

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

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Correctional Facilities

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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

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Document Revision History

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

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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Procedure Name & Number	COVID-19 Management of Symptomatic-Suspected and Confirmed-Positive Clients		
	Procedure CHS		
	Version 1.0		
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Policy Section	COVID-19	Date Approved	May 4, 2020
Approval Authority	Vice President, BCMHSUS	Effective Start Date	May 4, 2020
Program Applicability	<input type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input type="checkbox"/> Heartwood Centre for Women (HW) <input type="checkbox"/> Centre for Mental Health and Addiction (CMHA)		
Exceptions			

1. PREAMBLE

This document is intended to guide staff in managing CHS clients who are COVID-19 suspected (symptomatic) or COVID-19 confirmed positive (symptomatic or asymptomatic). This is a living document that will be revised and updated as the situation evolves and new information is available. The goal is to prevent and limit the spread of COVID-19.

2. SCOPE

These measures apply to all CHS healthcare workers and staff.

3. PROCEDURE

Note: There are additional requirements for the management of symptomatic or confirmed clients at intake, transfer and release. For intake, transfer, or release of symptomatic or confirmed clients adhere to 'COVID-19 Intake, Transfer, or Release procedure CHS'.

3.1. Clients who are COVID-19 suspected (symptomatic)

Note: See Appendix B for Management of Symptomatic Suspected and Confirmed Positive Clients Summary Flowchart.

- 3.1.1. Client is symptomatic (as per symptoms in Testing Procedure Symptoms list).
- 3.1.2. Don required PPE (mask, face shield, gown, and gloves) as per COVID-19 Application of Personal Protective Equipment for Emergency Prioritization Procedure. Droplet/contact precautions required.
- 3.1.3. Complete COVID-19 test, as per COVID-19 Testing Procedure / NIP. Adhere to COVID-19 Test Results Algorithm in **Appendix A** for the management of test results.
- 3.1.4. Until results of the test are received, clients suspected-symptomatic of COVID-19 to be managed as though they are positive. Once results are received, adhere to section '3.3 Required Responses as Per Test Result and Symptoms Resolution'.

3.2. Clients who are Confirmed Positive (symptomatic or asymptomatic)

- 3.2.1. Don required PPE (mask, face shield, gown, and gloves) as per COVID-19 Application of Personal Protective Equipment for Emergency Prioritization Procedure CHS. Droplet/contact precautions required.
- 3.2.2. Recommend to BC Corrections that client is placed in droplet/contact precautions.
- 3.2.3. Recommend that BC Corrections immediately limit client's living unit (cohort induction unit at intake) to unit-only programming and limited movement for a minimum of 14 days and as discussed with the COVID-19 MD.
 - If any client in the cohorted unit tests positive for COVID-19, the limited movement period will be reset to day 0.
 - If any client in the cohorted unit is still under investigation for suspected COVID-19 when the limited movement period day reaches 14, the cohort's limited movement release will be delayed until;

- o 14 days has passed from the time of last contact with the individual under investigation for COVID-19 disease, OR
- o the individual under investigation for suspected COVID-19 is no longer under investigation, whichever is shorter.

3.2.4. Enhanced cleaning of client cell and entire shared space required.

3.2.5. Place client on frequent monitoring (at least once daily or more frequently if clinically indicated).

3.2.6. Educate client to adhere to the following:

- Client to wear surgical mask when out of cell.
- Maintain 2 meter distance between themselves and other clients.
- Client to clean/disinfect all things they touch when outside cell (e.g. phone, tables, etc).
- Client to wash hands prior to leaving cell.

3.2.7. Complete daily wellness checks of all clients on the unit using COVID-19 CHS Wellness Tracking Form. Document outcome of wellness checks by exception on form, and via encounter note in PAC.

- Provide completed 'Wellness Tracking Forms' to Health Service Manager to retain.

3.3. Required Responses as Per Test Result and Symptoms Resolution

3.3.1. A client who has **tested COVID-19 negative and symptoms have resolved**, may be returned to living unit after approved by COVID-19 MD/Physician on Call/Medical Director or Delegate (see PHSA Discontinuing Precautions Criteria Algorithm for additional direction).

3.3.2. For a client who has **tested COVID-19 positive** droplet/contact precautions are to be maintained for a minimum of 10 days and as discussed with the COVID-19 MD.

- (i) Once client cleared by COVID-19 MD/ Physician on Call/Medical Director or Delegate, client may be returned to living unit.
- (ii) Those with mild symptoms can return to their routine activities once the following criteria are met:
 - a) Cleared by COVID-19 MD/Physician on Call/Medical Director or Delegate; AND
 - b) At least 10 days have passed since onset of symptoms; AND
 - c) Fever has resolved without use of fever-reducing medication; AND
 - d) Symptoms (respiratory, gastrointestinal, and systemic) have improved

- 3.3.3. A client who has **tested COVID-19 negative, but symptoms have not resolved** should be maintained in droplet contact precautions until all symptoms that triggered testing have resolved (see PHSA Discontinuing Precautions Criteria Algorithm for additional direction). Further testing should be discussed with the COVID-19 MD or Physician on Call. Client may be returned to living unit after being cleared by COVID-19 MD/ Physician on Call/Medical Director or Delegate.

4. APPENDICES

Appendix A: COVID-19 Test Results Algorithm

Appendix B: Management of Symptomatic or Confirmed Clients Flowchart

5. DEFINITIONS

COVID-19 Outbreak: One positive COVID-19 case at an institution is considered an outbreak.

6. RELATED POLICIES AND PROCEDURES

COVID-19 Intake, Transfer and Release Procedure CHS BCMHSUS

PHSA Discontinuing Precautions Algorithm (pending approval)

COVID-19 Testing Procedure/NIP (Clients Patient) BCMHSUS

COVID-19 Staff Self Screening Procedure BCMHSUS

COVID-19 Application of Personal Protective Equipment for Emergency Prioritization Procedure

COVID-19 CPR Procedure BCMHSUS

7. RELATED DOCUMENTS

COVID-19 Information for Public Health for Clients on Self Isolation Upon Release CHS BCMHSUS

COVID-19 CHS Wellness Tracking Form BCMHSUS

COVID-19 Screening Tool (Patient and Client) BCMHSUS

Corrections Service Canada (CSC) COVID-19 Screening form

8. REFERENCES

BCCDC: Lab Testing. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/lab-testing>. March 19, 2020.

BCCDC: Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Assisted Living Facilities. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf. March 19, 2020.

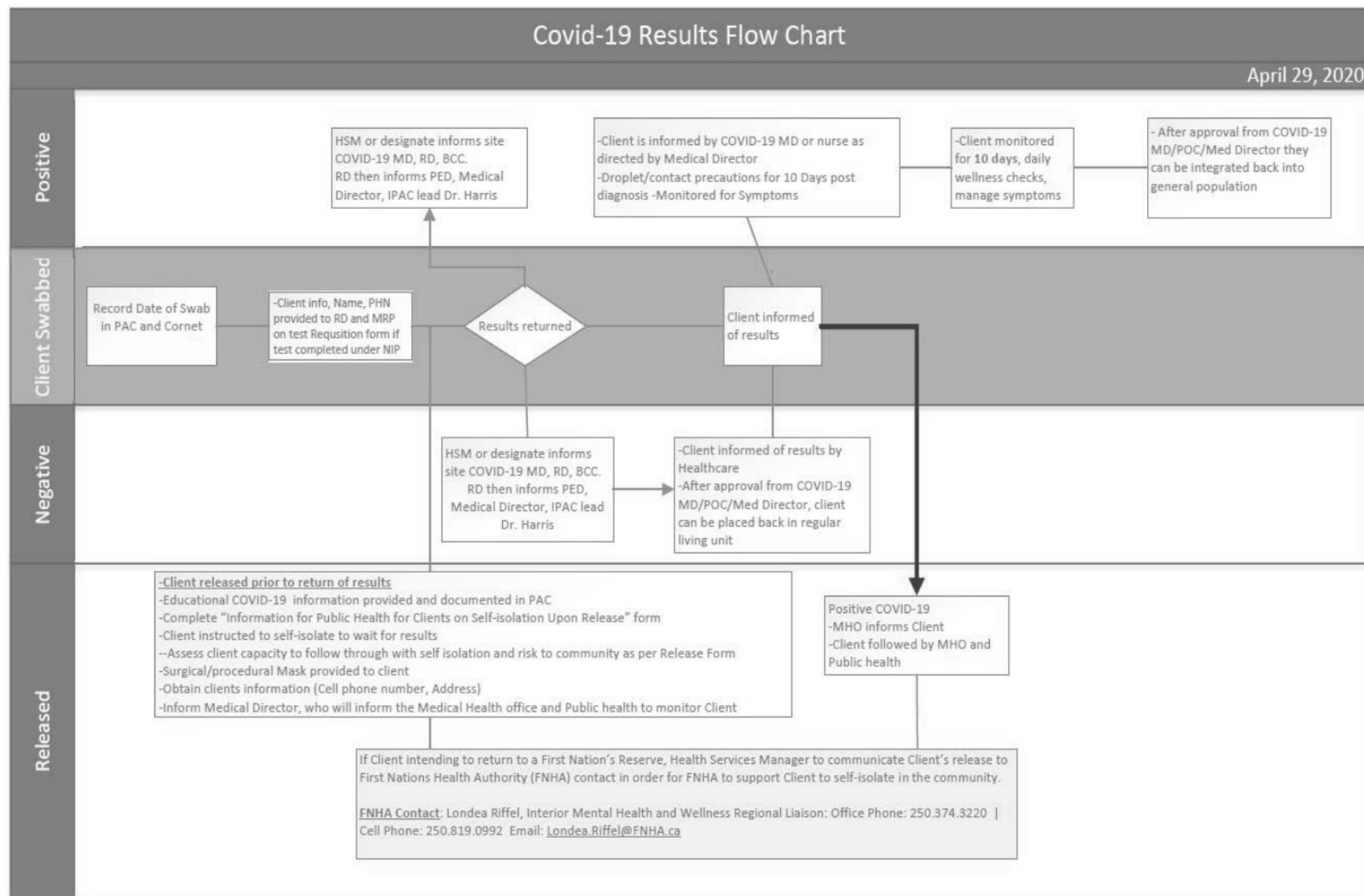
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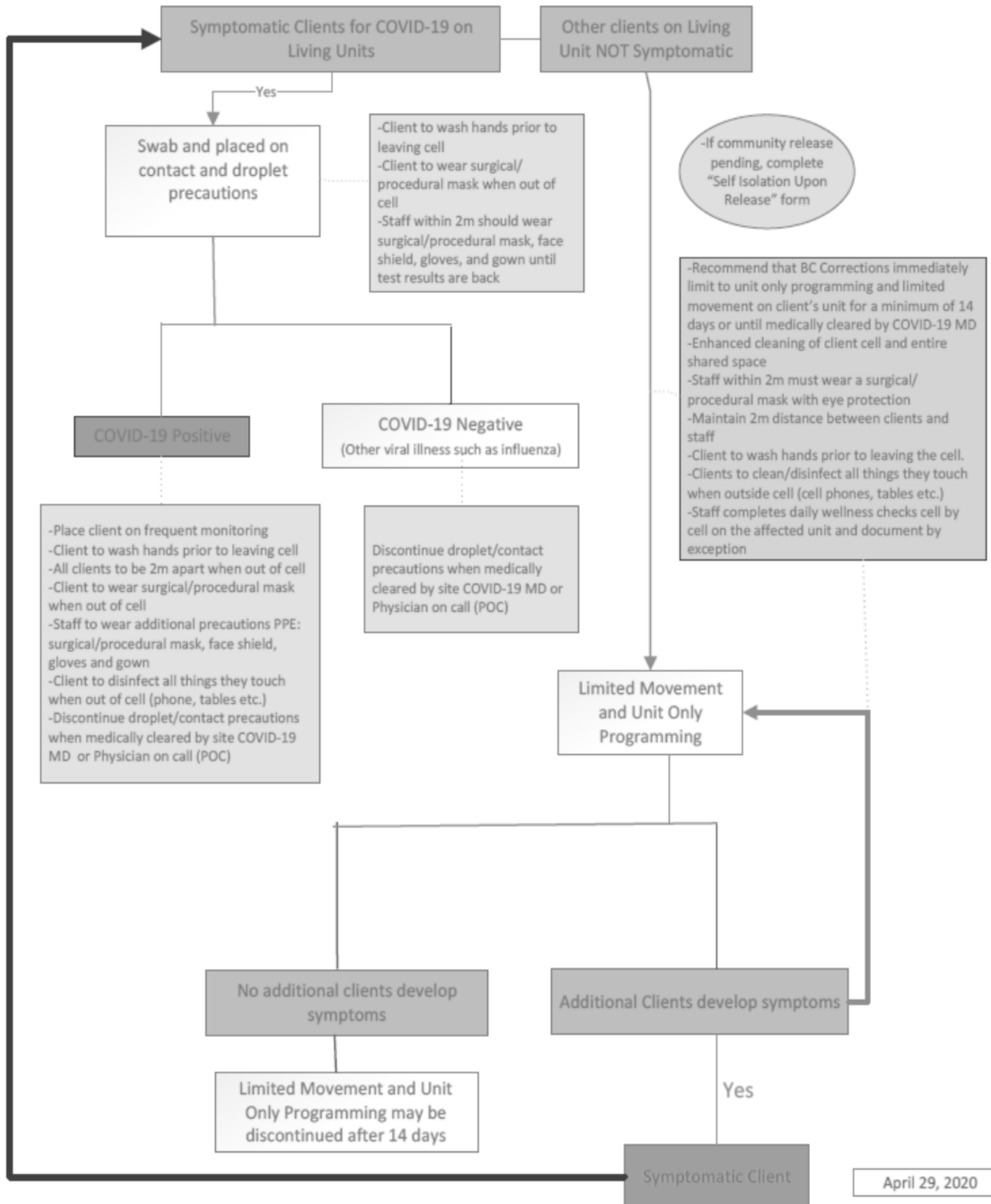
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Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

APPENDIX A: COVID-19 Test Results Flow Chart



Appendix B: Management of Symptomatic or Confirmed Clients Summary Flowchart



Revision and Review Version History (to be posted with document)			
Version	Approved and Effective Date	Key Changes	Approved By
1.0	May 5, 2020	New procedure.	Vice President, BCMHSUS

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**COVID-19:
Interim Communicable
Disease Control
Guidelines for
Provincial Correctional Centres**

Provincial COVID-19 Task Force

April 2020

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Introduction

BC Corrections is committed to the health and safety of officers, inmates, other staff, and contractors at their facilities. This guide is intended to highlight key communicable disease preparedness and response measures that can be taken in provincial correctional centres in relation to COVID-19.

Prison environments are recognized as uniquely susceptible for the transmission of infections from person-to-person. The adoption of common infection prevention and control measures can be effective in reducing viral outbreaks. BC Corrections is committed to following thorough processes and best practices to prevent and reduce the risk of communicable disease transmission.

This document provides interim guidance for provincial correctional centres during the COVID-19 pandemic to ensure the continuation of an essential public service and to protect the health and safety of persons in custody, officers, support staff, contractors, and visitors.

It is independent of and does not negate WorkSafe BC.

The information in this guide is based upon current knowledge and is subject to change as new data become available and new developments arise. Unique situations may require some discretion in adjusting these guidelines which are meant to be supportive, not prescriptive.

This interim guidance is based on what is currently known about the transmission and severity of COVID-19 as of **April 17, 2020**. Recommendations may need to be revised as more information becomes available.

BC Corrections

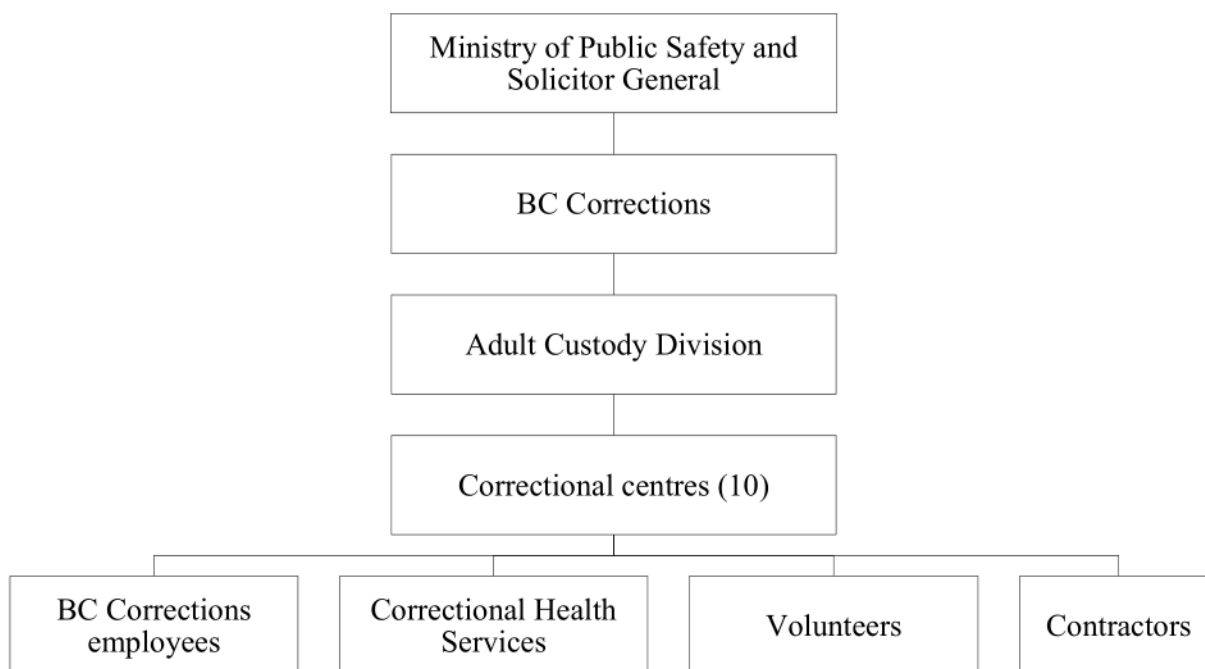
Overview

BC Corrections is a branch of the provincial government of British Columbia, within the ministry of Public Safety and Solicitor General. BC Corrections operates 10 provincial correctional centres with varying levels of security and control.

BC Corrections is separate from the federal correctional system. Provincial correctional centres house males and females who are awaiting trial, serving a provincial jail sentence, or being held pending an immigration review. (Federal prisons, which are not covered by these interim guidelines, are operated by the Correctional Service of Canada and house sentenced inmates serving terms of two years or more.)

Correctional centre	Centre Inmate Capacity	Financial Year 2020 Inmate Count	Officers & Staff
Alouette Correctional Centre for Women	315	175	135
Ford Mountain Correctional Centre	133	90	55
Fraser Regional Correctional Centre	597	320	231
Kamloops Regional Correctional Centre	370	220	197
Nanaimo Correctional Centre	219	85	120
North Fraser Correctional Centre	600	380	261
Okanagan Correctional Centre	756	325	281
Prince George Regional Correctional Centre	328	210	182
Surrey Pretrial Services Centre	753	440	280
Vancouver Island Regional Correctional Centre	376	285	217

Provincial correctional centres are operated by the Adult Custody Division of BC Corrections.



The Provincial Health Services Authority (PHSA) oversees the BC Mental Health and Substance Use Services which provides medical care to inmates in provincial correctional centres through Correctional Health Services (CHS).

CHS is integrated with British Columbia's general healthcare system, which is governed by the Ministry of Health. CHS works with BC Corrections as partners in client care. While the CHS team provides health care services, correctional officers keep both staff and inmates safe and provide programs and case management for inmates.

CHS teams include physicians, nurses, mental health and substance use specialists, pharmacists, and other professionals.

COVID-19 presents a significant potential risk to inmates and workers in provincial correctional centres through the physical proximity of correctional staff, Correctional Health Services (CHS) staff, contractors, volunteers, and inmates.

The Provincial Health Officer (PHO) has stated that there are instances in the designated essential services sector where physical distancing is not possible. For provincial correctional centres, physical distancing can be challenging and/or not attainable throughout the course of an officer's regular daily duties.

- https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19_pho_letter_to_first_responders_march_18_2020.pdf?bcgovtm=20200319_GCPE_A_M_COVID_4_NOTIFICATION_BCGOV_BCGOV_EN_BC_NOTIFICATION

On March 25, 2020 Emergency Management BC in consultation with other government ministries and the Provincial Health Officer (PHO) deemed corrections and detainment facilities as an essential service.

- [List of COVID-19 Essential Services - Province of British Columbia](#)

Healthcare for inmates

Healthcare services, provided by qualified CHS personnel, are available to all inmates. The primary purpose of healthcare services is to treat illness, injury, and disease and to restore or improve the health of the inmate, recognizing differences in gender, age, and culture.

The following levels of care are provided within provincial correctional centres:

- First aid;
- Emergency care;
- Primary care;
- Provisions for 24-hour nursing care, if required; and
- Isolation care capability.

All provincial correctional centres have a CHS team on-site daily between 6:30am and 10:30pm. Alouette Correctional Centre for Women's CHS team provides 24/7 care on-site and provides afterhours advice to all other provincial correctional centres.

Medical Director of Correctional Health Services, Dr. Nader Sharifi, is the COVID-19 CHS medical lead for BC Corrections.

Contractors and volunteers

A variety of contractors and volunteers provide services that assist in the operations of provincial correctional centres.

Contractors include:

- Aboriginal liaison workers;
- Community integration workers;
- Teachers (employed by the school district);
- Food service contractors;
- Programming contractors; and

- Facilities management and subcontractors.

Volunteers include:

- Alcohol and substance abuse volunteers;
- Programming volunteers;
- Religious and spiritual counsellors; and
- Inmate advocacy groups.

COVID-19 & BC Corrections

What is COVID-19?

Coronaviruses are a large family of viruses. Some cause illness in people, and some cause illness in animals. In humans, they can cause diseases ranging from the common cold to more severe diseases.

Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person-to-person through close contact. There are two specific coronaviruses that have spread from animals to humans and which have caused severe illness in humans:

- Severe Acute Respiratory Syndrome (SARS); and
- Middle East Respiratory Syndrome (MERS)

The disease caused by this new coronavirus has been named COVID-19. Similar to SARS and MERS, COVID-19 was an animal coronavirus, which infected humans, and then spread person-to-person.

While many of the characteristics of COVID-19 are still unknown, it causes infections of the nose, throat, and lungs. Symptoms of mild to severe illness has been reported for confirmed cases and in severe cases, infection can lead to death.

Symptoms

While many of the characteristics of COVID-19 are still unknown, mild to severe illness has been reported for confirmed cases. The symptoms are similar to other respiratory illnesses, like a cold or flu. Symptoms include:

- Cough;

- Fever or chills;
- Difficulty breathing; and/or
- Pneumonia in both lungs.

This guide refers to COVID-19 symptoms as ‘flu-like symptoms’.

Transmission

COVID-19 is spread from an infected person as follows:

- Respiratory droplets;
- Close, prolonged personal contact (touching, shaking hands, etc.); and/or
- Touching something with the virus on it and then touching the face prior handwashing.

The virus is transmitted through droplet contact, and is not known to be airborne. Large droplets, generated when an infected person coughs or sneezes, typically spread only one to two metres. They are too large to float through the air and quickly fall to the ground.

There have been a few instances of transmission by an infected person before they became ill, or transmission where the symptoms of the infected person were so mild that they were unaware they were sick; however, those are exceptions.

Most people become ill from being in close contact with someone who showed symptoms with transmission of the virus through droplets. Current evidence suggests person-to-person spread is efficient when there is close contact.

The incubation period is the time from when a person is first infected with the virus, until symptoms appear. At this time, the available information suggests the incubation period of COVID-19 is up to 14 days.

There are still many unknowns about COVID-19. At present, the disease is not known to enter a person’s system through skin penetration nor does it appear to be transmitted by eating food contaminated with the virus.

Vulnerable populations

Some people are more vulnerable to developing severe illness or complications from COVID-19. Vulnerable populations include:

- Older people;

- People with chronic health conditions;
- Children with immune suppression and/or medical complexity;
- People who are unsheltered
- People who use substances

Inmates in provincial correctional centres are typically overrepresented in the identified vulnerable populations of people who are unsheltered in the community, suffer from chronic health conditions, and substance abuse.

Testing

The BC Centre for Disease Control (BCCDC) reports that testing is available for all who need it, but advises that not everyone requires a test. The BCCDC recommends individuals use the BC COVID-19 self-assessment tool to help determine if further assessment or testing is needed for symptoms.

Given the risks associated with provincial correctional centres, inmates, CHS staff, and officers who present with flu-like symptoms will be tested for COVID-19, regardless of current provincial guidance for COVID-19 testing in community settings.

The BCCDC recognizes correctional officers as first responders. This designation prompts priority testing for COVID-19 if an officer develops a fever (generally, greater than 38°C) and new onset of (or exacerbation of chronic) cough or shortness of breath. Officers and staff, when contacting 8-1-1 for medical advice related to their symptoms, are instructed to identify themselves to the operator as *an essential service employee working in a correctional centre*. This identification facilitates expedited test processing.

CHS staff and inmates have been designated as *residents and staff of long term care facilities* resulting in a higher priority for testing. The testing is recommended if they develop new respiratory or gastrointestinal symptoms, however mild. This includes fever, cough, shortness of breath, rhinorrhea, nasal congestion, loss of sense of smell, sore throat, odynophagia, headache, muscle aches, fatigue, loss of appetite, chills, vomiting, or diarrhoea.

Test results

In community settings, test results are typically received 72 – 96 hours after collection; however, CHS staff code test requisitions with ‘long term care facility’ permits expedited results from the lab within 24 – 72 hours.

Provincial correctional centres in remote locations may experience delays with receiving test results due to their distance from labs. These correctional centres partner with CHS to follow methods of expediting the transportation of swabs to labs for testing.

Treatment

When a disease is new, there is no vaccine until one is developed and it can take many years to develop a new vaccine. The yearly flu shot does not protect against COVID-19.

There is no specific treatment for disease caused by COVID-19. Many of the symptoms can be managed with home treatment as with the colds and flus.

Most people recover from coronaviruses on their own; however, for people with more serious illness, supportive care in or out of hospital may be needed.

The recommendations for individuals who are experiencing symptoms are evolving on a day-to-day basis. The BCCDC recommends individuals review the BCCDC [website](#) for the most up-to-date guidance when assessing their own symptoms.

Outbreak

A COVID-19 outbreak is defined as one confirmed case in an inmate held in custody at a provincial correctional centre or a staff member or contract worker who attends the provincial correctional centre.

Prevention

The following preventative measures and actions are taken in provincial correctional centres to maintain health and prevent the spread of COVID-19:

- Handwashing;
- Physical distancing;
- Increased cleaning and disinfection;
- Active screening of officers, other staff, contractors, and visitors;
- Appropriate use of PPE;
- Safe food handling;
- Safe laundry protocols;
- Protocols for staff attendance;
- Protocols for symptomatic inmates;
- Protocols for separation of new inmate admissions for 14 days prior to placement within the provincial correctional centres' inmate population;

- Communication protocols to ensure exchange of critical information related to COVID-19 procedures.

Information sources

For the most up-to-date provincial information and resources, please visit the BCCDC's webpage on COVID-19 which is updated on a daily basis. For more information, please refer to:

- **Provincial Health Services Authority (PHSA)**
 - BC Centre for Disease Control, COVID-19:
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- **Province of British Columbia**
 - HealthLinkBC.ca, Coronavirus disease (COVID-19):
<https://www.healthlinkbc.ca/health-feature/coronavirus>
 - Online self-assessment tool at
<https://covid19.thrive.health/>
- **Government of Canada**
 - Coronavirus disease (COVID-19): Outbreak update:
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
 - To receive non-medical information about COVID-19, British Columbians can reach service representatives seven days a week, from 7:30 a.m. to 8 p.m. 1-888-COVID19.

Preventative measures

Handwashing

Hands pick up micro-organism (germs) in a number of ways. When people who are sick sneeze or cough, the germs that are making them sick are expelled into the air in tiny droplets. If these droplets get onto a person's hands, and then they touch their mouth, eyes, or nose without washing your hands, the person can pick up the infection.

Even if hands appear clean, they may carry germs. Germs from unwashed hands can be transferred to other objects, like handrails, keyboards, door knobs, and then transferred to another person's hands.

Handwashing with soap and water for 20 seconds removes germs from hands. It is recommended that soap is plain and does not contain antibacterial agents.

Handwashing not only prevents the individual from getting sick, but it also reduces the risk of infecting others. The BCCDC recommends handwashing as the most important thing that can be done to prevent infection.

Handwashing is most important at the following times:

- Before eating or preparing food;
- After coughing, sneezing, or blowing one's nose;
- Before and after contact with an ill person;
- After touching dirty surfaces such as taps and doorknobs and after going to the bathroom

Respiratory etiquette is also essential in preventing the spread of illness. The key elements of respiratory etiquette are:

- Covering cough/sneeze with a sleeve or tissue;
- Disposing of used tissues in garbage; and
- Cleaning hands after coughing or sneezing.

Staff

Provincial correctional centres follow protocols for handwashing as follows:

- Cleaning contractors are reminded to ensure handwashing stations are continually replenished with soap, water, and paper towels for handwashing;

- Cleaning contractors are directed to ensure soap provided in handwashing stations is plain and does not contain antibacterial agents;
- Staff are educated about germs and infection spread through unwashed hands;
- Staff are educated about proper handwashing techniques;
- Signage is posted in all staff washrooms regarding germs and proper handwashing techniques;
- Mandatory handwashing is implemented prior to entry and exit from the secure perimeter of the provincial correctional centre;
- Mandatory handwashing requirements are monitored for compliance;
- Staff working in areas where their duties do not permit frequent hand washing are provided with hand sanitizer; and
- Staff work areas are stocked with tissues.

Inmates

Provincial correctional centres follow protocols for handwashing as follows:

- Inmates are directed to wash their hands upon intake to the provincial correctional centre;
- Living unit officers conduct nightly inventories of inmate hygiene supplies to ensure that there is enough soap and paper towels for inmate use. Additional supplies are ordered through Stores personnel;
- Stores personnel are directed to ensure soap ordered is plain and does not contain antibacterial agents;
- Inmates are educated about germs and infection spread through unwashed hands;
- Inmates are educated about proper handwashing techniques;
- Signage is posted on all living units regarding germs and proper handwashing techniques;
- Mandatory handwashing is implemented prior to entry and exit from living unit;
- Mandatory handwashing requirements are monitored for compliance;
- Inmates have access to tissues; and

- Due to the alcohol content of hand sanitizers, it is not made available to inmates. Inmates have unrestricted access to sinks and soap for handwashing.

Contractors

Provincial correctional centres follow protocols for handwashing as follows:

- Contractors are educated about germs and infection spread through unwashed hands;
- Contractors are educated about proper handwashing techniques;
- Signage is posted in all staff washrooms regarding germs and proper handwashing techniques;
- Mandatory handwashing is implemented in the lobby for contractors who will not be accessing the secure perimeter, but will be entering staff services areas;
- Mandatory handwashing is implemented prior to entry and exit from the secure perimeter of the provincial correctional centre;
- Mandatory handwashing requirements are monitored for compliance; and
- Contractors have access to tissues while at the correctional centre.

Physical distancing

Transmission of COVID-19 is through large droplets generated when an infected person coughs or sneezes. The droplets typically spread 1 – 2 metres. Most people have become ill from being in close contact with someone who showed symptoms and current evidence suggests person-to-person spread is efficient when there is close contact.

Physical distancing is a prevention measure that requires change to everyday routines in order to minimize close contact with others. The BCCDC recommends that when outside the home; individuals should practice physical distancing by keeping 2 metres (6 feet) away from one another.

The terms ‘physical distancing’ and ‘social-distancing’ have both been used in provincial correctional centres and the terms are used interchangeably in this guide.

Staff

Physical distancing is recommended by the BCCDC as a measure to reduce transmission of COVID-19; however, it is not always possible for staff in provincial correctional centres to maintain physical distancing while performing their duties.

This guide follows measures to mitigate the risk of transmission for staff while performing their duties as essential service workers.

Provincial correctional centres follow protocols for social distancing for staff as follows:

- Staff are educated about germs and infection spread through droplets;
- Staff are educated about physical distancing;
- Non-essential work travel is cancelled;
- Non-essential meetings are cancelled or held remotely;
- Where teleworking is possible, staff work from home;
- Capacity limits are placed on boardrooms and meeting spaces;
- Capacity limits are placed on indoor staff leisure and recreation spaces (lounges, gyms, yoga rooms, etc.) and use of staff leisure and recreation spaces is restricted to only staff on shift. Local health authority orders are followed with respect to the operation of indoor recreation spaces;
- Critical information exchange meetings and musters are held in spaces that allow for physical distancing of the participants;
- Adequate space is available for staff to maintain physical distancing while on breaks:
 - This may require opening additional areas for meals; or
 - If adequate space is not available, break times are staggered.
- Staff classroom learning:
 - Taught remotely, where possible; or
 - Re-structured to provide physical distancing.
- Staff force options training:
 - Is deferred, or;
 - Re-structured to ensure the risks of droplet transmission are minimized as much as possible.
- Capacity limits are placed on mantraps;
- 2 metre (6 foot) increments are delineated on the floor in high traffic areas to remind staff of physical distancing spacing;

- Staff monitor physical distancing protocols imposed on inmates for medication distribution, meal distribution, meeting room capacities, and cell inspections for compliance; and
- Staff are trained in the use of PPE for circumstances where physical distancing is not possible; and
- PPE is available to staff when they need it.

Inmates

Although physical distancing is recommended as a measure to reduce transmission of COVID-19, it is not always possible for provincial correctional centres to provide an environment where inmates can maintain physical distancing at all times.

This guide follows measures to mitigate the risk of transmission for inmates while in custody in provincial correctional centres.

Provincial correctional centres follow protocols for physical distancing for inmates as follows:

- Inmates are educated about germs and infection spread through droplets;
- Inmates are educated about physical distancing;
- Meal distribution is re-structured to provide for increased physical distancing;
- Medication distribution is re-structured to provide for increased physical distancing:
 - 2 metre (6 foot) increments are delineated on the floor in high traffic areas to remind inmates of physical distancing spacing; and
 - Size appropriate rooms are used during medication monitoring periods.
- Capacity limits are placed on weight rooms and yards. Correctional centres follow local health authority orders with respect to the operation of indoor exercise spaces;
- Leisure and recreation areas where cleanliness and physical distancing cannot be assured are taken offline;
- Living unit counts are reduced to under 50 where operationally possible; and
- Inmates are not double bunked where operationally possible.

Official visitors

Official visitors include lawyers, members of Parliament of Legislative Assembly, Ombudsperson's staff, and peace officers, including on-duty police officers, investigators from the Independent Investigations Office, officers of Canada Border Services Agency, and

probation and parole officers. Visits made to an inmate by any of the aforementioned visitors are usually on a one-to-one basis and require private communication.

Provincial correctional centres follow protocols for physical distancing for official visitors as follows:

- All open (in-person) official visits are suspended and official visits are facilitated in closed settings (rooms with glass partitions) or via video conferencing; and
- Lawyers requesting access to the provincial correctional centre for disciplinary hearings are accommodated via telephone.

Programmatic and professional visitors

Programmatic and professional visitors may include spiritual advisers, medical personnel, Gladue report writers, professional program providers, volunteers, private agencies, and community groups. The aforementioned visitors typically attend provincial correctional centres to provide an activity, program, or service to inmates.

Provincial correctional centres follow protocols for physical distancing for programmatic and professional visitors as follows:

- All volunteer programs are suspended;
- Non-essential program work is suspended;
- Programming is suspended as follows:
 - Educational, vocational, and recreational programs are suspended; and
 - Teachers may drop off assignment and pick up marking at pre-arranged times, but in-person teaching is suspended.
- Essential contract workers may attend. They are educated about germs and infection spread through droplets and physical distancing. Practicum students may not accompany them.

Facilities management and subcontractors

Facilities management at BC provincial Correctional Centres is provided CBRE or Honeywell. Facilities contractors sub-contract with numerous other agencies to provide maintenance services. These services include construction, plumbing, electrical work, cleaning, data management, etc.

Provincial correctional centres follow protocols to ensure facilities contractors maintain physical distancing at all times.

Family / friends and clients

Provincial correctional centres have lobby spaces and washrooms that are normally open to the public.

Inmate family and friends attend the centre to drop off mail, deposit money to inmate trust accounts, visit with inmates, wait for inmates to be released, ask questions, pick up inmate personal effects, and to drop off/exchange inmate clothing for court.

Inmates who have been released are referred to as clients or former clients. Sometimes they are released internally via the Admissions and Discharge department, and sometimes they are released at court. They attend provincial correctional centre lobbies to pick up funds from trust accounts, receive identification printouts, and to pick up personal effects.

Provincial correctional centres follow protocols for physical distancing for inmate family / friends and clients as follows:

- Lobbies are closed to the public;
- Washrooms are restricted to facilities contractors working outside the building without other washroom access;
- Money can be mailed in via Canada Post. Money orders are recommended;
- Mail is accepted via Canada Post;
- Inmates scheduled for release have their trust funds pre-prepared for pick-up; and
- Clients returning to receive their trust funds and effects wait outside until all material and documents are prepared. They are permitted into the lobby to sign for their items.

Staff attendance protocols

Provincial correctional centres recognize that staff coming and going from the centres are a potential source for infection transmission. BC Corrections has followed attendance protocols to reduce the risk of infection transmission within the correctional centre.

Essential service designation

Provincial correctional centres provide officers and other staff with a clear explanation of the essential service designation and how it applies to work attendance during the pandemic.

Self-reporting

Staff self-report any of the following circumstances to the designated centre contact:

- Flu-like symptoms in self or a close contact;

- Positive COVID-19 test result for self or a close contact;
- Medical recommendations to self-isolate or self-monitor for self or close contact;
- Return from travel outside Canada (self or close contact);
- Difficulty returning to Canada;
- Challenges with attendance due to provision of childcare;
- Challenges with attendance due to provision of care for ill family member; and/or
- Any other query or request to be absent from the workplace directly caused by COVID-19.

COVID-19 attendance protocols

Provincial correctional centres ensure all directions to staff with respect to attendance are in compliance with any orders by the Provincial Health Officer. Provincial correctional centres follow protocols related to staff COVID-19 illness or absences as follows:

- Raise awareness among staff about what to do if they become ill. As per usual practice, staff do not work if they are ill;
- Direct staff to essential services childcare resources;
- Direct staff to keep designated contact updated on test results, illness progression, or recovery;
- Direct staff regarding expectations for self-isolation and self-monitoring;
- Ensure payment under short term illness and injury (STIIP) provisions for COVID-19 related illness and absences;
- Ensure ST02 (doctor's notes) requirements are waived for staff who are ill or required to self-isolate (to reduce pressures on the healthcare system and prevent possible transmission in the community);
- Develop a mechanism to track staff recommended to self-isolate; self-monitor; and COVID-19 positive test results; and
- Ensure ready access to accurate daily rosters and attendance for review if tracing investigations are required.

BC Corrections identification

Provincial correctional centres ensure all staff have BC Corrections identification and/or badges, as required. Staff are provided direction on appropriate use of their identification.

Self-isolation and self-monitoring

Depending on individual circumstances, either self-monitoring or self-isolation may be recommended for individuals who may have been exposed to the virus but do not have symptoms.

Officers and staff requested to **self-monitor** may still be required to attend the workplace as an essential service worker, but are required to monitor themselves for new symptoms or signs of coronavirus. Staff are directed to the BCCDC's [self-monitoring information sheet](#).

Officers and staff requested to **self-isolate** remain home and avoid situations of possible contact with others. Self-isolation is undertaken to prevent spread of an infectious disease to other people. Staff are directed to the BCCDC's [Dos and Don'ts information sheet](#) on self-isolation.

Symptoms of COVID-19 in staff

Officers and staff developing symptoms are directed to contact 8-1-1 for medical advice and should identify themselves to the 8-1-1 operator as: "*a first responder corrections staff working in a correctional centre*".

If directed to a testing site, officers and staff present their BC Corrections identification to ensure the priority testing is conducted.

Education and communication

Provincial correctional centres ensure staff, workers, and inmates are educated about COVID-19, the symptoms, spread, and treatment and the infection control measures implemented to minimize infection transmission.

Officers and staff

Provincial correctional centres follow protocols to ensure staff are educated about COVID-19, the symptoms, spread, and treatment as follows:

- Access to this guide;
- Twice-weekly training sessions for staff in partnership with CHS;
- E-mail communications with links to reputable sources of information;
- Intranet page with up-to-date information from BCCDC, PHO, senior management, etc. (CorrPoint).

Provincial correctional centres follow protocols to ensure staff are educated about the infection control measures implemented to minimize infection transmission as follows:

- Critical information exchange on daily written muster reports and verbally in muster meetings;

- Critical information exchanged verbally in daily leadership meetings;
- Signage on cell doors identifying inmates on droplet protocols;
- Signage on living unit doors identifying if any special designations or protocols are in place:
 - Induction/intake units; or
 - Restricted movement protocols.
- COVID-19 dedicated announcement boards in staff services areas;
- E-mail communications;
- Consolidation of all local protocols and communications in one place; and
- Consolidation of information from senior management in one place (CorrPoint).

Inmates

Provincial correctional centres follow protocols to ensure inmates are educated about COVID-19, the symptoms, spread, and treatment as follows:

- Access to this guide;
- Frequent education and information sessions, where possible, in partnership with CHS.

Contractors

Provincial correctional centres follow protocols to ensure contractors are educated about COVID-19, the symptoms, spread, and treatment as follows:

- Access to this guide;
- Education and information sessions, where appropriate, in partnership with CHS; and
- E-mail communications, where appropriate, with links to reputable sources of information.

Protocols for symptomatic inmates

Provincial correctional centres follow protocols to manage inmates with flu-like symptoms from symptom on-set to recovery to reduce the risk of infection transmission.

Immediate isolation

Inmates with flu-like symptoms are immediately isolated behind a closed door. As per usual procedures, if the inmate is in medical distress the following procedures are followed:

- If CHS is on-site, staff call a code BLUE for immediate medical attention; or
- If CHS is not on-site, staff immediately alert the officer-in-charge who phones 9-1-1 for urgent medical attention. When requested by paramedics, information sharing between on-call CHS contacts and the paramedics is facilitated.

Healthcare assessment

If the inmate is not in medical distress, CHS is contacted to attend and assess the inmate as soon as practicable.

All other inmates in the area are locked up during the assessment and cell door windows are covered for privacy. The result of the assessment is communicated to the inmate.

If medical professionals are not on-site, staff address COVID-19 questions concerning inmates to the Correctional Health Services (CHS) physicians on-call afterhours contacts:^{s.15}
or^{s.15}

Isolation recommended

If the healthcare assessment results in an isolation recommendation, correctional staff explain the placement decision to the inmate and the inmate is moved to a designated living unit for isolated inmates and placed on droplet protocols.

Droplet protocols

The droplet protocols are explained to the inmate. Upon placement in the cell, staff affix signage to the door to alert anyone in the area that the inmate is on droplet protocols.

The area where the inmate had been previously housed and/or isolated is cleaned and disinfected prior to re-use. The inmate has their ablutions alone, and afterward the area is cleaned and disinfected.

Movement

Prior to the movement, the inmate is assessed by a correctional supervisor to determine their compliance level. The inmate's level of compliance determines the PPE required by officers when interacting with him/her:

- If compliant, the inmate is directed to wash their hands for 20 seconds and don a surgical mask prior to being accompanied by officers for the movement; or
- If non-compliant, officers don personal protective equipment prior to physical escort of the inmate during the movement.

During the movement to the designated isolation cell, the inmate does not touch any surface (door handles, call control buttons).

Physician assessment

The inmate is seen by a doctor and assessed. The inmate is swabbed for a COVID-19 test if necessary.

If the recommendation for isolation remains, the inmate remains on droplet protocols and the inmate's health is monitored by healthcare professionals.

Restricted movement

If the inmate was on a living unit at the time of symptom on-set, restricted movement protocols are applied to the originating living unit until the test results are received. Provincial correctional centres ensure protocols are in place for the following regular living unit procedures:

- Lock/unlock schedule;
- Meal distribution;
- Medication distribution;
- Laundry exchange;
- Canteen distribution;
- Programming;
- Yard access;
- Access to legal counsel and eDisclosure;
- Work programs;
- Community reintegration programs;
- Courts;
- Healthcare access; and
- Sentence management activities, transfers, and releases.

Restricted movement protocols take the following circumstances into consideration and develop procedures on a case-by-case basis:

- Video court;
- Health care;
- Disciplinary hearing; and
- Access to legal counsel.

Protocols for confirmed COVID-19 inmates

Provincial correctional centres follow protocols to manage inmates with confirmed cases of COVID-19 to reduce the risk of infection transmission.

s.15

¹ List of local health authority contact numbers is provided in Appendix B.

s.15

Urgent medical care

For most cases, symptomatic inmates can be cared for in the provincial correctional centre without referral to a hospital. Sending inmates to an emergency room when they do not require a higher level of medical care risks spreading infection within the hospital and puts correctional staff at risk unnecessarily.

CHS providers advise provincial correctional centres on suitable living units and cells for inmate isolation. CHS staff provide medical care to inmates in consideration to the severity of illness and other factors.

In the cases where referral to a higher-level medical facility is required, CHS staff share information on suspected or confirmed COVID-19 cases with the receiving facility as well as BC Emergency Health Services (BCEHS) prior to the inmate's arrival to ensure appropriate infection control measures are in place.

Additionally, CHS staff also prepare information packages to accompany correctional officers escorting the inmate to the hospital.

If medical professionals are not on-site, staff address COVID-19 questions concerning inmates, including the need to transfer to acute care, to the Correctional Health Services (CHS) physicians on-call afterhours contacts:^{s.15} If the inmate is in medical distress, staff immediately alert the officer-in-charge who phones 9-1-1 for urgent medical attention. When requested by paramedics, information sharing between CHS and the paramedics is facilitated.

Food safety

Provincial correctional centres follow safe food handling procedures to reinforce routine food safety practices. Where possible, implementing measures to minimize handling of shared food and items that may touch another person's food, such as:

- Designating food distribution processes;
- Minimizing handling of multiple sets of cutlery;
- Ensuring that food handlers:
 - Practice good hand hygiene;
 - Do not work in food handling areas if they are ill;
- Ensuring that surfaces are cleaned and disinfected after each meal. .
- Persons on droplet protocols receive meals in their cell on single-use plates/cups.

Ordinary cleaning and sanitation procedures for dishes are sufficient for killing the virus.

Clean and disinfect regularly

Provincial correctional centres follow increased cleaning protocols throughout the building.

Cleaning and disinfecting frequently touched surfaces reduce the risk of transmission of COVID-19.

Frequently touched surfaces such as doorknobs and tables should be cleaned regularly. Make sure to clean surfaces before disinfecting.

High-touch areas in the provincial correctional centres, such as toilets, door handles, and workstations, are disinfected at least once daily and preferably twice daily with an agent effective against coronavirus.

Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. The types of disinfectants that can be used include:

- 500 parts per million chlorine solution: 1:100 [e.g. mix 10 ml household bleach (5.25%) with 990 ml water];
- Accelerated hydrogen Peroxide (0.5%); and/or
- Quaternary Ammonium Compounds (QUATs).

Follow product instructions for dilution and contact time. Unless otherwise stated on the product, use a detergent to clean surface of all visible debris prior to application of disinfectant.

Surfaces that become soiled with respiratory secretions or body fluids should be cleaned with an effective disinfectant. Use appropriate PPE when cleaning or handling surfaces, clothing, or linen soiled with bodily fluids.

Ensure Laundry is handled safely

Use precautions when doing laundry. Laundry of inmates on droplet protocols is placed into plastic bags and identified as potential contaminated.

Gloves and a surgical/procedural mask should be worn when in direct contact with contaminated laundry. Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried.

Handwashing is performed after handling contaminated laundry and after removing gloves. If the laundry container comes in contact with contaminated laundry, it can be disinfected using a diluted bleach solution.

Precautions for on-site medical clinics

COVID-19 transmission risks in healthcare settings can be minimized through common, effective infection prevention and control measures. The BC Centre for Disease Control (BCCDC) provides information for healthcare professionals on infection control precautions, testing guidelines, and advice for care of people with suspected or confirmed COVID-19.

The BCCDC's recommendations are followed by CHS with adaptations to the unique correctional environment as follows:

- Increased cleaning of frequent touch surfaces in the healthcare area;
- Client awareness, via BC Corrections staff, of communicating any flu-like symptoms;
- Client awareness, via BC Corrections staff, of COVID-19, its transmission and prevention measures;
- When clients report flu-like symptoms to BC Corrections staff, they are immediately isolated, and CHS is contacted to attend the area and conduct an assessment;
- All other inmates are locked during the assessment and privacy is accommodated via the covering of all cell door windows;
- CHS medical professionals where appropriate PPE (gown, gloves, mask, eye protection);
- CHS medical professionals follow BCCDC guidance for COVID-19 diagnostic testing; however, given the risks associated with provincial correctional centres, testing of suspected cases is conducted regardless of the current provincial guidance for testing in community settings.

Personal protective equipment (PPE)

Have Sufficient Infection Control Supplies

It is recommended that provincial correctional centres have a stock of infection control supplies on-site to deal with suspected and/or confirmed cases. This includes:

- Hand washing supplies and hand cleaning gels;
- Appropriate cleaning supplies;
- Tissues;
- Surgical masks if possible;
- Disposable gloves;

- It is advised to have some supply of N95 respirators on-site (if possible) for medical responders in the rare event that they are needed for an aerosol-generating procedure (e.g. to administer CPR). Airborne precautions, including N95 respirators with eye protection, are recommended only for aerosol-generating procedures (e.g. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation).
- For on-site medical facilities that provide a higher level of care (e.g. nurse practitioners or physicians)
 - Personal protective equipment for contact and droplet precautions (including eye protection, surgical/procedural masks, and disposable gowns and gloves)
 - A stock of swabs to conduct COVID-19 testing. Clinicians can use the same collection devices that are routinely used for NP swabs for influenza (or other respiratory virus testing or skin/mucosal swabs for HSV/VZV viral testing), with a label/requisition for COVID-19 testing. The BCCDC's webpage for health professionals provides up-to-date guidance on COVID-19 testing protocols.

Appropriate PPE for correctional centres extends to the use of masks, eye protection, gloves and in certain situations gowns. PPE needs are assessed frequently through local and provincial OHS committees and are revised based upon medical and expert advice. Current PPE requirements are listed at appendix A.

Appendix A: Personal Protective Equipment

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Appendix B : Health Authorities and primary COVID-19 hospital sites

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

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.