service

- Centres are to develop procedures to ensure individuals/cohorts do not contaminate meals for other individuals/cohorts.
- At a minimum, those procedures must include:
  - Cleanliness requirements;

- Physical distancing requirements as/when meals are collected and for the duration of the meal period; and,
  - Disinfection of any meal service items (trays, bowls, meal carts, etc.) before they are returned to the kitchen.
- If possible, meals for Induction Units should be served in disposable containers that are disposed of after use.

#### Additional considerations:

- Installation of a physical marker (e.g. tape) on the floor surrounding the staff station to clearly indicate the appropriate physical distancing from where staff sit at the desk.
- Installation of additional visual markers (e.g. tape) on unit floor to serve as a reminders of physical distancing requirements.
- Installation of signage outside the Induction Unit door to instruct all staff and contractors of the Routine Practices and any other precautions that are in effect in that area.
- Clear and frequent communication with people in custody about changes to their daily routine and how they can contribute to risk reduction.
- Provision of regular informational sessions by correctional staff and health professionals to provide information and answer questions about COVID-19.
- Identification of alternative social, recreational and program activities to replace group activities that support the mental health of people in custody.

#### If an individual in a cohort becomes symptomatic

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols (see below).
- The remainder of the cohort is placed on Isolation Protocols.
- If the individual is tested for COVID-19 and tests **positive**:
  - The cohort remains on Isolation Protocols; and,
  - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.
- If the individual is tested for COVID-19 and tests **negative**:
  - If the individual is asymptomatic and cleared by a health professional, then they can be removed from isolation and returned to the cohort;
  - The cohort can be removed from Isolation Protocols; and,
  - The 14-day assessment period resumes (it does not need to restart).
- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):

- The cohort remains on Isolation Protocols; and,
- The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.

### Health care surveillance

- Health professionals will conduct periodic checks of inmates in Induction Units.
- A health professional will identify to correctional staff if there are any concerns with one or more individuals.
- Surveillance protocols and frequency will be determined by PHSA CHS.

### Exit screening

- When individuals complete a 14-day assessment period without displaying any symptoms, they can be moved to a regular living unit.
- No additional screening is required.

### Cleaning and disinfecting procedures

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of PHSA CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure all Induction Unit common areas are sanitized several times per day.
- At a minimum, common areas must be cleaned twice daily and after each cohort/individual has been permitted time out of their cells.
- Objects and areas that must be regularly cleaned include:
  - High-touch surfaces;
  - Door handles and light switches;
  - Common toilet, washroom, shower facilities;
  - Kitchen areas, including appliances, countertops, sink handles, cabinet door handles;
  - Telephones;
  - Recreational equipment; and,
  - Any other appliances/equipment that individuals use during time out of their cells.

- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, keys, handcuffs).
- Use household cleaners that have been certified as effective disinfectants against the virus that causes COVID-19 and is as appropriate for the surface, following label instructions.
- Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock as/when needed.
- Consider increasing the number of individuals (staff or inmates) trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

## Isolation Protocols

### Application

Isolation Protocols are recommended and consistent with direction from PHSA CHS. They apply to suspected or confirmed, individual cases of COVID-19, as well as close contacts of suspected or confirmed cases as determined by a health professional.

#### *Isolating suspected and confirmed cases of COVID-19*

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols.
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing.
- The individual remains in isolation until cleared by a health professional.

#### *Isolating Close Contacts of COVID-19 Cases*

- Identification of close contacts is done by health professionals in consultation with correctional staff.
- Close contacts of a suspected or confirmed case of COVID-19 are immediately placed on Isolation Protocols.
- If a large group of individuals or even an entire living unit is subject to Isolation Protocols, then the entire group may need to isolate in-place.
- Close contacts remain in isolation until cleared by a health professional.



- Generally, if a close contact is isolated due to contact with a suspected case that is subsequently tested for COVID-19 and receives a negative result, the close contact will be released from Isolation Protocols and can return to their previous placement (on an Induction Unit, if a new admission, or returned to their previous living unit).

## Guidelines

NOTE: Some recommendations below apply primarily to centres with onsite healthcare capacity. Centres without onsite healthcare capacity or without sufficient space to implement effective medical isolation should coordinate with an alternate centre to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- To reduce the risk of transmission, individuals on Isolation Protocols are to be housed in a single cell to prevent contact with others.
- Wherever possible, each isolated individual should be assigned their own housing space, which will include dedicated toilet and shower facilities.
- Keep the individual's movement outside the medical isolation space to an absolute minimum:
  - Individuals within medical isolation to remain in their assigned cell;
  - Serve meals to individuals inside the medical isolation space;
  - Exclude the individual from all group activities;
  - For those individuals without an in-cell bathroom, provide a dedicated; and, bathroom when possible. Establish approved disinfection protocols for centres unable to provide an individualized bathroom.
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
- Restrict isolated individuals from leaving the centre (including transfers to other centres) during the 14-day isolation period, unless released from custody or a transfer is necessary for medical care, infection control, lack of isolation space, or extenuating security concerns.

## Cohorts of isolated individuals

- Confirmed COVID-19 cases may be isolated as a single cohort.
- Do NOT cohort confirmed cases with suspected cases or close contacts.

- Ideally, suspected cases and close contacts remain individually isolated; to prevent contact with others and reduce the risk of transmission, they should not be placed in a cohort with any other isolated individuals.
- If the number of isolated individuals exceeds the number of isolation spaces available in the correctional centre, and cohorting is unavoidable:
  - Do NOT add individuals to an existing isolation cohort
  - All individuals must be monitored closely, and individuals with symptoms of COVID-19 should be moved to individual isolation
  - Under the guidance of PHSA CHS, those who are at higher risk of developing severe illness from COVID -19 must be closely monitored; and,
  - All possible accommodations to reduce exposure risk for the higher-risk individuals (e.g. intensify physical distancing strategies for higher-risk individuals) should be made.

#### Meal service

- Meals for isolated inmates will be served in disposable containers.
- Meals will be provided to isolated individuals in their cells.
- Disposable food service items are placed in the trash.

#### PPE requirements

- Isolated individuals should always wear a face mask when outside of the medical isolation space, and whenever another individual enters.
- Clean masks should be provided as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- Isolated individuals should wear face masks, as source control, under the following circumstances:
  - Isolated individuals should always wear face masks when interacting within a cohort (to prevent transmission from infected to uninfected individuals); and,
  - All isolated individuals should always wear a face mask if they are required to leave the isolated space for any reason.
- Staff who have close contact with isolated individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties.

#### Health care surveillance

- Health professionals will conduct periodic checks of inmates in Isolation.

- Protocols and frequency will be determined by PHSA CHS.

### Exit screening

- Health professionals will “clear” individuals from Isolation Protocols.
- Screening protocols will be determined by PHSA CHS and will be uniform for all centres.

### Cleaning and disinfecting practices

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of PHSA CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure enhanced cleaning and disinfecting of all areas housing Isolated inmates.
- At a minimum, those procedures must outline:
  - Thorough cleaning and disinfecting of all areas (e.g., cells, bathrooms, and common areas) used by the individual(s), focusing especially on frequently touched surfaces;
  - PPE requirements for individuals performing cleaning/disinfecting duties; and,
  - Ventilation requirements, where possible:
    - Open outside doors and windows to increase air circulation in the area And allow for ventilation prior to cleaning to minimize potential for exposure to respiratory droplets, particularly where air exchange is poor.

#### Procedures for cleaning and disinfecting hard (non-porous) surfaces:

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection:
  - Cleansers such as VIROX, Cavi and Excel wipes provide effective disinfection for COVID-19;
  - Most common registered, approved household disinfectants should also be effective;
  - Diluted bleach solutions can be used if appropriate for the surface;
  - Choose products based on security requirements within the facility; and,

- Consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19.
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, ventilation, contact time, etc.).
- Never mix household bleach with ammonia or any other cleanser.
- Prepare a diluted bleach solution as follows:
  - If the concentration of bleach on the container is 5.25%
    - Mix 1 part bleach to 99 parts water, or 10mL bleach to 990mL water
  - For other concentrations on the bleach container, use this [Foodsafe bleach calculator](#) to make the right dilution.
  - To sanitize surfaces used in food preparation such as countertops and cutting boards, use a more diluted bleach solution:
    - Mix 1 part bleach to 499 parts water, or 2mL bleach to 998mL water.
    - Make sure to rinse away bleach solution with water before preparing or serving food.

#### Procedures for cleaning and disinfecting soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19 and are suitable for porous surfaces.

#### Laundry and waste disposal

- Centres are to develop procedures for:
  - Issuing and collecting clothing and bedding to individuals in isolation;
  - Washing potentially infectious clothing and bedding; and,
  - Collecting potentially infectious waste from individuals in isolation.
- At a minimum, those procedures must outline:
  - Frequency of clothing/bedding issue and laundering, and waste collection;
  - Handling procedures; and,
  - PPE requirements for individuals handling clothing and bedding from isolated individuals.

- Launder items as appropriate in accordance with the manufacturer's instructions.
- Launder items using the warmest appropriate water setting for the items, and dry items completely.
- Clean and disinfect clothes hampers/bins according to procedures for surface cleaning.
- If possible, centres should consider using a hamper/bin liner that is either disposable or can be laundered.

## Release Procedures

Policies and procedures related to release from custody for inmates on Induction Units / Isolation Protocols are included here.

### Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols will be informed by PHSA CHS health professionals in consultation with the regional health authority.
- Health care professionals will incorporate screening for COVID-19 symptoms and a temperature check into release planning (for inmates not clearing the screening process, follow the protocol for a suspected COVID-19 case).
- Before releasing an individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, the facility should be contacted to ensure adequate time for them to prepare to continue medical isolation or contact local public health to explore alternate housing options.
- If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, the regional health authority should be contacted to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.



C564606

March 20, 2020

All Staff  
Community Corrections Division

Re: Interim Policies for Community Corrections

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As part of the Community Corrections Division's commitment to reducing the transmission of COVID-19, the following interim policies are effective immediately:

Court referrals:

- Clients reporting in person from court to a court office, are directed to **report by phone** to the appropriate receiving office. The court office confirms current telephone numbers and alternate numbers for the client prior to sending the referral.
- The receiving office admits the client into CORNET when phone contact has been established. The probation officer who receives this phone call conducts a verbal intake with the client, making an interim assessment of risk which will determine whether the client can continue to report by telephone or whether in-person reporting will need to be established. Refer to the Interim Levels of Intervention principles in section 2.4.5 of the *Community Corrections Policy Manual*.
- If the client fails to report by phone to the receiving office, the referral is returned to the court office for consideration of enforcement action. The receiving office makes every reasonable effort possible to contact the client, using multiple attempts, prior to returning the referral to the court office.

Client transfers:

- If an existing client subject to telephone reporting moves to the catchment area of another office, they will remain under the supervision of the current office unless exceptional circumstances or unique circumstances warrant otherwise. The current office is most familiar with the client, and, as such, challenges associated with assuming supervision of a client unknown to a new catchment area are reduced.
- If an existing client subject to in-person reporting based on assessed risk moves to the catchment area of another office, supervision is transferred to the new office.

Client release:

- Adult Custody Division staff will direct clients, upon release, to report by telephone to the appropriate receiving community office.

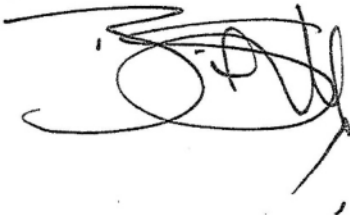
Letters of permission:

- Letters of permission may be sent to the client through email as an encrypted document. The authorized encryption process is attached in the email and can be found here on CorrPoint. The outgoing transfer of documents without encryption is not permitted. The letter of permission is to be scanned or sent as a photograph (JPEG) to ensure the original direction is not altered.
- All letters of permission are to be reviewed verbally with the client to ensure the client understands the full scope of the permission letter.

CPIC:

- s.16

Questions relating to these interim policies may be directed to Kyla Wiersma, policy and program analyst, at 236-912-2017 or [Kyla.Wiersma@gov.bc.ca](mailto:Kyla.Wiersma@gov.bc.ca).

A handwritten signature in black ink, appearing to read 'Bill Small', with a large circular flourish at the end.

Bill Small  
Provincial Director