



ACTIVE SCREENING TOOL For Correctional Staff

① Are you experiencing a **FEVER** or new **COUGH**?

<input type="checkbox"/> NO	FEVER	YES <input type="checkbox"/>
<input type="checkbox"/> NO	COUGH (new)	YES <input type="checkbox"/>

If answer is No to BOTH of the above
Continue with Question 2

If answer is Yes to ANY of the above
the employee is to:

- A. Immediately **don a mask**
- B. **Inform manager** or On-call
- C. **Complete OHR form and fax or email** for assessment & testing
- D. **Self-isolate** at home pending test results
- E. **Update ADW Staffing** as soon as possible

RETURN HOME

② Are you experiencing a **NEW ONSET** of any of the following symptoms?

<input type="checkbox"/> NO	Muscle ache / Headache / Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore throat / Runny nose / Stuffy nose	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Loss of sense of smell or taste	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Nausea / Vomiting / Diarrhea	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Abdominal pain / Loss of appetite	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Dizziness / Confusion / Chills / Pink eye	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Skin rashes / Discoloration of fingers/toes	YES <input type="checkbox"/>

If employee answered NO to
ALL parts of Questions 1 and 2:
Continue to Work

At this time*, if employee answered YES to
ANY of the above, the employee is to:

- 1) Immediately **don a mask**
- 2) **Inform manager** or On-Call
- 3) **Complete OHR form and fax or email** for assessment & testing
- 4) **Update the ADW Staffing** as soon as possible

TO WORK

RETURN HOME*

*As the response to COVID-19 changes, the outcome options for Q.2 will be updated.



Centre: _____ : Point of Entry: _____ Date: _____

* As the response to COVID-19 progresses, the outcome options for question 2 will be updated.



ACTIVE SCREENING TOOL For Correctional Staff

① Are you experiencing a NEW ONSET of any of the following symptoms?

<input type="checkbox"/> NO	Fever	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Cough	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Muscle ache / Headache / Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore throat / Runny nose / Stuffy nose	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Loss of sense of smell or taste	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Nausea / Vomiting / Diarrhea	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Abdominal pain / Loss of appetite	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Dizziness / Confusion / Chills / Pink eye	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Skin rashes / Discoloration of fingers/toes	YES <input type="checkbox"/>

② Have you traveled outside of Canada (including the United States) within the last 14 days?

☐ NO ☐ YES

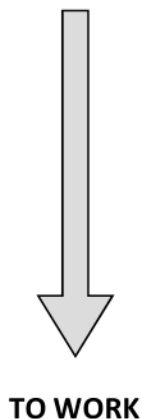
③ Have you been in close contact with anyone who has a confirmed COVID-19 diagnosis within the last 14 days?

☐ NO ☐ YES

④ Have you been told to self-isolate in accordance with Public Health directives?

☐ NO ☐ YES

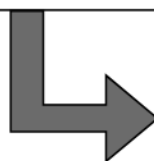
If answer is No to ALL the above questions,
the employee is to continue to work



TO WORK

If answer is Yes to ANY of the above questions,
the employee is to:

- A. Immediately **don a mask**
- B. **Inform manager** or On-call
- C. **Complete OHR form and fax or email** for assessment & testing (if symptomatic)
- D. **Self-isolate** at home pending test results (if symptomatic)
- E. **Update ADW Staffing** as soon as possible



RETURN HOME

ACTIVE SCREENING TOOL For Correctional HEALTH Staff

① Are you experiencing a **FEVER** or new **COUGH**?

☐ NO

FEVER

YES ☐

☐ NO

COUGH (new)

YES ☐

If answer is No to BOTH of the above
Continue with Question 2

If answer is Yes to ANY of the above the employee is to:

- A. Immediately **don a mask**
- B. **Inform manager/supervisor or On-call** of symptoms
- C. **Return home**
- D. **Call PHSA Workplace Health Line** at 1-833-875-2155 (toll free) or 604-875-2155 (open 7am-7pm daily)
- E. **Get tested ASAP** (if directed by Workplace Health)
- F. **Self-isolate** at home pending test results (or as directed by Workplace Health)

RETURN HOME

② Are you experiencing a **NEW ONSET** of any of the following symptoms?

☐ NO

Muscle ache / Headache / Fatigue

YES ☐

☐ NO

Sore throat / Runny nose / Stuffy nose

YES ☐

☐ NO

Shortness of Breath

YES ☐

☐ NO

Loss of sense of smell or taste

YES ☐

☐ NO

Nausea / Vomiting / Diarrhea

YES ☐

☐ NO

Abdominal pain / Loss of appetite

YES ☐

☐ NO

Dizziness / Confusion / Chills / Pink eye

YES ☐

☐ NO

Skin rashes / Discoloration of fingers/toes

YES ☐

If employee answered NO to
ALL parts of Questions 1 and 2:
Continue to Work

If employee answered YES to
ANY of the above, the employee is to:

- 1) **Don a mask** and report to work
- 2) **Inform manager/supervisor**
- 3) **Call PHSA Workplace Health Line** at 1-833-875-2155 (toll free) or 604-875-2155 (open 7am-7pm daily) **when home**
- 4) **Update the manager** as soon as possible

TO WORK

TO WORK

**ACTIVE SCREENING TOOL
For Correctional HEALTH Staff**

① Are you experiencing a NEW ONSET of any of the following symptoms?

- | | | |
|-----------------------------|---|------------------------------|
| <input type="checkbox"/> NO | Fever | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Cough | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Muscle ache / Headache / Fatigue | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Sore throat / Runny nose / Stuffy nose | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Shortness of Breath | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Loss of sense of smell or taste | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Nausea / Vomiting / Diarrhea | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Abdominal pain / Loss of appetite | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Dizziness / Confusion / Chills / Pink eye | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Skin rashes / Discoloration of fingers/toes | YES <input type="checkbox"/> |

② Have you traveled outside of Canada (including the United States) within the last 14 days?

☐ NO

YES ☐

③ Have you been in close contact with anyone who has a confirmed COVID-19 diagnosis within the last 14 days?

☐ NO

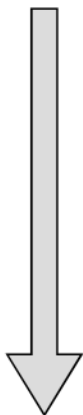
YES ☐

④ Have you been told to self-isolate in accordance with Public Health directives?

☐ NO

YES ☐

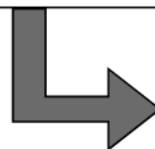
If answer is No to ALL the above questions,
the employee is to continue to work



TO WORK

If answer is Yes to ANY of the above questions,
the employee is to:

- A. Immediately **don a mask**
- B. **Inform manager/supervisor or On-call** of symptoms
- C. **Return home**
- D. **Call PHSA Workplace Health Line** at 1-833-875-2155 (toll free) or 604-875-2155 (open 7am-7pm daily)
- E. **Get tested ASAP** (if directed by Workplace Health)
- F. **Self-isolate** at home pending test results (or as directed by Workplace Health)



RETURN HOME

CONTRACTOR SCREENING

ACTIVE SCREENING TOOL For Contractors & Non-Staff

① Are you experiencing a **FEVER** or new **COUGH**?

<input type="checkbox"/> NO	FEVER	YES <input type="checkbox"/>
<input type="checkbox"/> NO	COUGH (new)	YES <input type="checkbox"/>

If answer is No to BOTH of the above
Continue with Question 2

If answer is Yes to ANY of the above
the person is to:

- A. Immediately **don a mask**
- B. **Inform employer**
- C. **Return home**
- D. **Call 8-1-1** for assessment & testing
- E. **Self-isolate** at home pending test results
- F. **Update employer** as soon as possible

RETURN HOME

② Are you experiencing a **NEW ONSET** of any of the following symptoms?

<input type="checkbox"/> NO	Muscle ache / Headache / Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore throat / Runny nose / Stuffy nose	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Loss of sense of smell or taste	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Nausea / Vomiting / Diarrhea	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Abdominal pain / Loss of appetite	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Dizziness / Confusion / Chills / Pink eye	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Skin rashes / Discoloration of fingers/toes	YES <input type="checkbox"/>

If person answered NO to
ALL parts of Questions 1 and 2:
Continue to Work

TO WORK

If person answered YES to
ANY of the above, the person is to:

- 1) **Inform employer**
- 2) **Return home**
- 3) **Call 8-1-1** when home
- 4) **Update employer** as soon as possible

RETURN HOME

**ACTIVE SCREENING TOOL
For Contractors & Non-Staff**

① Are you experiencing a NEW ONSET of any of the following symptoms?

- | | | |
|-----------------------------|---|------------------------------|
| <input type="checkbox"/> NO | Fever | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Cough | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Muscle ache / Headache / Fatigue | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Sore throat / Runny nose / Stuffy nose | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Shortness of Breath | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Loss of sense of smell or taste | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Nausea / Vomiting / Diarrhea | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Abdominal pain / Loss of appetite | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Dizziness / Confusion / Chills / Pink eye | YES <input type="checkbox"/> |
| <input type="checkbox"/> NO | Skin rashes / Discoloration of fingers/toes | YES <input type="checkbox"/> |

② Have you traveled outside of Canada (including the United States) within the last 14 days?

☐ NO

YES ☐

③ Have you been in close contact with anyone who has a confirmed COVID-19 diagnosis within the last 14 days?

☐ NO

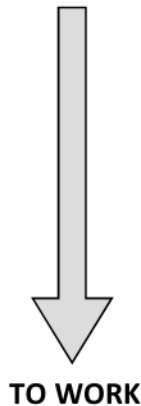
YES ☐

④ Have you been told to self-isolate in accordance with Public Health directives?

☐ NO

YES ☐

If person answered NO to all the above questions
the person is to continue to work



If person answered YES to ANY of the above questions,
the person is to:

- A. Immediately **don a mask**
- B. **Inform employer**
- C. **Return home**
- D. **Call 8-1-1** for assessment & testing (if symptomatic)
- E. **Self-isolate** at home pending test results (if symptomatic)
- F. **Update employer** as soon as possible



**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

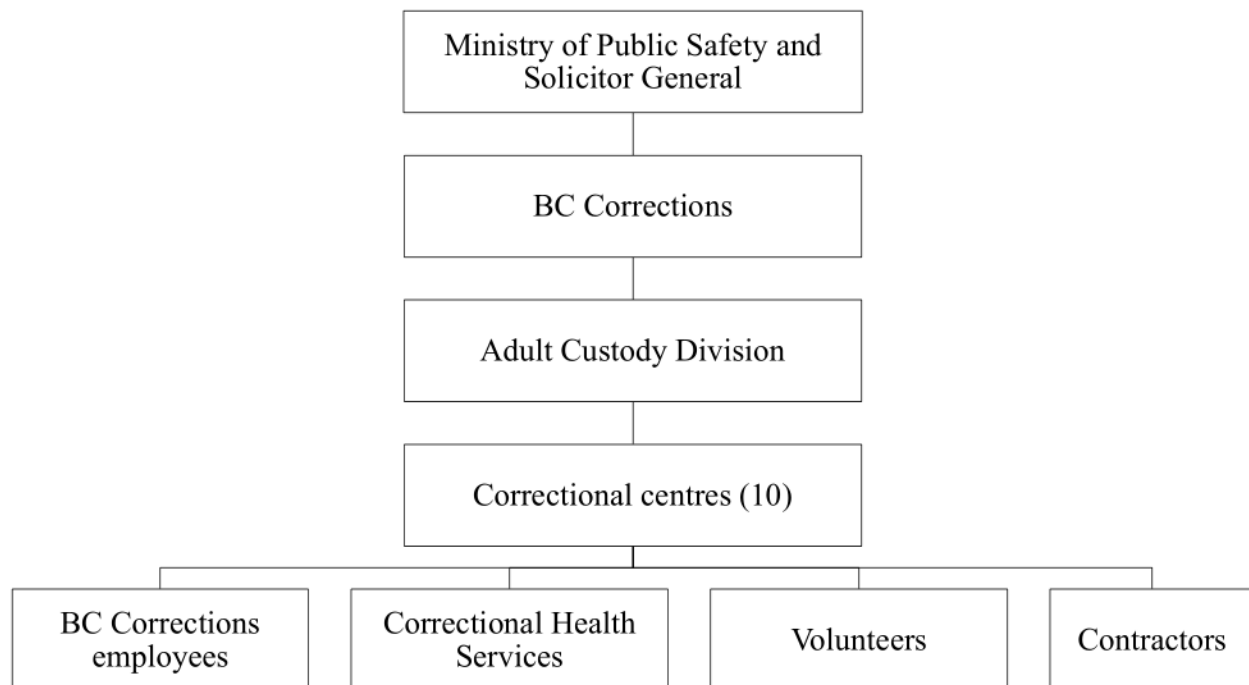
Overview

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 is 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

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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