

FAQs: Court Appearances

The Province of B.C. recently announced a four-phased “Restart BC Plan,” which will slowly ease some of the restrictions that have been put in place in response to COVID-19. The province of B.C. is currently in phase two. Correctional centres are closed living and working environments, and during this phase very little will change in the correctional centres. However, one change you will notice is that the Province of BC has restarted in-person court appearances. Video court appearances will remain the preferred option, and the Adult Custody Division will continue to do everything possible to facilitate video court appearances where ordered by the courts. The following Frequently Asked Questions (FAQs) have been developed to answer some of the questions you may have. Please don’t hesitate to ask additional questions.

1. How will I know if I have been scheduled for a video court appearance or an in-person court appearance?

When you receive your order to attend court, it will state if your court appearance is by video or in-person. If it doesn’t specify, it will be considered an in-person appearance.

2. I have an in-person court appearance scheduled, but I would prefer to attend video court, what can I do?

If you have been scheduled for an in-person court appearance but you would prefer a video court appearance, you need to speak to your legal counsel. They may be able to apply to the court on your behalf to request that your appearance be changed to video court. These requests should be made as soon as possible as last-minute requests may not be possible.

ADULT CUSTODY DIVISION – COURT APPEARANCES

3. I have a video court appearance scheduled, but I would prefer to attend court in person, what can I do?

If you have been scheduled for a video court appearance but you would prefer an in-person court appearance, you need to speak to legal counsel. They may be able to apply to the court on your behalf to request your appearance be changed to an in-person court appearance. These requests should be made as soon as possible as last-minute requests may not be possible.

4. I have an in-person court appearance scheduled, what can I expect?

If you have attended court in-person before, you will notice many changes since the provincial health emergency was declared. BC Corrections, BC Sheriff Services, and the Courts are working together to minimize the transmission and spread of COVID-19. In addition to being asked to follow recommendations from provincial health officials, below are some of the things that you can expect to encounter to minimize the risk to you and others during transport with BC Sheriffs Services and while in attendance at the courthouse:

- Active health screening of all individuals before and at the courthouse, e.g., you will be asked about your current health;
- Enhanced cleaning of frequently occupied spaces throughout the courthouse areas and cell block;
- Reconfiguration of courtrooms to allow two-meter distancing and/or barriers installed to prevent transmission of droplets if unable to maintain two-meter distancing in the courtroom;
- Requirement for handwashing or use of hand sanitizer upon entry to or exit from the cell block;
- Signs and/or floor markers directing one-way foot traffic or indicating where to sit or stand;

ADULT CUSTODY DIVISION – COURT APPEARANCES

- Authorized visits with counsel or others will only occur in rooms with a partition between the parties.
- You will be transported by yourself in a vehicle compartment, and the compartment will be cleaned between each occupant's use.
- You will be by yourself in a cell while at the courthouse, and the cells will be cleaned between each use.
- You will be asked to wear a mask if no barrier is in place and you are unable to maintain two-meter distancing.
- If you are subject to a search, a new pair of nitrile gloves will be used for each search.

5. What will happen when I return to the correctional centre after my in-person court appearance?

BC Corrections has introduced many new procedures to mitigate the spread of COVID-19 inside our correctional centres and keep you and our staff members safe. One of these procedures is our new admission process. All new admissions are separated from the general population for up to 14 days and health care is consulted before they are placed within the general population. During the assessment period, health care will perform wellness checks frequently for possible symptoms of COVID-19.

When you return from an in-person court appearance, you will be considered a new admission to the centre.

If you have several days of in-person court appearances in a row, you will be housed separately for this time period until you have completed your last in-person court appearance. Once completed, you will begin the new admission process by being placed on the induction unit for 14 days.

COVID-19 transmission remains a concern in the community. BC Corrections has introduced these additional safety procedures to minimize

ADULT CUSTODY DIVISION – COURT APPEARANCES

the possibility of COVID-19 entering the correctional centres from the community.

Please don't hesitate to ask if you have additional questions

FAQs: Individuals in custody

During this COVID-19 pandemic, we are all experiencing a time of worry about our health and overall well-being. We recognize that being in a correctional centre adds to your feelings of anxiety and uncertainty. The following Frequently Asked Questions (FAQs) have been developed to answer some of the questions you may have. Please don't hesitate to ask your unit officer additional questions. The health and well-being of everyone in our centres is very important to us.

1. I have heard that BC is easing restrictions related to COVID-19, what does that mean for me?

The Government of B.C. announced a four-phased "Restart BC Plan," for relaxing COVID-19 related restrictions. This plan allows for gradual increases in social interactions and the reopening of some businesses and services with additional health measures in place. BC is currently in phase three. When you are released to the community you will see many services and businesses are operating again but things will look quite different.

It's important to remember that COVID-19 has not gone away and case numbers are still on the rise in many parts of the world. COVID-19 still presents a significant health risk. As more businesses and services are opening in the community, the risks associated with COVID-19 transmission go up, not down. It's also important to remember that correctional centres are unique environments. The steps BC Corrections has taken to prevent COVID-19 from entering our centres have been effective. For now, the additional health measures we have put in place in our correctional centres will not change. In the future, any changes will be done in consultation with healthcare authorities.

2. When will visitors be allowed back into the correctional centre?

Personal visitors and non-essential contractors are not allowed into the centre at this time, except in exceptional circumstances. COVID-19

ADULT CUSTODY DIVISION COVID-19 RESPONSE

continues to present a serious health risk. This is particularly true as people in the community begin to “expand their bubble” and increase their social interactions.

In response to the visitor restrictions, we have made local phone calls free of charge and doubled the number of mail items for which postage will be paid to make it easier to maintain community connections. If you have exceptional circumstances that require an in-person visit, you may complete a special request form and the warden will consider it.

3. Why can't I have face-to-face meetings with my lawyer?

In-person visits are restricted right now to reduce the chance of COVID-19 coming into the centre. Confidential visits with lawyers can occur without direct contact in secure booths, or by video visit or telephone, depending on the situation.

4. What is being done to stop COVID-19 from entering the correctional centre and to reduce the risk of COVID-19 spread within the correctional centre?

Everyone:

- Mandatory handwashing.
- Physical distancing: keep two meters between people wherever possible.
- Increased cleaning throughout the centre, livings units, staff areas and all “high-touch” surfaces such as phones, doorknobs, railings, counters, and light switches.
- Access to cleaning supplies for your personal use for additional disinfecting of your cell (if you wish).
- Active screening of everyone entering the correctional centre.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

Individuals in custody:

- Active screening process for all new and returning admissions into the centre. The process includes a questionnaire, a temperature check, and a health screening.
- All new admissions, including those returning from one day in-person court appearances, are placed in an induction unit for a 14-day period.
- Individuals in induction units are provided with as much time out of their cells and as many amenities as possible. These individuals can interact socially (while physically distancing) with other individuals admitted on the same day, in their cohort (bubble).
- During the 14-day period, health care will perform wellness checks frequently for possible symptoms of COVID-19.
- If a person has several days of in-person court appearances in a row, they will be accommodated separately in the centre for this time period until they have completed their last in-person court appearance. Their placement will be in the least restrictive unit, based on availability. Once their court appearances are completed, they will begin the new admission process by being placed on an induction unit for 14 days.
- For those already in custody, we continue to monitor everyone to identify any individuals who show symptoms of COVID-19. Healthcare will assess and if necessary, medically isolate and treat symptomatic individuals. This may include testing.
- Any confirmed cases of COVID-19, as well as those who, due to contact tracing, are considered close contacts of suspected or confirmed cases, are immediately medically isolated, single-bunked, and attended to by healthcare.

Staff/Healthcare Personnel/Contractors:

- Active screening (health questionnaire) of all staff, healthcare personnel, and essential contractors who enter the correctional centre. This screening ensures no one enters a correctional centre if they are exhibiting possible symptoms of COVID-19.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

- No staff, healthcare personnel, or contractor may enter the centre if they have travelled outside of Canada within the last 14 days.
- Correctional management can deny any individual entry into the correctional centre. Those who are symptomatic are sent home and required to be tested in order to attend work.
- Staff are also self-monitoring for COVID-19 symptoms.

5. Will there be enough cleaning supplies on the unit?

Yes, each unit has enough cleaning supplies for enhanced cleaning, including high-touch surfaces. Individuals also have access to cleaning supplies for their own personal use.

6. How can I prevent getting infected?

The Provincial Health Officer (PHO) has indicated that the most important things you can do are to wash your hands regularly, avoid touching your face, and practice physical distancing. To reduce your risk of infection:

- Wash your hands often with soap and water for at least 20 seconds.
- Do not touch your face, eyes, nose or mouth with unwashed hands.
- Cover your mouth and nose with a disposable tissue or the crease of your elbow when you sneeze or cough.
- Maintain a two-metre distance from other individuals in custody (practice physical distancing).
- Do not share food and drinks.

7. How is COVID-19 spread?

The coronavirus is transmitted through liquid droplets when a person coughs or sneezes. The virus (which lives in these droplets) can enter through your eyes, nose, or throat if you are in close contact.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.

8. What is the difference between droplet contact and airborne transmission?

Droplet contact: Some diseases can be transferred by infected droplets contacting surfaces of the eye, nose, or mouth. For example, droplets that may be invisible to the naked eye are generated when a person sneezes or coughs.

These droplets typically spread only one to two metres and quickly fall to the ground. Influenza and SARS are two diseases capable of being transmitted from droplet contact. Currently, health experts believe that coronavirus can also be transmitted in this way.

Airborne transmission: This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs.

Examples of diseases capable of airborne transmission include measles, chickenpox and tuberculosis. Currently, health experts believe that coronavirus cannot be transmitted through airborne transmission.

9. Can I get sick from someone who isn't showing symptoms?

There is still a lot we don't know about COVID-19 and there are ongoing medical studies to understand it better.

B.C. health officials recommend that the best ways to prevent getting sick are to keep a minimum of two metres distance between yourself and others whenever possible, wash your hands frequently, and avoid touching your face.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

10. Can I catch COVID-19 from eating my meals?

- COVID-19 doesn't appear to be transmitted by eating food. However, it is important to wash your hands before preparing or eating food.
- Our food providers are working to ensure proper cleanliness during food preparation and food delivery. All employees of the contractor who prepares and handles your food are food-safe certified.
- You have the option to eat your meals in your cell rather than in the common area.

11. How does social/physical distancing work on the living unit?

There are many ways to practice social/physical distancing:

- When participating in activities, stay in small groups where you can keep two metres between you and other people.
- At mealtimes, you are required to line up with physical distancing marked by tape, much like you would line up at a grocery store in the community.
- If you are out of your cell on the living unit, keep a minimum of two metres between you and other individuals.

12. Why aren't we being given masks and gloves?

The use of personal protective equipment (PPE) (gloves, masks, etc.) is determined in consultation with the PHSA, Correctional Health Services and as recommended by the BC Centre for Disease Control.

Wherever staff or contractors are unable to maintain a distance of two metres from any other person, they must wear an approved face mask. This extra measure is in place to reduce the likelihood of an individual in custody contracting COVID-19 from a staff member or contractor.

You do not need to wear a mask because you have either gone through the 14-day period in an induction unit upon admission or have been in custody for a lengthy period of time and already live in your cohort ("bubble"),

ADULT CUSTODY DIVISION COVID-19 RESPONSE

much like a household. Living units, like households, contain individuals who have self-isolated in a “bubble” as a group and no longer pose a transmission threat to one another.

An exception is if you are placed in medical isolation on droplet protocols or if you are going somewhere outside the centre on a medical escort and that location requires you to wear personal protective equipment (PPE) such as a mask. Even with the masks, it is very important to keep a minimum of two metres distance between yourself and others whenever possible, wash your hands frequently, and avoid touching your face.

13. Staff are handling my mail and canteen items without wearing gloves. Is that safe?

The best protection against COVID-19 is frequent hand washing. Gloves may collect germs and people are less likely to wash their hands when wearing gloves. Staff are frequently washing their hands before handling items. We encourage you to also wash your hands as frequently as possible.

14. Can all staff and people in custody be tested for COVID-19?

Healthcare staff determine who is tested for COVID-19. Individuals in custody and staff at correctional centres are being given priority testing when a test is needed.

Please monitor yourself for signs of illness and inform your unit officer if you are feeling unwell. Staff are also self-monitoring and they will seek medical advice if they experience any symptoms. The best defence is keeping physical distance from others as much as possible, washing your hands frequently, and not touching your face.

15. Will programs and support services continue?

During the COVID-19 pandemic, correctional centres have maintained programming and services which are facilitated by essential service workers

ADULT CUSTODY DIVISION COVID-19 RESPONSE

where possible and in line with the Province of B.C.'s safety recommendations. These include:

- a. Health care services, including mental health resources, programs and services;
- b. Aboriginal Liaison Worker supports;
- c. Programming and work assignments for individuals in custody; and
- d. Spiritual services.

Volunteer programs have been reduced or temporarily stopped. As the situation progresses, things may change.

16. I have heard that BC Corrections has released some individuals early on temporary absences due to COVID-19. Will I be released early by BC Corrections due to COVID-19?

No. Early on, BC Corrections was proactively assessing and issuing temporary absences (TAs) for suitable individuals to reduce counts in centres. This is no longer occurring because counts have been reduced within correctional centres.

TAs are still being considered by BC Corrections for individuals serving intermittent sentences. This is because having individuals coming and going to serve sentences on weekends could heighten COVID-19 transmission risk within the centre.

***Health information shared in this FAQ has been sourced from the BC Centre for Disease Control**

Keep safe...practice physical distancing, wash your hands, and don't touch your face!

Mailing Address: P.O. Box 9278 Stn Prov Govt
7th floor, 1001 Douglas Street, Victoria, British Columbia V8W 9J7 Telephone: (250) 387-5098 Fax: (250) 952-6883

C575528

August 17, 2020

Wardens
Adult Custody Division

Re: Change to Legal Authority for COVID-19 Induction Unit and Medical Isolation Placements.

Ministerial Order M193 under the *Emergency Program Act*, signed June 17, 2020, authorizes the operation of induction units and use of medical isolation to mitigate the spread of COVID-19 in correctional centres. The Ministerial Order specifies these measures are necessary in order to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic. Under the Ministerial Order, medical isolation placements are a form of induction unit placement.

To date, BC Corrections has used separate confinement authorities under the Correction Act Regulation (CAR) to place individuals in induction units and on medical isolation.

Effective Wednesday, August 19, 2020 any inmate placement that is COVID-19 related will be by Ministerial Order authority and not by separate confinement (s.17 and s.18 of the CAR). This allows for a clear demarcation between COVID-19 related placement decisions and normal operational separate confinement decisions.

Impacts to correctional centres

The introduction of the Ministerial Order authority changes only the status under which individuals are held on induction units and in medical isolation. The change in authority necessitates a change in placement notification forms and tracking templates. All other protocols regarding the operation of induction units and medical isolation remain unchanged and may be found in the [COVID-19 Induction Unit and Isolation Protocols](#).

Placement notification forms

Current induction unit and medical isolation placement notifications occur using two modified s.17/18 forms. These COVID-19 s.17/18 forms are now replaced with **amended placement notification forms** that use the same language but have been altered to remove reference to separate confinement and replace Correction Act

Regulation authority with the authority of the Ministerial Order. As noted in the table below, the amended forms will be **used for new induction unit and medical isolation placements effective August 19, 2020**. Existing placements will continue with their original s.18 forms and these will gradually expire over the next 14 days.

Current form	Amended form – Use for new induction and isolation placements effective August 19, 2020
Separate Confinement Notification COVID-19 <i>Induction</i> Assessment	Notification of COVID-19 <i>Induction</i> Unit Placement
Separate Confinement Notification COVID-19 <i>Isolation</i> Protocols	Notification of COVID-19 Induction Unit – <i>Medical Isolation</i> Placement

There is **no change to non-COVID separate confinement placement notification**. Non-COVID related s.17/18 placements occur using the standard CAR notification form. These placements will continue as usual, using the standard form. If an individual is placed on CAR s.17/18 separate confinement while in an induction unit or on medical isolation, the standard notification form is used.

Tracking induction unit and medical isolation placements

The current practice of tracking induction and isolation placements using the segregation roster (or rosters developed specifically for tracking COVID-19 placements) will continue with minor modifications.

- For individuals placed in an induction unit or on medical isolation under the new Ministerial Order authority, staff **select 'MO' from the dropdown options in the 'Current CAR section or MO' column of the roster**.
- If an individual is placed on CAR s.17/18 placement while in an induction unit or on medical isolation, the placement is recorded using the appropriate CAR section on the roster. If the individual is returned to an induction unit or medical isolation placement upon expiration of the CAR placement, their placement is recorded as 'MO' on the roster.

This is the best method available to track Ministerial Order placements and allows for data separation between COVID-19 placements and normal s.17/18/19/24/27 placements. Modified tracking sheets will be distributed to correctional centres during the week of August 17, 2020.

Questions regarding these amendments may be directed to Erin Gunnarson at Erin.Gunnarson@gov.bc.ca or Katherine Regan at Katherine.Regan@gov.bc.ca.



Stephanie Macpherson
Provincial Director



BC Corrections – Adult Custody Division

Notification of COVID-19 Induction Unit – Medical Isolation Placement

Inmate Name: Enter surname, Enter first name and initial(s)

CS#: Enter CS#

Location: Select a correctional centre

Date: Select a date.

Placement Type: **Induction Unit – Medical Isolation – Emergency Program Act**

Legal authority/grounds:

Emergency Program Act Ministerial Order M193 authorizes the provincial director to designate classes of inmates, including classes of inmates based on the date of admission to a correctional centre, for the purposes of ensuring that the management, operation and security of a correctional centre under the *Correction Act* is in accordance with emergency and public health guidance.

Action:

To prevent the spread of COVID-19, you will be placed on medical isolation specifically in a **Select a housing location** for up to **14 days**.

While you are on medical isolation:

- You will be provided with a mask, which must be worn whenever you are outside of your cell
- Always maintain a distance of at least 2 metres (6 feet) from others to help prevent transmission of the virus unless directed otherwise by a Correctional Health Services (CHS) health care professional or correctional staff
- Time out of cell and access to amenities may be restricted to help prevent transmission of the virus to others
- Practice frequent hand washing whenever you are outside of your cell
- You will be assessed daily by a CHS health care professional and a correctional manager

If you develop new or additional symptoms, or if previously reported symptoms worsen, immediately advise a correctional staff to notify CHS.

You will be removed from medical isolation when a CHS health care professional has confirmed that it is no longer required.

Reasons for this action:

COVID-19 has been declared a global pandemic. On March 18, 2020, BC declared a state of emergency to support the province-wide response to the COVID-19 outbreak. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.

To protect people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 into the facilities and to limit the possibility of spread within. Consistent with the Provincial Health Officer's (PHO's) recommendations to self-isolate, individuals must be medically isolated to prevent the spread of the virus if they:

- Are displaying symptoms COVID-19;
- Have been diagnosed with or are confirmed to have COVID-19; and/or

- Have been directed to do so by a health care professional.

Based on the information available, a CHS health care professional has determined that you must be medically isolated. You will be removed from medical isolation protocols once medically cleared by a CHS health care professional.

Your health and well-being are important to us. We appreciate your understanding as we best ensure your health and the health of others in the correctional centre during this unprecedented time of pandemic.

Comments (if applicable):

[Click here to enter text.](#)

Person in Charge

Name: [Click here to enter text.](#)

Signature: _____

Date of Notification: [Select a date.](#)

Expiration Date: [Select a date.](#)

Information

Complaints

If you disagree with this action, you may make a written complaint to the person in charge. The person in charge must respond within 7 days of receiving your complaint.

If you disagree with the response from the person in charge

Then you may make a complaint to the Investigation and Standards Office (ISO):

Investigation and Standards Office

Phone: 250 387-5948

Mailing address: PO Box 9279, STN PROV GOVT
Victoria, BC V8W 9J7

You may also file a complaint with the Ombudsperson at any time:

BC Office of the Ombudsperson

Phone: 1-800-567-3247 (toll-free)

Mailing address: PO Box 9039, STN PROV GOVT
Victoria, BC V8W 9A5



BC Corrections – Adult Custody Division

Notification of COVID-19 Induction Unit Placement

Inmate Name: Enter surname, Enter first name and initial(s)

CS#: Enter CS#

Location: Select a correctional centre

Date: Select a date.

Placement Type: **Induction Unit – Emergency Program Act**

Legal authority/grounds:

Emergency Program Act Ministerial Order M193 authorizes the provincial director to designate classes of inmates, including classes of inmates based on the date of admission to a correctional centre, for the purposes of ensuring that the management, operation and security of a correctional centre under the *Correction Act* is in accordance with emergency and public health guidance.

Action:

To prevent the spread of COVID-19, you will be placed in an induction unit, specifically in a [Select a housing location](#) for **14 days**.

While you are in the Induction Unit:

- Monitor yourself for symptoms and report your symptoms to a correctional officer, even if mild
- You will be seen periodically by a Correctional Health Services (CHS) health care professional and a correctional manager
- Avoid physical contact with others and maintain a 2 metre (6 feet) distance from others to help prevent transmission of the virus
- Practice frequent hand washing whenever you are outside of your cell and do not share food or utensils

If you develop symptoms, immediately isolate yourself from others and advise a correctional officer. CHS are available to you within the correctional centre.

If a CHS health care professional determines that a longer period of assessment is required, then this order may be extended. If no further assessment is required, then you will be removed from the COVID-19 Induction Unit. Your stay in the COVID-19 Induction Unit may be more than 14 days if operationally necessary to manage the cohort.

Reasons for this action:

COVID-19 has been declared a global pandemic. On March 18, 2020, BC declared a state of emergency to support the province-wide response to the COVID-19 outbreak. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.

To protect people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 into the facilities and to limit the possibility of spread within. Consistent with the Provincial Health Officer's (PHO's) recommendations to self-isolate, all new admissions to the correctional centre (whether symptomatic or not), are being placed in an induction unit for the 14 day incubation period as a necessary measure to prevent the possible introduction or spread of the COVID-19 virus in the

correctional centre. "New admissions" also includes individuals returning from a court appearance or returning from another temporary absence from a correctional centre.

Your health and well-being are important to us. We appreciate your understanding as we best ensure your health and the health of others in the correctional centre during this unprecedented time of pandemic.

Comments (if applicable):

Click here to enter text.

Person in Charge

Name: Click here to enter text.

Signature: _____

Date of Notification: Select a date.

Expiration Date: Select a date.

Information

Complaints

If you disagree with this action, you may make a written complaint to the person in charge. The person in charge must respond within 7 days of receiving your complaint.

If you disagree with the response from the person in charge

Then you may make a complaint to the Investigation and Standards Office (ISO):

Investigation and Standards Office

Phone: 250 387-5948

Mailing address: PO Box 9279, STN PROV GOVT

Victoria, BC V8W 9J7

You may also file a complaint with the Ombudsperson at any time:

BC Office of the Ombudsperson

Phone: 1-800-567-3247 (toll-free)

Mailing address: PO Box 9039, STN PROV GOVT

Victoria, BC V8W 9A5

FACTSHEET

August 13, 2020

Ministry of Public Safety and Solicitor General

Facts about BC Corrections' response to COVID-19

- From the outset of the pandemic being declared, BC Corrections has followed the recommendations and guidelines of the Provincial Health Officer (PHO), health authorities and the Provincial Health Services Authority - Correctional Health Services team (PHSA-CHS), which is responsible for the healthcare of individuals in provincial custody.
- To date, one individual in provincial custody has tested positive for COVID-19. This case did not result in subsequent, positive cases and the individual has fully recovered.
- Protocols remain in place, and continue to evolve as new information becomes available, to help keep COVID-19 out of provincial correctional centres and, in the event of an infection, contain its spread among individuals in custody and those that support them.
- This starts at intake for everyone coming into BC Corrections' custody, with a questionnaire, a temperature check, medical isolation for anyone with symptoms, and placement of all new asymptomatic admissions – including those returning from in-person court appearances etc. – in induction units for a 14-day period (as authorized under the *Emergency Program Act* by Ministerial Order M193).
- Individuals in induction units are provided as much time out of their cells as possible, with as many amenities as can be reasonably accommodated under the circumstances. This includes social interaction with others in the same cohort (bubble) while physically distancing.
- Following the 14-day period in an induction unit, individuals who remain asymptomatic are integrated with the rest of the population within the centre on a living unit.
- Currently, the decrease in correctional centres' inmate counts is eliminating the need to double-bunk in some centres and leading to very few double-bunkings in others.
- Ongoing monitoring for symptoms continues for all individuals in custody. Anyone who develops COVID-19 symptoms on a living unit is quickly assessed by BC Corrections and PHSA-CHS staff and if required is medically isolated immediately. This applies to suspected or confirmed cases of COVID-19, as well as those found to be close contacts of suspected or confirmed cases through contract tracing. Medically isolated individuals are promptly tested for COVID-19 where determined appropriate by medical staff, with quick-turnaround test results.
- Living units, like households, contain people who have self-isolated as a group and no longer pose a transmission threat to one-another. To protect against possible transmission between correctional centres, BC Corrections has decreased movement within and between centres.
- Staff and contractors who exhibit symptoms or have travelled outside Canada within the last 14 days are restricted from centres. BC Corrections is actively screening everyone at

the entries to its centres, including all staff and essential contractors as they come on shift, to exclude anyone presenting symptoms.

- Other ongoing risk-reduction measures include a ban on in-person visits (unless there are urgent, exceptional circumstances), keeping contracted services like supply delivery at essential levels, and encouraging lawyers to meet with clients in custody by video or phone – or with glass separating the parties.
- In response to the visitor limitations, BC Corrections has made it easier for individuals in custody to keep in touch with family and friends by making local and long-distance phone calls free of charge. In addition, BC Corrections has also doubled the number of mail items for which postage will be paid.
- BC Corrections is facilitating court appearances by video or phone, unless directed otherwise by a judge, and is exploring ways to facilitate safe video visits with family and friends.

Physical distancing within centres:

- BC Corrections' correctional centres have space to support physical distancing. The reduction in inmate count has further facilitated physical distancing.
- Wherever staff or contractors are unable to maintain a distance of two metres from others, they must wear an approved face mask. Different grades of masks are available to mitigate the risk of transmission or protect the wearer in different scenarios. This extra mitigation measure came into effect as a result of an extensive risk assessment, consultation with and advice from PHSA-CHS, the BC Public Service Agency's Workplace Health, and Worksafe BC, to mitigate the possibility of an inmate contracting the virus from a staff member.
- No mask requirement applies to individuals in custody, all of whom either went through a 14-day period in an induction unit upon admission or have been in custody for longer. There is an exception for those in medical isolation on droplet protocols or attending an outside medical escort to a receiving agency that requires them to wear personal protective equipment (PPE) such as a mask.
- BC Corrections has implemented physical distancing in unit activities and program delivery by dividing individuals into smaller groups to align with public health guidelines and recommendations.

Food preparation and meal service:

- Each correctional centre is ensuring physical distancing in food preparation, serving and eating. While measures undertaken vary with layout differences at each centre, spacing out food preparation stations is maximizing distancing in kitchens, complemented by strict cleaning and personal hygiene practices informed by the BC Centre for Disease Control and World Health Organization.
- During meals, centres are taking a number of actions, such as dividing individuals in custody into smaller groups and separating them using lines marked on floors for mealtime line-ups. Signs and verbal reminders from staff supplement written materials provided to individuals in custody about distancing, frequent handwashing and not

sharing food or utensils. Individuals in custody are also given the option to eat their meals in their cells.

- Reduction of the overall inmate count is helping to facilitate physical distancing during mealtimes.

Presumptive cases:

- Out of an abundance of caution, any individual with COVID-19 symptoms, however mild, is considered presumptive and assessed by PHSA-CHS to determine whether testing is required.
- Any questions about COVID-19 testing should be directed to PHSA-CHS as BC Corrections' healthcare provider. Notably, the PHSA-CHS does not discuss presumptive case numbers.

Reduction in Adult Custody count:

- In recent months, BC Corrections has collaborated with justice partners to reduce the number of individuals in custody, and has granted temporary absences (TAs) in cases where staff assessed that doing so was both appropriate and safe.
- BC Corrections' in-custody count declined from approximately 2,200 in mid-March to just over 1,400 in mid-June and has remained stable since that time.
- This reduction was mostly in the remand count (that is, people in custody pending outstanding court matters), to approximately 940 individuals from approximately 1,430 as of mid-June, and in the sentenced population, to 460 from approximately 665.
- Both reductions relate to the courts prioritizing trials and sentencing at the height of the pandemic, people completing existing sentences, and fewer admissions into custody.
- Across B.C.'s 10 provincial correctional centres, the sentenced population is approximately 30% of the total inmate population.
- Temporary absence permits provide in-custody, sentenced individuals with temporary absences for a specified purpose or treatment, where appropriate or necessary.
- BC Corrections does not have discretion to proactively release people remanded in custody pending outstanding court matters. This discretion rests with the courts.
- Between mid-March and mid-June, about 25 individuals, all with fewer than 60 days left of their custodial sentences, were assessed as appropriate for release on a TA.
- Because single-bunking and physical distancing remain achievable within provincial correctional centres, in mid-June, BC Corrections paused proactive assessments of individuals for TAs, other than individuals serving intermittent sentences.
- TAs continue for people serving intermittent sentences, as appropriate. This is because having people come and go (for example, to serve an intermittent sentence on weekends) could heighten COVID-19 transmission risk and would require placement in an induction unit each time they returned to the centre.
- If an increase in the in-custody count changes these circumstances, BC Corrections may resume proactively assessing other sentenced individuals for TAs, as needed.

- Any sentenced inmate has the right to request a TA based on their circumstances and health, and regardless of sentence length with risk to public safety a paramount consideration.
- The assessment for a TA considers criminal history, sentence length (typically, fewer than 60 days remaining), offence type and any other relevant information, with risk to public safety. As well, staff considered whether the person would have necessary supports in place – whether family, community, or on-reserve, recognizing 30% of B.C.'s in-custody population is Indigenous.

Other Initiatives with Justice Partners:

- BC Corrections is working with BC Housing to develop a referral process for those at risk of being homeless upon release from custody.
- Work continues with Indigenous leadership to address the over-representation of Indigenous people in custody.

Cleaning protocols:

- Mandatory handwashing and cleaning protocols are in place for staff, essential contractors, and at intake for individuals coming into custody.
- As well, there is increased, frequent cleaning of inmate and staff areas and all high-touch surfaces that individuals regularly touch, like door knobs, light switches, railings, counters/table tops and telephones.
- Correctional centres have enough supplies to conduct proper cleaning.

Keeping staff and people in custody informed:

- BC Corrections is taking the advice of the PHO seriously and continues to communicate with staff and individuals in custody about the importance of pandemic-related protocols.
- Frequent communication, information sessions and handouts for staff and individuals in custody about COVID-19 prevention are being provided in partnership with PHSA-CHS partners.

Community Corrections:

- BC Corrections is engaged in ongoing pandemic planning meetings with its health and justice partners to address topics related to community supervision.
- Probation officers and bail supervisors continue to supervise approximately 20,000 individuals on community supervision orders.
- BC Corrections transitioned most community clients to telephone reporting based on case-specific factors like the level of risk they posed and their offence type.
- In addition, probation officers are using Skype and Teams for video supervision and to assist with case management and program delivery.

- Any and all in-person reporting takes place with glass separating clients and staff. (In June, coinciding with Phase 3 of B.C.'s Restart Plan, BC Corrections began increasing in-person visits for community clients).
- To support physical distancing and staff safety, BC Corrections suspended placing electronic supervision bracelets on the ankles of new clients for approximately three months at the height of the pandemic (March-June) and worked with the courts and other justice partners to meet client and public safety needs using other measures.
- For clients who were already fitted with ankle bracelets as a court-ordered condition of release, remote monitoring continued throughout the pandemic.
- With the protocols and safety precautions noted below established, BC Corrections resumed new intakes in the Electronic Supervision Program as of July 2, 2020:
 - Screening all clients for COVID-19 symptoms and re-booking appointments until they are symptom-free.
 - Extensive use of personal protective equipment (PPE) for probation officers, including masks, shields, eye protection and gloves, wipes and sanitizer, and adjustable and/or flexible physical barriers, as needed.
- The completion of a Technical Suitability Report (TSR) is critically necessary ahead of an individual's release or sentencing with electronic supervision, for two reasons:
 - to ensure a probation officer can investigate and confirm for the court that the client can be electronically supervised, and;
 - with the necessary PPE, assess the proposed residence and subsequently affix the electronic supervision equipment.

Contact: Media Relations
 Ministry of Public Safety and Solicitor General
 250 213-3602



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.