



BC Corrections – Adult Custody Division Quarantine Unit Placement Notification

Inmate Name: Enter surname, Enter first name and initial(s)	CS#: Enter CS#
Location: Select a correctional centre	Date: Select a date.
Placement Type: CAR s. 20.1 – Medical Isolation	
<p>Legal authority/grounds:</p> <p>Section 20.1 of the Correction Act Regulation (CAR) authorizes the person in charge to order that an individual in custody is placed in a quarantine unit if the person in charge believes on reasonable grounds that:</p> <ul style="list-style-type: none"> a) Quarantine is necessary to mitigate the risk of transmitting a communicable disease, within the meaning of the <i>Public Health Act</i>; and b) The communicable disease presents a significant risk of causing serious illness or death to a person. 	
<p>Decision:</p> <p>To prevent the spread of COVID-19 within the correctional centre, you will be placed on medical isolation for up to 7 days.</p> <p>While on medical isolation, you will be seen periodically by a Correctional Health Services (CHS) health care professional. If a health care professional determines that a longer period of assessment is required, then this placement may be extended. If no further assessment is required, then you will be removed from the quarantine unit.</p>	
<p>Reasons(s) and evidence for the decision <i>(list specific reasons for this placement, information surrounding the communicable disease(s), and for the length of quarantine status):</i></p> <p>COVID-19 has been declared a global pandemic. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.</p> <p>To protect the health and safety of people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 within correctional centres 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:</p> <ul style="list-style-type: none"> • 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. <p>Medical isolation refers to the physical isolation of an individual that is subject to contact and droplet precautions. These protocols apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases. 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.</p>	

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.

Requested action:

While you are medically isolated:

- 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

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

Standards of confinement:

Section 2(2)(a) of the CAR permits restrictions on the standards of confinement, if providing the standards may endanger you or another person

The following table sets out standards of confinement that will, or may, be restricted as a consequence of your placement on the induction unit, consistent with section 2(2)(a).

Standard of Confinement	Reason(s) for Restriction	Review Period
Current restrictions		
Access to personal visits	In consultation with health professionals, in-person personal visits have suspended to protect the health and safety of everyone within the correctional centre, unless there are exceptional circumstances.	Ongoing consultation with health professionals
Potential restrictions		
At least 2.5hrs per day out of cell	If there is a high number of individuals on the quarantine unit or cohort, time out of cell may be reduced to provide individuals with time out of cell while ensuring adequate sanitation between recreation periods.	Daily

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



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Inmate Name: Enter surname, Enter first name and initial(s)	CS#: Enter CS#
Location: Select a correctional centre	Date: Select a date.
Placement Type: CAR s. 20.1 – Induction Unit	
Legal authority/grounds: <p>Section 20.1 of the Correction Act Regulation (CAR) authorizes the person in charge to order that an individual in custody is placed in a quarantine unit if the person in charge believes on reasonable grounds that:</p> <ul style="list-style-type: none">a) Quarantine is necessary to mitigate the risk of transmitting a communicable disease, within the meaning of the <i>Public Health Act</i>; andb) The communicable disease presents a significant risk of causing serious illness or death to a person.	
Decision: <p>To prevent the spread of COVID-19 within the correctional centre, you will be placed on an induction unit for up to 7 days.</p> <p>While on the induction unit, you will be seen periodically by a Correctional Health Services (CHS) health care professional. If a health care professional determines that a longer period of assessment is required, then this placement may be extended. If no further assessment is required, then you will be removed from the quarantine unit.</p>	
Reasons(s) and evidence for the decision <i>(list specific reasons for this placement, information surrounding the communicable disease(s), and for the length of quarantine status):</i> <p>COVID-19 has been declared a global pandemic. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.</p> <p>To protect the health and safety of people inside correctional centres, BC Corrections has implemented measures to prevent the introduction and transmission of COVID-19 within correctional centres.</p> <p>Consistent with the Provincial Health Officer's (PHO's) recommendations, all new individuals in custody admitted to the correctional centre, whether symptomatic or not, are placed in an induction unit for a minimum of 7 days. This includes individuals returning from a multi-day court appearance or returning from another temporary absence from a correctional centre.</p> <p>The 7-days is based on the incubation period of COVID-19. Your placement may be extended if recommended by a health care professional. For example:</p> <ul style="list-style-type: none">• if you or someone placed on the induction unit with you tests positive for COVID-19;	

- if individuals in your cohort are admitted over a period of days, as the 7 days starts from the day the last person in the cohort was placed on the induction unit; or
- If you refuse the testing requirement to be removed off induction status.

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.

Requested action:

While you are on the induction unit:

- Monitor yourself for symptoms and report your symptoms to a correctional officer, even if mild
- 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.

Standards of confinement:

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The following table sets out standards of confinement that will, or may, be restricted as a consequence of your placement on the induction unit, consistent with section 2(2)(a).

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Mailing address: PO Box 9039, STN PROV GOVT

Victoria, BC V8W 9A5

FW: COVID UPDATE: Tuesday, January 4, 2022

From: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Hoffmann, Cindy PSSG:EX <Cindy.Hoffmann@gov.bc.ca>, Indridson, Ian PSSG:EX <Ian.Indridson@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: January 4, 2022 4:32:42 PM PST
FYI

From: McLean, Kimberley M PSSG:EX <Kimberley.McLean@gov.bc.ca>
Sent: Tuesday, January 4, 2022 3:30 PM
To: Buckham, Nathan PSSG:EX <Nathan.Buckham@gov.bc.ca>; Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; McCulley, Carrie PSSG:EX <Carrie.McCulley@gov.bc.ca>; Pruce, Lori K PSSG:EX <Lori.Pruce@gov.bc.ca>; Trigg, Willow PSSG:EX <Willow.Trigg@gov.bc.ca>; Wilmot, David PSSG:EX <David.Wilmot@gov.bc.ca>
Subject: FW: COVID UPDATE: Tuesday, January 4, 2022

More sobering news... please keep yourself and your loved ones safe.

From: Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Sent: Tuesday, January 4, 2022 3:08 PM
To: Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>; McLean, Kimberley M PSSG:EX <Kimberley.McLean@gov.bc.ca>; Macpherson, Stephanie PSSG:EX <Stephanie.Macpherson@gov.bc.ca>; Small, Bill R PSSG:EX <Bill.Small@gov.bc.ca>; Glen, Simon T PSSG:EX <Simon.Glen@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Smith, Elliott PSSG:EX <Elliott.Smith@gov.bc.ca>; Day, Ryan PSSG:EX <Ryan.Day@gov.bc.ca>; Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>; Friesen, David C PSSG:EX <David.Friesen@gov.bc.ca>
Cc: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; Laursen, Shawna PSSG:EX <Shawna.Laursen@gov.bc.ca>; Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Subject: COVID UPDATE: Tuesday, January 4, 2022

Good afternoon,

Please see below for a summary of the Minister of Health and Provincial Health Officer's COVID update for today:

Case Counts and Vaccination Rates:

A bulleting containing new case counts and vaccination rates will be distributed shortly today – these numbers were not provided at the press conference.

Summary:

- The Omicron variant is spreading rapidly and is the predominate variant.
- Case and contact tracing are no longer reactionary measures that can help us contain this variant. Omicron has a short incubation period of a couple days.
- We now all likely know someone who has had this variant of the virus.
- Our challenge is managing high numbers of people who are off ill.
- All businesses must put and/or develop contingency plans to stay open and anticipate 1/3 of their staff being ill at any given time.
- Our actions to date helped previous waves and our actions now will help this wave.
- We must layer all forms of protection to keep us safe – masks, rapid tests, social distancing, hand washing etc.

- Anyone who can work from home should be doing so – those who can't work from home should be given ample space to socially distance and/or staggered start times.
- We know that the vaccine may not fully protect us, but it can get us back to work sooner with a shorter isolation time of 5-days.
- It is essential that we keep our schools open for our children and we are working hard to put plans and contingencies in place to do that recognizing the potential for a compromised work force.
- No one should be travelling for organized sports.
- On Friday, we had to temporarily put a pause on social visitors to long term care facilities, instead restricting visitation to essential visitors only (those who provide additional care or services).
- The accelerated booster campaign continues with more invitations going out daily.

Question and Answer Summary:

Q: Should business wait for orders or should they govern themselves in regards to capacity etc.?

A: We know what it takes – we know our covid safety plans – sectors have the tools from previous experience and know what they need to do – this is going to affect all of us – we need contingency plans in place for 1/3 of the workforce down.

Q: Will the intervals for children getting vaccines change?

A: No it will remain 8 weeks –we need these intervals to be effective.

Q: Are you noticing an increase length of stay in hospitals?

A: We are noticing a slight increase in length of stay when hospitalized and are reviewing.

Q: Why do you say you want to get out of the order business? With respect you are the PHO. Should you not be putting more orders in place?

A: We want to be the least restrictive as possible – it's finding the balance of doing just enough to protect the healthcare system and keep us safe without disrupting the social balance we wish to maintain – everything has cause and affect.

Q: Is there anything we should have done sooner – how are we learning from this?

A: I agonize over these decisions and try to strike the right balance with the available data I have.

Q: As an advocate – I'm asking if you can make it a requirement that all long term care residents are entitled to an essential visitor.

A: Essential visitors provide additional care/services and have not been restricted. For now, designated social visitors have been postponed.

Q: We hear there are millions of rapid tests sitting in a warehouse – how many can expect to be received at long term care homes this week etc.?

A: This is an urban myth. Rapid tests are being provided where appropriate.

Q: Will teachers and grocery store workers be prioritized for early access to boosters?

A: Yes, those are the people that are getting their invites for the booster shoots – there must be a 6-month interval between dose two and dose three.

Q: What would you say to folks who are reluctant to get their 5–11-year-old vaccinated?

A: We have now delivered 170,000 doses for 5–11-year-olds – we have lots of good information on millions of children around the world – this is safe, is working and is important - I encourage all parents to talk to their Dr. and get more information.

Q: When someone is discharged from hospital to a long term care centre are they tested?

A: That is the protocol yes.

Q: Gym owners want to see the data around covid transmission in gyms – when will it be available?

A: I know these are challenging times, most facilities have been great but we know gyms and things like travelling present higher risk for transmission.

Q: Will parents get notice if schools need to close for longer – will we return to online learning?

FW: UPDATED FINAL: Factsheet COVID

From: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Hoffmann, Cindy PSSG:EX <Cindy.Hoffmann@gov.bc.ca>, Indridson, Ian PSSG:EX <Ian.Indridson@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: January 5, 2022 4:17:08 PM PST
Attachments: BC Corrections - COVID - FS 4JAN22 FINAL.pdf, BC Corrections - COVID - FS 4JAN22 FINAL.docx
FYI

From: McLean, Kimberley M PSSG:EX <Kimberley.McLean@gov.bc.ca>
Sent: Wednesday, January 5, 2022 3:28 PM
To: Buckham, Nathan PSSG:EX <Nathan.Buckham@gov.bc.ca>; Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; McCulley, Carrie PSSG:EX <Carrie.McCulley@gov.bc.ca>; Pruce, Lori K PSSG:EX <Lori.Pruce@gov.bc.ca>; Trigg, Willow PSSG:EX <Willow.Trigg@gov.bc.ca>; Wilmot, David PSSG:EX <David.Wilmot@gov.bc.ca>
Subject: FW: UPDATED FINAL: Factsheet COVID

fyi

From: Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Sent: Tuesday, January 4, 2022 12:19 PM
To: Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>; Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>; Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>; Bali, Nomita AG:EX <Nomita.Bali@gov.bc.ca>; Reder, Brenda AG:EX <Brenda.Redder@gov.bc.ca>
Cc: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; McLean, Kimberley M PSSG:EX <Kimberley.McLean@gov.bc.ca>; Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>
Subject: UPDATED FINAL: Factsheet COVID

Attached is the new latest and greatest.

From: Owens, Alicia PSSG:EX
Sent: Tuesday, January 4, 2022 10:35 AM
To: Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>; Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>; Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>; Bali, Nomita AG:EX <Nomita.Bali@gov.bc.ca>; Reder, Brenda AG:EX <Brenda.Redder@gov.bc.ca>
Cc: Gunnarson, Erin N PSSG:EX (Erin.Gunnarson@gov.bc.ca) <Erin.Gunnarson@gov.bc.ca>; McLean, Kimberley M PSSG:EX <Kimberley.McLean@gov.bc.ca>; Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>
Subject: RE: Factsheet COVID

HOLD – we found one more update ,a missing word and may have an update on boosters – will resend shortly

From: Owens, Alicia PSSG:EX
Sent: Tuesday, January 4, 2022 10:15 AM
To: Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>; Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>; Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>; Bali, Nomita AG:EX <Nomita.Bali@gov.bc.ca>; Reder, Brenda AG:EX <Brenda.Redder@gov.bc.ca>
Subject: RE: Factsheet COVID

FACTSHEET

January 4, 2021

Ministry of Public Safety and Solicitor General

Facts about BC Corrections' response to COVID-19

- BC Corrections continues to follow 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.
- Protocols remain in place and continue to evolve as new public health information becomes available, to help keep COVID-19 out of provincial correctional centres and, when there is an infection, prevent its spread.
- All individuals admitted into BC Corrections' custody are required to complete a questionnaire, a temperature check, and a COVID-19 Rapid Point of Care (POC) test.
- The POC test is completed upon admission and prior to inter-facility transfers between all ten provincial correctional centres. A positive test will result in medical isolation and a COVID-19 polymerase chain reaction (PCR) test to confirm a diagnosis of COVID-19.
- All asymptomatic admissions – including those returning from in-person court appearances, are placed in induction units for a 14-day period (previously authorized under the *Emergency Program Act* by Ministerial Order M193 and now authorized under section 20.1 of the *Correction Act Regulation*).
- Following the 14-day period in an induction unit, individuals who remain asymptomatic and have received a negative test result are integrated with the rest of the population within the correctional centre.
- Individuals in induction units receive as much time out of their cells as possible, with access to as many amenities as can be reasonably accommodated under the circumstances. This includes social interaction with others in the same cohort while physically distancing.
- Monitoring for COVID-19 is continuous for all individuals in custody. Anyone who develops COVID-19 symptoms on a living unit is assessed by PHSA-CHS staff is medically isolated and tested for COVID-19, as appropriate. This applies to suspected or confirmed cases of COVID-19, in addition to those determined to be close contacts of suspected or confirmed cases through contact tracing.
- To protect against possible transmission between correctional centres, BC Corrections continues to limit movement between centres.
- All staff and essential contractors continue to be screened upon entrance to ensure compliance with public health guidelines for shared spaces.
- In lieu of in person visitation, local and long-distance phone-calls within North America for those in custody continue to be free of charge. In addition, BC Corrections has made video visits available with family, friends and legal counsel, and has doubled the number of mail items for which postage will be paid.

- BC Corrections continues to facilitate court appearances by video, phone or in person as ordered by the courts

Vaccination:

- All individuals in custody are offered a first, second and/or booster dose of the COVID-19 vaccine as early as reasonably possible following admission and as appropriate while in custody.
- As per policy released by the BC Public Services Agency, all public service employees were required to be fully vaccinated as of Nov. 22, 2021, which includes all BC Corrections staff working within a correctional centre or community corrections office.
- All contractors, volunteers and other support and service providers were required to be fully vaccinated as of Dec. 13, 2021.
- Any questions regarding the vaccination of individuals in custody should be directed to the PHSA-CHS. All other vaccination questions can be directed to the Office of the Provincial Health Officer.

Additional COVID-19 Prevention Measures:

- Living unit activities and program delivery continues to be offered in a manner that complies with public health guidelines and recommendations.
- Different grades of masks are available and remain required for all staff and contractors to mitigate the risk of COVID-19 transmission.
- Those who have completed a 14-day period in an induction unit upon admission or have been in custody for longer are not required to wear a mask. Living units, like households, contain people who have self-isolated as a group and do not pose a transmission threat to one-another. In response to unique circumstances, the provision of PPE for individuals in custody is determined by PHSA-CHS as required.
- Both staff and individuals in custody who attend an escorted appointment outside of the correctional centre are required to wear a mask, as directed by the current BC public health orders.
- Each correctional centre ensures physical distancing in food preparation, serving and eating.
- While measures vary with layout differences at each centre, strict cleaning and personal hygiene practices informed by Public Health, and the BC Centre for Disease Control are in place.
- To support physical distancing during meals, several strategies are in place, including dividing individuals into smaller groups and marking the floors to create separate physically distanced line-ups during meal distribution.
- Signage and verbal reminders from staff supplement written materials provided to individuals in custody about physical 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 in Adult Custody count:

- BC Corrections' in-custody count declined from approximately 2,200 in mid-March 2020, to between 1,400-1,500 by mid-June 2020. The current daily count average is approximately 1,625 and continues to fluctuate.
- BC Corrections does not have discretion to release people remanded in custody, this discretion rests with the courts.

- Sentenced individuals may apply for a temporary absence (TAs) for a specified purpose or treatment, regardless of their sentence length.

Cleaning protocols:

- Mandatory handwashing and cleaning protocols remain in place throughout all areas of correctional centres.
- There is frequent cleaning of living units and staff areas and all surfaces that individuals regularly touch, such as doorknobs, light switches, railings, counters, tabletops and telephones.
- When required, high-intensity professional disinfecting occurs throughout a correctional centre when a positive case is identified among staff or an individual in custody.

Keeping staff and individuals in custody informed:

- BC Corrections follows the PHO's and WorkSafeBC's advice and continues to communicate with staff and individuals in custody about the importance of pandemic-related protocols.
- In partnership with PHSA-CHS, BC Corrections provides frequent communication, information sessions and handouts about COVID-19 to staff and those in custody.

Community Corrections:

- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Measures have been taken to support safe in-person reporting at community corrections offices. In-person reporting takes place with glass separating clients and staff and/or following physical distancing guidelines.
- In addition, probation officers are using various virtual technology for video supervision and to assist with case management and program delivery.

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

FACTSHEET

January 4, 2021

Ministry of Public Safety and Solicitor General

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- All individuals admitted into BC Corrections' custody are required to complete a questionnaire, a temperature check, and a COVID-19 Rapid Point of Care (POC) test.
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- All staff and essential contractors continue to be screened upon entrance to ensure compliance with public health guidelines for shared spaces.
- In lieu of in person visitation, local and long-distance phone-calls within North America for those in custody continue to be free of charge. In addition, BC Corrections has made video visits available with family, friends and legal counsel, and has doubled the number of mail items for which postage will be paid.

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- Living unit activities and program delivery continues to be offered in a manner that complies with public health guidelines and recommendations.
- Different grades of masks are available and remain required for all staff and contractors to mitigate the risk of COVID-19 transmission.
- Those who have completed a 14-day period in an induction unit upon admission or have been in custody for longer are not required to wear a mask. Living units, like households, contain people who have self-isolated as a group and do not pose a transmission threat to one-another. In response to unique circumstances, the provision of PPE for individuals in custody is determined by PHSA-CHS as required.
- Both staff and individuals in custody who attend an escorted appointment outside of the correctional centre are required to wear a mask, as directed by the current BC public health orders.
- Each correctional centre ensures physical distancing in food preparation, serving and eating.
- While measures vary with layout differences at each centre, strict cleaning and personal hygiene practices informed by Public Health, and the BC Centre for Disease Control are in place.
- To support physical distancing during meals, several strategies are in place, including dividing individuals into smaller groups and marking the floors to create separate physically distanced line-ups during meal distribution.
- Signage and verbal reminders from staff supplement written materials provided to individuals in custody about physical 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 in Adult Custody count:

- BC Corrections' in-custody count declined from approximately 2,200 in mid-March 2020, to between 1,400-1,500 by mid-June 2020. The current daily count average is approximately 1,625 and continues to fluctuate.
- BC Corrections does not have discretion to release people remanded in custody, this discretion rests with the courts.

- Sentenced individuals may apply for a temporary absence (TAs) for a specified purpose or treatment, regardless of their sentence length.

Cleaning protocols:

- Mandatory handwashing and cleaning protocols remain in place throughout all areas of correctional centres.
- There is frequent cleaning of living units and staff areas and all surfaces that individuals regularly touch, such as doorknobs, light switches, railings, counters, tabletops and telephones.
- When required, high-intensity professional disinfecting occurs throughout a correctional centre when a positive case is identified among staff or an individual in custody.

Keeping staff and individuals in custody informed:

- BC Corrections follows the PHO's and WorkSafeBC's advice and continues to communicate with staff and individuals in custody about the importance of pandemic-related protocols.
- In partnership with PHSA-CHS, BC Corrections provides frequent communication, information sessions and handouts about COVID-19 to staff and those in custody.

Community Corrections:

- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Measures have been taken to support safe in-person reporting at community corrections offices. In-person reporting takes place with glass separating clients and staff and/or following physical distancing guidelines.
- In addition, probation officers are using various virtual technology for video supervision and to assist with case management and program delivery.

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

FW: Summary: Henry & Dix media availability 1:30 p.m.

From: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
To: Buckham, Nathan PSSG:EX <Nathan.Buckham@gov.bc.ca>, Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>, McCulley, Carrie PSSG:EX <Carrie.McCulley@gov.bc.ca>, Pruce, Lori K PSSG:EX <Lori.Pruce@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: January 18, 2022 2:05:52 PM PST
FYI

From: Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>

Sent: Tuesday, January 18, 2022 1:53 PM

To: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>; Laursen, Shawna PSSG:EX <Shawna.Laursen@gov.bc.ca>; Small, Bill R PSSG:EX <Bill.Small@gov.bc.ca>; Friesen, David C PSSG:EX <David.Friesen@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>

Cc: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>; Nisbet, Justine PSSG:EX <Justine.Nisbet@gov.bc.ca>

Subject: Summary: Henry & Dix media availability 1:30 p.m.

Highlights from today's media briefing at 1:30 p.m. with Minister Dix and Dr Henry:

- **Provincial Health Orders:**
 - Extending current restrictions on events and gatherings to Feb. 16 (i.e. bars, nightclubs, limitations in restaurants, theatres and stadiums)
 - No changes to Vaccine Card order
 - Reopening gyms and exercise facilities for individual and group fitness on Jan. 20 with capacity/space limits, mask use, and continued use of Vaccine Card
 - New order to gather school staff vaccination rates and provide them to medical health officers
- **Who is most at risk from Omicron:**
 - Primarily the unvaccinated, including people who are younger
 - People over age 70, regardless of vaccination status
 - Those with underlying health issues (immune compromised)
- About one in 10 people with Omicron will have symptoms that last 12 weeks or longer
- Vaccines are still the single most effective tool to get us through the Omicron wave and future waves
- **Workplaces:**
 - Should workers become ill, they do not require a physician's note or negative test not to return to work
 - If someone tests positive on a rapid antigen test (RAT) you do not need a PCR test to confirm the results
- **New treatment medication & new vaccines:**
 - Doses are coming to B.C. to treat people who are more at risk – they will not change the course of the pandemic for us though
 - There are two more vaccines under review with Health Canada, likely to be approved in Jan/Feb
- **Misinformation on social media:**
 - The best sources for accurate, science-based information are physicians and the BCCDC
 - Vaccines do not change your DNA or impact your fertility
 - Inflammation in the heart post-vaccination is extremely rare, but not as rare from actual COVID infection

Niki Pandachuck she/her

Strategic Services Analyst, BC Corrections
Ministry of Public Safety & Solicitor General
Tel: 778-679-0829

FW: Summary: Henry & Dix media availability 3 p.m.

From: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
To: Buckham, Nathan PSSG:EX <Nathan.Buckham@gov.bc.ca>, Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>, McCulley, Carrie PSSG:EX <Carrie.McCulley@gov.bc.ca>, Pruce, Lori K PSSG:EX <Lori.Pruce@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: January 25, 2022 4:36:36 PM PST
FYI

From: Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>

Sent: Tuesday, January 25, 2022 3:31 PM

To: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; Laursen, Shawna PSSG:EX <Shawna.Laursen@gov.bc.ca>; Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Small, Bill R PSSG:EX <Bill.Small@gov.bc.ca>; Friesen, David C PSSG:EX <David.Friesen@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>

Cc: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>; Nisbet, Justine PSSG:EX <Justine.Nisbet@gov.bc.ca>

Subject: Summary: Henry & Dix media availability 3 p.m.

Highlights from today's media briefing at 3 p.m. with Minister Dix and Dr Henry. New info includes the extension of vaccine card to June 30 and the resumption of youth sports tournaments:

- When new variants arrive, like Omicron, it takes a while to put the pieces of the puzzle together
- Because we're seeing the importance of vaccination, **the vaccine card program is being extended to June 30**
- The latest international data on vaccination shows booster doses reduce the risk of contracting the virus by about 50-60%
- In B.C. we need to continue to follow the public health orders to reduce the risk to everyone, including those around us who we may not know are at higher risk
- The shorter incubation period of Omicron (just a few days) means it's no longer viable to rely on contact tracing
- Best practices and our layers of protection include:
 - Reducing social contacts
 - Wearing masks
 - Staying away from others when we're sick
 - Returning to normal behaviour only when we feel better
 - Following COVID safety plans at work
- **Starting Feb. 1 youth tournaments may resume.** Adult sport tournaments remain paused for now
- There's been a sharp increase of cases in long term care; however, the high rate of vaccination among staff/seniors is leading to a much lower rate of severe illness
- Dr Henry says she believes we will have a "gentler summer" with fewer cases and restrictions
- **More than 644,000 people have been invited for a booster but have not accepted**
- Of those people, more than 48,000 people over the age of 70. These people are at higher risk, should they get sick.

Niki Pandachuck she/her

Strategic Services Analyst, BC Corrections
Ministry of Public Safety & Solicitor General
Tel: 778-679-0829

FW: COVID-19 Update

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>
Sent: February 28, 2022 1:42:55 PM PST
Let me know if you require further information.

Lisa

From: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>
Sent: Monday, February 28, 2022 1:34 PM
To: PSSG ACD HQ Staff <PSSGACDHQStaff@Victoria1.gov.bc.ca>; JAG SPSC Correctional Staff <JAGSPSCCorrectionalStaff@Victoria1.gov.bc.ca>; PSSG ACCW All Staff <ACCWSTAF@Victoria1.gov.bc.ca>; PSSG NCC All <sg-ncc-all@Victoria1.gov.bc.ca>; PSSG OCC All Staff <PSSGOAS@Victoria1.gov.bc.ca>; PSSG PGRCC Staff <pssg-pgrcc-staff@Victoria1.gov.bc.ca>; PSSG VIRCC Staff <ag-vircc-staff@Victoria1.gov.bc.ca>; PSSG FRCC All Staff <SGFRCC@Victoria1.gov.bc.ca>; PSSG FMCC Staff <SGFMCCSt@Victoria1.gov.bc.ca>; PSSG KRCC All Staff <SGKRCCALL@Victoria1.gov.bc.ca>
Subject: COVID-19 Update

Good afternoon,

With the COVID-19 variant Omicron the dominant strain across the province, the Adult Custody once again worked closely with medical specialists to review our protocols, in particular around induction and contact concerns.

As such, effective today, February 28, 2022, the induction period will go from 14 days to 10 days, with PCR testing on day 9 for clearance from induction. Also we are moving more to a self-monitor for symptoms model for units with contact concerns, unless there is indication for isolation of specific individuals.

All other protocols remain in effect.

I will continue to provide you with updates as we progress through the review of our risk assessments and protocols. Should you have any questions or concerns, please reach out to the leadership team at your centre.

Matt Lang

A/Provincial Director

Ministry of Public Safety & Solicitor General | BC Corrections | Adult Custody Division 7th Floor, 1001 Douglas Street, Victoria BC, V8C 2C5

W: 778.974.2991 | C: 604.317.3782 | HQ2: 604-476-2953 matt.lang@gov.bc.ca

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Matt Lang

A/ Provincial Director

Ministry of Public Safety & Solicitor General| BC Corrections | Adult Custody Division

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Court returns - COVID-19

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>, Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>
Cc: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>, Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Bahia, Rajan PSSG:EX <Rajan.Bahia@gov.bc.ca>, Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>
Sent: March 4, 2022 5:14:05 PM PST

Please be advised that the protocols for those that attend court were reviewed by COVID-10 lead physician and IPAC physician.

- For those on a multi-day trial we will continue to keep separate for the duration of their trial and when it concludes they go through induction again.
- For single day court matters, upon return they can return to their regular living unit.

Please let me know if there are any questions.

Lisa

COVID-19 Update - Gym Capacity on regular units and EOC approval for transfers

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>
Cc: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>, Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>, Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
Sent: March 9, 2022 12:17:50 PM PST
Two changes to our practices as discussed on CDMC:

- Inmate gym capacity restrictions on regular units are no longer required. However we still have many unvaccinated inmates in our units so I would suggest you still have a limit as to how many are permitted at one time given the space.
- EOC approval for transfers between correctional centres is no longer required. All the other parameters around movements remain in effect (i.e. testing prior to movement or notifications that they have not completed induction and need to be kept separate).

Lisa

FW: COVID-19 Update

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
Sent: March 11, 2022 2:05:01 PM PST
Just a FYI. Apologize if this is just more stuff in your email

From: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>
Sent: Friday, March 11, 2022 9:00 AM
To: PSSG ACD HQ Staff <PSSGACDStaff@Victoria1.gov.bc.ca>; JAG SPSC Correctional Staff <JAGSPSCCorrectionalStaff@Victoria1.gov.bc.ca>; PSSG ACCW All Staff <ACCWSTAF@Victoria1.gov.bc.ca>; PSSG NCC All <sg-ncc-all@Victoria1.gov.bc.ca>; PSSG OCC All Staff <PSSGOAS@Victoria1.gov.bc.ca>; PSSG PGRCC Staff <pssg-pgrcc-staff@Victoria1.gov.bc.ca>; PSSG VIRCC Staff <ag-vircc-staff@Victoria1.gov.bc.ca>; PSSG FRCC All Staff <SGFRCC@Victoria1.gov.bc.ca>; PSSG FMCC Staff <SGFMCCSt@Victoria1.gov.bc.ca>; PSSG KRCC All Staff <SGKRCCALL@Victoria1.gov.bc.ca>; PSSG NFPC Staff <SGNFPCST@Victoria1.gov.bc.ca>
Subject: COVID-19 Update

As you are likely aware, there are a series of public health orders that will be rescinded in the coming weeks, however some protocols will remain in place in some settings. The Adult Custody Division has been very careful about implementing our COVID-19 Safety Plan and will approach any changes to our current practices with the same level of vigilance and caution.

As such, at this time, Adult Custody Division's current pandemic protocols will remain unchanged for all ten correctional centres.

There is recognition that a correctional centre is a unique environment requiring prevention protocols, which may vary from the greater community. It is imperative that we coordinate any changes to our protocols in consultation with our health and safety specialist partners. This guidance will ensure our approach maintains the safe environment we have achieved for our staff and for those in our care. We have seen in recent days a reduction in our induction length due to the shorter incubation period of the Omicron variant and we will see more adjustments in the weeks to come, but some of our safety protocols will remain in effect for quite some time.

As we move forward, I ask for patience and continued support as we navigate through this next phase of the pandemic.

Thank you for everything you have done and continue to do to reduce spread of COVID-19.

Matt Lang
A/Provincial Director
Ministry of Public Safety & Solicitor General | BC Corrections | Adult Custody Division
7th Floor, 1001 Douglas Street, Victoria, BC, V8C 2C5
W: 778.974.2991 | C: 604.317.3782 | HQ2: 604-476-2953
Matt.Lang@gov.bc.ca

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FW: For Information: Communicable Disease Prevention Plan

From: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: March 15, 2022 4:12:29 PM PDT
Attachments: image001.png
See below.

From: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
Sent: Tuesday, March 15, 2022 4:09 PM
To: Buckham, Nathan PSSG:EX <Nathan.Buckham@gov.bc.ca>; Greiner, Leigh PSSG:EX <Leigh.Greiner@gov.bc.ca>; Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; McCulley, Carrie PSSG:EX <Carrie.McCulley@gov.bc.ca>; Pruce, Lori K PSSG:EX <Lori.Pruce@gov.bc.ca>
Subject: FW: For Information: Communicable Disease Prevention Plan

FYI and distribution to your teams.

From: Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>
Sent: Tuesday, March 15, 2022 8:48 AM
To: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>; Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>; DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>; Small, Bill R PSSG:EX <Bill.Small@gov.bc.ca>; Glen, Simon T PSSG:EX <Simon.Glen@gov.bc.ca>; Friesen, David C PSSG:EX <David.Friesen@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; Knight, Megan PSSG:EX <Megan.Knight@gov.bc.ca>; Day, Ryan PSSG:EX <Ryan.Day@gov.bc.ca>; Rose, Cindy PSSG:EX <Cindy.Rose@gov.bc.ca>
Cc: Laursen, Shawna PSSG:EX <Shawna.Laursen@gov.bc.ca>
Subject: FW: For Information: Communicable Disease Prevention Plan

Hi all.....please see information/updates. The HQ Communicable Disease Prevention Plan will be updated shortly.

Lisa

From: Engelbrecht, Maya AG:EX <Maya.Engelbrecht@gov.bc.ca>
Sent: Monday, March 14, 2022 6:31 PM
To: AG/PSSG Joint Executive Distribution List <JEDL@Victoria1.gov.bc.ca>
Cc: AG/PSSG Joint Exec Assist <AGPSSG.JointExecAssist@gov.bc.ca>
Subject: For Information: Communicable Disease Prevention Plan

Good evening, please see below for information.

Thank you,
M

----- Original message -----

From: "McKeown, Kayla AG:EX" <Kayla.McKeown@gov.bc.ca>
Date: 2022-03-14 6:09 p.m. (GMT-08:00)
To: AG PSSG SHRGC <AGPSSG.SHRGC@gov.bc.ca>, AG PSSG SHR HRWG <AGPSSG.SHRHRWG@gov.bc.ca>

Cc: "Beaulieu, Mark J AG:EX" <Mark.Beaulieu@gov.bc.ca>, "Hunter, Marc AG:EX" <Marc.Hunter@gov.bc.ca>, "Tabrizi, Shariyar AG:EX" <Shariyar.Tabrizi@gov.bc.ca>
Subject: Communicable Disease Prevention Plan

Good afternoon,

The Public Service Agency has released updated materials and guidance for Communicable Disease Prevention Plans based on the PHO orders. Please review and update in your workplaces accordingly. Information should be posted physically and accessible electronically for all staff.

Key Changes:

Mask Use

Masks are not required when staff are in the workplace (in staff only areas).

Mask wearing is required for staff when interacting with clients where physical distancing cannot be maintained and there is no physical barrier between staff and client.

Staff providing client service field work must wear a mask when indoors and distancing or a barrier is not in place, for example when attending a client's residence.

Staff may choose to wear a mask at any time in any area of the workplace (including when at their workstation).

Clients/public are no longer required to wear a mask while in our workplaces. Workplaces should keep a supply of masks to offer to clients who appear unwell or want to wear one.

Any "masks mandatory" signs should be removed.

Occupancy Limits

Occupancy limits are not required for the overall workplace, but the employer must "prevent workers from crowding together or congregating in indoor common areas."

All staff must work together to ensure there is no crowding and supervisors must regularly inspect/monitor the workplace.

Lunch/breakrooms no longer require occupancy limits, but staff and supervisors must ensure there is no crowding or congregating. Lunchrooms should be used for meal preparation and eating, after using the space as needed staff should leave to allow others to use the lunch/breakroom.

Meeting Rooms

Meeting rooms no longer require an occupancy limit or mask use.

Use the largest meeting room available and spread out.

Meeting attendees must clean in/clean out.

Staff Illness

To meet the intent of the revised workplace health order, staff attending the workplace must complete the Daily Health Check (DHC). The DHC will be reviewed when the PHO rescinds the workplace safety order.

While at the workplace, staff must self-monitor for symptoms and report to their supervisor if they begin to feel unwell and leave the workplace immediately.

If an employee has been advised by a medical professional to self-isolate or they remain home because they are sick or in hospital for treatment, they are eligible for sick leave. In the event of infection or suspected infection with COVID-19, staff should consult the BC Public Service COVID19 Response FAQs and the BC Centre for Disease Control for information on isolation and self-management.

If a workplace experiences an outbreak or cluster of cases, effectiveness of protocols should be reviewed with staff and the Joint Occupational Health and Safety Committee. Workplaces may need to implement their Business Continuity Plans to ensure the minimal disruption possible to their operations.

Kayla McKeown

Executive Director Strategic Human Resources

Strategic Human Resources Team

Corporate Management Services Branch, Justice and Public Safety Sector

Victoria, British Columbia

Phone: 250-415-2769

FW: March 17, 2022 - COVID-19 Update

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Pastorek, John PSSG:EX <John.Pastorek@gov.bc.ca>, Lembcke, Joanne PSSG:EX <Joanne.Lembcke@gov.bc.ca>, Friesen, David C PSSG:EX <David.Friesen@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>, Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
Sent: March 18, 2022 4:24:20 PM PDT
FYI

From: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>

Sent: Thursday, March 17, 2022 2:37 PM

To: PSSG ACD HQ Staff <PSSGACDStaff@Victoria1.gov.bc.ca>; JAG SPSC Correctional Staff <JAGSPSCCorrectionalStaff@Victoria1.gov.bc.ca>; PSSG ACCW All Staff <ACCWSTAF@Victoria1.gov.bc.ca>; PSSG NCC All <sg-ncc-all@Victoria1.gov.bc.ca>; PSSG OCC All Staff <PSSGOAS@Victoria1.gov.bc.ca>; PSSG PGRCC Staff <pssg-pgrcc-staff@Victoria1.gov.bc.ca>; PSSG VIRCC Staff <ag-vircc-staff@Victoria1.gov.bc.ca>; PSSG FRCC All Staff <SGFRCC@Victoria1.gov.bc.ca>; PSSG FMCC Staff <SGFMCCSt@Victoria1.gov.bc.ca>; PSSG KRCC All Staff <SGKRCCALL@Victoria1.gov.bc.ca>; PSSG NFPC Staff <SGNFPCST@Victoria1.gov.bc.ca>

Subject: March 17, 2022 - COVID-19 Update

Further to my March 11, 2022 e-mail, the Public Service Agency has released updated materials and guidance for Communicable Disease Prevention Plans based on the most recent PHO orders. As stated below we are reviewing these plans and are making any changes to our current practices with the same amount of vigilance and caution that we have throughout the pandemic and with the advice of occupational health and safety specialists. There are some parts of the plan that we cannot fully implement and others that will come later. The key changes are effective immediately:

Mask Use

- Masks are not required when staff are in the staff areas that are outside of the secure perimeter, except for when interacting with the public (i.e. those that work at reception).
- Mask and all other PPE requirements remain in effect within the secure perimeter and/or whenever in contact with individuals in-custody (i.e. escorts).
- Please be mindful that many staff may choose to wear a centre-issued mask even in non-secures areas due to a number of factors.
- Those non-staff that are approved to come to the centre are no longer required to wear a mask to enter the building to attend reception (i.e. couriers, mail, PDC). Mandatory mask signage should be removed from entrances, however remain in areas masks are required.

*Those contractors that are in a confined project area (i.e. segregation infrastructure projects, unit renovations) can remove their masks once they have moved through to the specific project area; the area is not accessible to individuals in-custody; and, there is no corrections staff oversight/escort required once at the location.

Meeting Rooms

- Meeting rooms no longer require an occupancy limit or mask use.
- Use the largest meeting room available to allow for as much spacing as possible.
- Meeting attendees must clean in/clean out.
- For large in-person meetings a COVID-19 Safety Plan is required.

Occupancy Limits

- While occupancy limits are not required for the overall workplace, there is a requirement to prevent crowding together or congregating in indoor common areas.
- Due to the likelihood of congregating in lunchroom/break rooms occupancy limits and physical distancing will remain in effect at centres for now.
- Lunchrooms should be used for meal preparation and eating, after using the space as needed staff should leave to allow others to use the lunch/breakroom.

Vehicle usage/commuting

- Staff must wear a mask with other staff and/or inmates in vehicles.

Staff Gyms

- Centres may remove occupancy limits but must continue with increased protocols, detailed hygiene plan, and prevent crowding together or congregating which may include maintaining an occupancy limit.

There are a number of other protocols that are under review and may change over the coming weeks.

Matt Lang

A/Provincial Director

Ministry of Public Safety & Solicitor General | BC Corrections | Adult Custody Division

7th Floor, 1001 Douglas Street, Victoria, BC, V8C 2C5

W: 778.974.2991 | C: 604.317.3782 | HQ2: 604-476-2953

Matt.Lang@gov.bc.ca

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From: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>

Sent: Friday, March 11, 2022 9:00 AM

To: PSSG ACD HQ Staff <PSSGACDStaff@Victoria1.gov.bc.ca>; JAG SPSC Correctional Staff <JAGSPSCCorrectionalStaff@Victoria1.gov.bc.ca>; PSSG ACCW All Staff <ACCWSTAF@Victoria1.gov.bc.ca>; PSSG NCC All <sg-ncc-all@Victoria1.gov.bc.ca>; PSSG OCC All Staff <PSSGOAS@Victoria1.gov.bc.ca>; PSSG PGRCC Staff <pssg-pgrcc-staff@Victoria1.gov.bc.ca>; PSSG VIRCC Staff <ag-vircc-staff@Victoria1.gov.bc.ca>; PSSG FRCC All Staff <SGFRCC@Victoria1.gov.bc.ca>; PSSG FMCC Staff <SGFMCCSt@Victoria1.gov.bc.ca>; PSSG KRCC All Staff <SGKRCCALL@Victoria1.gov.bc.ca>; PSSG NFPC Staff <SGNFPCST@Victoria1.gov.bc.ca>

Subject: COVID-19 Update

As you are likely aware, there are a series of public health orders that will be rescinded in the coming weeks, however some protocols will remain in place in some settings. The Adult Custody Division has been very careful about implementing our COVID-19 Safety Plan and will approach any changes to our current practices with the same level of vigilance and caution.

As such, at this time, Adult Custody Division's current pandemic protocols will remain unchanged for all ten correctional centres.

There is recognition that a correctional centre is an unique environment requiring prevention protocols, which may vary from the greater community. It is imperative that we coordinate any changes to our protocols in consultation with our health and safety specialist partners. This guidance will ensure our approach maintains the safe environment we have achieved for our staff and for those in our care. We have seen in recent days a reduction in our induction length due to the shorter incubation period of the Omicron variant and we will see more adjustments in the weeks to come, but some of our safety protocols will remain in effect for quite some time.

As we move forward, I ask for patience and continued support as we navigate through this next phase of the pandemic.

Thank you for everything you have done and continue to do to reduce spread of COVID-19.

Matt Lang

A/Provincial Director

Ministry of Public Safety & Solicitor General | BC Corrections | Adult Custody Division

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COVID-19 Update - effective Monday, April 4, 2022

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>
Cc: Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>, Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>, Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>, Kristofferson, Leanne PSSG:EX <Leanne.Kristofferson@gov.bc.ca>, Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>, Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>, Ratel, Sarah PSSG:EX <Sarah.Ratel@gov.bc.ca>, Yamanaka, Michael W PSA:EX <Michael.Yamanaka@gov.bc.ca>, Buck, Brad PSA:EX <Brad.Buck@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>, Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>
Sent: April 1, 2022 9:58:07 AM PDT

The following two adjustments to protocols will come into effect Monday, April 4, 2022.

- **A reduction of induction time from 10-days to 7-days.**

- There is recent research that was published (March 2022) in the UK that supports this change in congregate living environments. As always any changes we have made have been medically and safety driven.

- **A change from PCR to POC to clear from induction.**

- This is due to PCR (gold standard test) being so sensitive that it can pick up remnant virus from a historical infection and give a false positive, which we have experienced and created issues on clearances. The POC test is still an antigen test and very sensitive, but will be less likely to pick up remnant.
- There may be occasions where healthcare will still do PCR.
- The POC test is more time consuming for healthcare to complete so there may need to be some logistics worked out with your healthcare teams.

As well nurses are now taking the lead on clearing from droplet protocols. While the doctors still have to approve the clearance, the nurses are more involved and taking a proactive approach to speed these up.

If you have any questions or concerns, please let me know.

Lisa

Lisa C. Martin
A/Deputy Provincial Director
Adult Custody Division

FW: FINAL: Revised BC Corrections COVID-19 Factsheet

From: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Harley, Jana PSSG:EX <Jana.Harley@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, Lewis, Stephenie PSSG:EX <Stephenie.Lewis@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Walsh, Erin E PSSG:EX <Erin.E.Walsh@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: April 21, 2022 2:03:44 PM PDT
Attachments: BC Corrections - COVID - fact sheet- 21APR22 .pdf, BC Corrections - COVID - fact sheet- 21APR22 - shortened version.docx
FYI

From: Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Sent: Thursday, April 21, 2022 1:22 PM
To: Reder, Brenda AG:EX <Brenda.Reder@gov.bc.ca>; Bali, Nomita AG:EX <Nomita.Bali@gov.bc.ca>; Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
Cc: Pandachuck, Niki PSSG:EX <Niki.Pandachuck@gov.bc.ca>; Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>; Rose, Cindy PSSG:EX <Cindy.Rose@gov.bc.ca>
Subject: FINAL: Revised BC Corrections COVID-19 Factsheet

Good afternoon,

Attached is the BC Corrections COVID-19 factsheet. It was requested that we reduce the length of the factsheet to only include the most relevant information at this time. Moving forward please refer and share this factsheet over previous versions.

If you have any questions or concerns or have requests/correspondence that require the use of bullets from previous iterations of the factsheet, please don't hesitate to contact me to confirm the accuracy of those bullets.

Cheers!

FACTSHEET

April 21, 2022

Ministry of Public Safety and Solicitor General

Facts about BC Corrections' response to COVID-19

- BC Corrections continues to follow 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.
- Extensive protocols are in place and continue to evolve as new public health information becomes available, to help keep COVID-19 out of the correctional centres, and when there is an infection, prevent its spread.
- All BC Corrections staff and service providers are health screened upon entrance to provincial correctional centres.
- All individuals admitted into BC Corrections' custody are screened by health care, tested for COVID-19 and are offered a first, second and/or booster dose of the COVID-19 vaccine as early as reasonably possible.
- All asymptomatic admissions, including those returning from in-person court appearances, are placed in induction units for 7 days, prior to integrating with the rest of the custody population. Induction units have physical distancing protocols in place and cohorts of individuals admitted on the same day are separated from other cohorts.
- Monitoring for symptoms of COVID-19 is continuous. Individuals suspected of, or who develop, COVID-19 symptoms are assessed by health care staff, medically isolated, and tested.
- Other measures to prevent the introduction of, or spread of COVID-19, in correctional centres include thorough cleaning and personal hygiene requirements, facilitating court appearances by video or phone where possible, and limiting the transfer of individuals to other centres.
- In lieu of in person visitation, dedicated video technology allows individuals to visit with friends and family virtually.
- BC Corrections' in-custody count remains lower than the pre-pandemic average of 2200. The current daily count average is approximately 1,660 and continues to fluctuate.
- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Protective measures remain in place to support safe in-person reporting at community corrections offices in addition to using various virtual technology to assist with case management and program delivery.

FACTSHEET

April 21, 2022

Ministry of Public Safety and Solicitor General

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- Protective measures remain in place to support safe in-person reporting at community corrections offices in addition to using various virtual technology to assist with case management and program delivery.

Updated: COVID-19-Induction Unit and Isolation Protocols & CAR 20.1

From: Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>
To: Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>, Natt, Jasbir PSSG:EX <Jasbir.Natt@gov.bc.ca>
Cc: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>, Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>
Sent: May 3, 2022 9:29:59 AM PDT
Attachments: COVID-19 Induction Unit and Isolation Protocols.pdf, CAR 20.1-Notification of Quarantine Unit Placement-Induction Unit.docx, CAR 20.1-Notification of Quarantine Unit Placement-Medical Isolation.docx

Good morning,

Please see updated induction unit and isolation protocols document for information and distribution as you see fit.

Thank you,

Montana Martin

Divisional Office Manager

BC Corrections - Adult Custody Division

Ministry of Public Safety and Solicitor General

Tel: 236-478-3559 Cell: 250-361-7018



Ministry of
Public Safety and
Solicitor General

BC Corrections
Adult Custody Division

COVID-19 Contingency Plan

Induction Unit and Isolation Guidelines

Version 2.4
May 3, 2022

Document Revision History

Doc Rev	Description	Author	Date
0.6	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • New format/layout • Added version history and tracking • Added list of people/groups/resources that contributed to the development of this document • Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units • Added 'meal service' section for Induction Units • Updated 'laundry and waste disposal' section for Isolation Protocols 	Matt Lang	2020-04-09
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
2.0	<p>Reconciled guidelines with the Ministerial Order (M193-2020) authorizing use of Induction Units as follows:</p> <ul style="list-style-type: none"> • In the introduction, added information about the Ministerial Order and adjusted language for consistency with the order; • In the Definitions section, added a definition of Classes of Inmates and added language in the definitions of Cohort, Induction Unit, and Isolation Protocols (Medical Isolation) for consistency with the order; and • Adjusted language in the Induction Units Guidelines and Isolation Protocols (Medical Isolation) sections for consistency with the order. <p>Contact for questions about this document changed to Elliott Smith.</p>	Katherine Regan & Erin Gunnarson	2020-08-17
2.1	Added clarification about how healthcare staff visits to Induction Units and individuals on Medical Isolation are documented.	Katherine Regan	2020-12-16
2.2	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • Updated to reflect change in legislative authority from Ministerial Order (M192-2020) to section 20.1 of the Correction Act Regulation • Contact for questions about this document changed to Lisa Martin 	Travis Carlson	2022-01-04
2.3	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • Update to the assessment period length from 14-days to 10-days, in accordance with advice from medical specialists. • Movement to a self-monitor for symptoms model for individuals with contact concerns. • Admission procedures now only apply to multi-day court absences. 	Travis Carlson	2022-03-10

2.4	This version contains the following changes: <ul style="list-style-type: none"> Update to the assessment period length from 10-days to 7-days, in accordance with advice from medical specialists. 	Travis Carlson	2022-04-04
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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.

The operation of Induction Units and use of Isolation protocols is authorized by section 20.1 of the Correction Act Regulation (CAR). In accordance with the CAR, section 9.26 of the Adult Custody Policy (ACP) outlines the establishment of quarantine units (i.e., Induction Units) to reduce the risk of transmission of communicable diseases within correctional centres. This regulatory and policy guidance specifies the measures necessary to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic.

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.

These guidelines are authorized by the provincial director.

As the circumstances related to COVID-19 continue to change, these guidelines will be regularly reviewed and may be adapted in accordance with emergency and public health guidance, such as when 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, or for other reasons;
 - 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 individuals in custody, 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 Lisa Martin, Acting Deputy Provincial Director, Adult Custody Division, at Lisa.C.Martin@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.

Admissions

Admissions to a correctional centre may be placed in a cohort based on date(s) of admission. "Admission" includes individuals returning from a multi-day court appearance or returning from another temporary absence from a correctional centre.

Cohort

Refers to the practice of grouping individuals placed on an Induction Unit. A cohort may consist of one or more individuals.

Induction Unit

A dedicated quarantine unit to house all new admissions for a 7-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit. As authorized by section 20.1 of the CAR, induction units are designated by the person in charge (i.e., warden). The warden may order that one or more inmates or a cohort of inmates be confined in the induction unit and ensures that the induction unit is managed and operated in accordance with the *Correction Act* and regulations.

Isolation Protocols (Medical Isolation)

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. The warden ensures that isolation protocols are managed in accordance with the *Correction Act* and regulations.

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 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 at least a 7-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, individuals will be:
 - Housed in a single cell as a single occupant, where possible (double-bunking is used as a last resort);
 - 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, time out of cell will meet or exceed the minimum 2.5 hours required by the Correction Act Regulation.
- Individuals are given as much time out of cell as can be accommodated between cohorts on the same living unit.
- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependent 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) must wear an ASTM mask.
- 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.
- Relevant signage is posted throughout the living units.

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 separated from their cohort and placed on Isolation Protocols (see below).
- A wellness check is completed for the remainder of the cohort, and the remaining individuals in the cohort self monitor for COVID-19 symptoms. If individuals present with symptoms, they are separated from the cohort and undergo testing.
- If the individual is tested for COVID-19 and tests **positive**:
 - The individual is removed from the cohort and commences a separate 7-day isolation period; and

- The remaining individuals on the cohort continue to self monitor for COVID-19 throughout their assessment period unless there is indication for the isolation of specific individuals.
- 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 to complete their induction period; and
- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):
 - The individual remains on Isolation Protocols for an extended 7-day assessment period from the date of symptoms and until symptoms are no longer present; and,
 - The cohort is monitored for symptoms until the conclusion of their induction period.

Health care surveillance

- Health professionals will conduct periodic checks of individuals 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.
- Correctional staff document visits by health professionals to Induction Units in the unit logbook (as per [*Adult Custody Policy* 7.2.2](#). Living unit and program area records).
- Health professionals document interactions with individuals in Induction Units as per PHSA CHS policy.

Exit screening

- Individuals undergo testing for COVID-19 upon completion of a 7-day assessment period.
- If the testing results are negative and the individual does not display any COVID-19 symptoms, they can be moved to a regular living unit.

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 (Medical Isolation)

Application

Isolation Protocols are recommended and consistent with direction from PHSA CHS. They apply to suspected or confirmed individual cases of COVID-19, and may be considered by PHSA CHS for close contacts of confirmed cases. Consistent with section 20.1 of the CAR, Isolation Protocols (Medical Isolation) are considered induction unit placements. Isolation Protocols (Medical Isolation) can be applied to a cohort consisting of a single individual or a group of individuals. The cohort is held as an induction unit placement separate from other cohorts, yet on Isolation Protocols (Medical Isolation).

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 (Medical Isolation).
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing.
- The individual remains in isolation until cleared by a health professional.

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 immediately undergo a wellness check by a health professional.
- Close contacts of a suspected or confirmed case of COVID-19 are directed to self monitor for symptoms for the remainder of the assessment period. If close contacts develop symptoms during this period, they are placed on Isolation Protocols (Medical Isolation) and tested accordingly.

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 (Medical Isolation) 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 7-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.
- Ideally, suspected cases 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 placed on Isolation Protocols (Medical Isolation) until tested.
 - 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 individuals 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 as needed, and when visibly soiled or wet on a one-for-one basis.
- 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, and safety within the scope of their duties.

Health care surveillance

- Health professionals will conduct periodic checks of individuals on Isolation Protocols (Medical Isolation).
- Protocols and frequency will be determined by PHSA CHS.
- For individuals on droplet protocols held in the Segregation Unit or isolation environment, correctional staff document visits to the unit by health professionals as per Adult Custody Policy 1.22.2. Segregation unit records.
- For individuals on droplet protocols held outside the Segregation Unit or isolation environment, correctional staff document visits by health professionals to the living unit in the unit logbook (as per Adult Custody Policy 7.2.2. Living unit and program area records). Correctional staff also make individualized client log entries when health professionals visit individuals on droplet protocols.
- Health professionals document interactions with individuals as per PHSA CHS policy.

Exit screening

- Health professionals will "clear" individuals from Isolation Protocols (Medical Isolation).

- 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 individuals.
- 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 individuals on Induction Units / Isolation Protocols (Medical Isolation) are included here.

Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols (medical isolation) 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 individuals 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.



BC Corrections – Adult Custody Division Quarantine Unit Placement Notification

Inmate Name: Enter surname, Enter first name and initial(s)	CS#: Enter CS#
Location: Select a correctional centre	Date: Select a date.
Placement Type: CAR s. 20.1 – Induction Unit	
Legal authority/grounds: <p>Section 20.1 of the Correction Act Regulation (CAR) authorizes the person in charge to order that an individual in custody is placed in a quarantine unit if the person in charge believes on reasonable grounds that:</p> <ul style="list-style-type: none">a) Quarantine is necessary to mitigate the risk of transmitting a communicable disease, within the meaning of the <i>Public Health Act</i>; andb) The communicable disease presents a significant risk of causing serious illness or death to a person.	
Decision: <p>To prevent the spread of COVID-19 within the correctional centre, you will be placed on an induction unit for up to 7 days.</p> <p>While on the induction unit, you will be seen periodically by a Correctional Health Services (CHS) health care professional. If a health care professional determines that a longer period of assessment is required, then this placement may be extended. If no further assessment is required, then you will be removed from the quarantine unit.</p>	
Reasons(s) and evidence for the decision <i>(list specific reasons for this placement, information surrounding the communicable disease(s), and for the length of quarantine status):</i> <p>COVID-19 has been declared a global pandemic. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.</p> <p>To protect the health and safety of people inside correctional centres, BC Corrections has implemented measures to prevent the introduction and transmission of COVID-19 within correctional centres.</p> <p>Consistent with the Provincial Health Officer's (PHO's) recommendations, all new individuals in custody admitted to the correctional centre, whether symptomatic or not, are placed in an induction unit for a minimum of 7 days. This includes individuals returning from a multi-day court appearance or returning from another temporary absence from a correctional centre.</p> <p>The 7-days is based on the incubation period of COVID-19. Your placement may be extended if recommended by a health care professional. For example:</p> <ul style="list-style-type: none">• if you or someone placed on the induction unit with you tests positive for COVID-19;	

- if individuals in your cohort are admitted over a period of days, as the 7 days starts from the day the last person in the cohort was placed on the induction unit; or
- If you refuse the testing requirement to be removed off induction status.

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.

Requested action:

While you are on the induction unit:

- Monitor yourself for symptoms and report your symptoms to a correctional officer, even if mild
- 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.

Standards of confinement:

Section 2(2)(a) of the CAR permits restrictions on the standards of confinement, if providing the standards may endanger you or another person

The following table sets out standards of confinement that will, or may, be restricted as a consequence of your placement on the induction unit, consistent with section 2(2)(a).

Standard of Confinement	Reason(s) for Restriction	Review Period
Current restrictions		
Access to personal visits	In consultation with health professionals, in-person personal visits have suspended to protect the health and safety of everyone within the correctional centre, unless there are exceptional circumstances.	Ongoing consultation with health professionals
Potential restrictions		
At least 2.5hrs per day out of cell	If there is a high number of individuals on the quarantine unit or cohort, time out of cell may be reduced to provide individuals with time out of cell while ensuring adequate sanitation between recreation periods.	Daily

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 Quarantine Unit Placement Notification

Inmate Name: Enter surname, Enter first name and initial(s)	CS#: Enter CS#
Location: Select a correctional centre	Date: Select a date.
Placement Type: CAR s. 20.1 – Medical Isolation	
Legal authority/grounds: <p>Section 20.1 of the Correction Act Regulation (CAR) authorizes the person in charge to order that an individual in custody is placed in a quarantine unit if the person in charge believes on reasonable grounds that:</p> <ul style="list-style-type: none">a) Quarantine is necessary to mitigate the risk of transmitting a communicable disease, within the meaning of the <i>Public Health Act</i>; andb) The communicable disease presents a significant risk of causing serious illness or death to a person.	
Decision: <p>To prevent the spread of COVID-19 within the correctional centre, you will be placed on medical isolation for up to 7 days.</p> <p>While on medical isolation, you will be seen periodically by a Correctional Health Services (CHS) health care professional. If a health care professional determines that a longer period of assessment is required, then this placement may be extended. If no further assessment is required, then you will be removed from the quarantine unit.</p>	
Reasons(s) and evidence for the decision <i>(list specific reasons for this placement, information surrounding the communicable disease(s), and for the length of quarantine status):</i> <p>COVID-19 has been declared a global pandemic. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.</p> <p>To protect the health and safety of people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 within correctional centres 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:</p> <ul style="list-style-type: none">• 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. <p>Medical isolation refers to the physical isolation of an individual that is subject to contact and droplet precautions. These protocols apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases. 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.</p>	

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.

Requested action:

While you are medically isolated:

- 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

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

Standards of confinement:

Section 2(2)(a) of the CAR permits restrictions on the standards of confinement, if providing the standards may endanger you or another person

The following table sets out standards of confinement that will, or may, be restricted as a consequence of your placement on the induction unit, consistent with section 2(2)(a).

Standard of Confinement	Reason(s) for Restriction	Review Period
Current restrictions		
Access to personal visits	In consultation with health professionals, in-person personal visits have suspended to protect the health and safety of everyone within the correctional centre, unless there are exceptional circumstances.	Ongoing consultation with health professionals
Potential restrictions		
At least 2.5hrs per day out of cell	If there is a high number of individuals on the quarantine unit or cohort, time out of cell may be reduced to provide individuals with time out of cell while ensuring adequate sanitation between recreation periods.	Daily

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.

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Mailing address: PO Box 9039, STN PROV GOVT

Victoria, BC V8W 9A5

Visits update

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Peel, Ryan PSSG:EX <Ryan.Peel@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Saini, Sukhdeep PSSG:EX <Sukhdeep.Saini@gov.bc.ca>
Cc: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>, Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>, Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>, Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>, Ratel, Sarah PSSG:EX <Sarah.Ratel@gov.bc.ca>, Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>, Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Rose, Cindy PSSG:EX <Cindy.Rose@gov.bc.ca>, Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>
Sent: June 2, 2022 3:14:48 PM PDT

As discussed in-person visits can start to be phased in over the coming days. Most centres will be moving to a hybrid model, with a blend of virtual and in-person. Or at the very least an exception option for virtual.

The visits policy is currently under revision and will be reviewed at CDMC prior to finalization.

As well the rationale for the varied visits practices at centres was explained to both Ombudspersons and Marcia from ISO. Both organizations expressed satisfaction with the need to do what makes sense for each centre depending on their geographic draw, inmate needs, and centre needs/capabilities.

The requirements for in-person visits are:

Proof of vaccination

- All visitors will need to show proof that they are fully vaccinated with two doses of COVID-19 vaccine. This should be advised and confirmed when booking the visit. There will still be the ability for virtual visits for those that are unable to provide proof of vaccination for whatever reason. This requirement applies to all visitors, including professional visitors.

Screening

- Visitors must be screened for signs and symptoms of illness prior to every visit. Visitors with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, are not permitted to visit.

Visiting hours

- At the discretion of the centres with no increased staffing costs.

Masks

- All visitors are to be issued and are required to wear an ASTM level mask within the correctional centre and during visit.

Please let me know if you have any questions or concerns.

Lisa

Lisa C. Martin
A/Deputy Provincial Director
Adult Custody Division

FACTSHEET

June 10, 2022

Ministry of Public Safety and Solicitor General

Facts about BC Corrections' response to COVID-19

- BC Corrections continues to follow 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.
- Extensive protocols are in place and continue to evolve as new public health information becomes available, to help keep COVID-19 out of the correctional centres, and when there is an infection, prevent its spread.
- All BC Corrections staff and service providers are health screened upon entrance to provincial correctional centres.
- All individuals admitted into BC Corrections' custody are screened by health care, tested for COVID-19 and are offered a first, second and/or booster dose of the COVID-19 vaccine as early as reasonably possible.
- All asymptomatic admissions, including those returning from in-person court appearances, are placed in induction units for 7 days, prior to integrating with the rest of the custody population. Induction units have physical distancing protocols in place and cohorts of individuals admitted on the same day are separated from other cohorts.
- Monitoring for symptoms of COVID-19 is continuous. Individuals suspected of, or who develop, COVID-19 symptoms are assessed by health care staff, medically isolated, and tested.
- In addition to thorough cleaning within the centre and personal hygiene requirements, court appearances are facilitated by video or phone where possible, and transfers of individuals to other centres remains limited to further prevent the spread of COVID-19.
- Dedicated video technology now allows individuals to visit with friends and family virtually. All approved in-person visits take place in secure visit rooms that prevent physical contact. Visitors must also provide proof of vaccination, complete a health screening and wear a mask throughout their visit.
- BC Corrections' in-custody count remains lower than the pre-pandemic average of 2200. The current daily count average is approximately 1,660 and continues to fluctuate.
- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Protective measures remain in place to support safe in-person reporting at community corrections offices in addition to using various virtual technology to assist with case management and program delivery.

FACTSHEET

June 10, 2022

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- All BC Corrections staff and service providers are health screened upon entrance to provincial correctional centres.
- All individuals admitted into BC Corrections' custody are screened by health care, tested for COVID-19 and are offered a first, second and/or booster dose of the COVID-19 vaccine as early as reasonably possible.
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- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Protective measures remain in place to support safe in-person reporting at community corrections offices in addition to using various virtual technology to assist with case management and program delivery.

FW: Memo for staff and individuals in custody - free regular mail

From: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Hoffmann, Cindy PSSG:EX <Cindy.Hoffmann@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, McCrea, Gary PSSG:EX <Gary.McCrea@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: August 18, 2022 10:08:56 AM PDT
Attachments: 2022_08_18_Inmate Free Postage Mess from PD.pdf
FYI—ACD returning to 7 free letters per week for individuals in custody. They had bumped it up to 14 during the pandemic. See attached memo.

Amy

From: Kristofferson, Leanne PSSG:EX <Leanne.Kristofferson@gov.bc.ca>
Sent: Thursday, August 18, 2022 10:06 AM
To: Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>; Gemmill, Sandra PSSG:EX <Sandra.Gemmill@gov.bc.ca>; Bishop, Kevin PSSG:EX <Kevin.Bishop@gov.bc.ca>; Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>; Bartko, Treena PSSG:EX <Treena.Bartko@gov.bc.ca>; Myers, Coy R PSSG:EX <Coy.Myers@gov.bc.ca>; Saini, Sukhdeep PSSG:EX <Sukhdeep.Saini@gov.bc.ca>; Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>; Johnston, Eileen PSSG:EX <Eileen.Johnston@gov.bc.ca>; DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>; Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>; Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>; Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>; DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>; Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>; Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>
Cc: Maynard, Thasha PSSG:EX <Thasha.Maynard@gov.bc.ca>; Laursen, Shawna PSSG:EX <Shawna.Laursen@gov.bc.ca>; Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>; Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
Subject: Memo for staff and individuals in custody - free regular mail

Good morning Wardens and a/Wardens;

On behalf of Matt, please see the attached memo as discussed on yesterday's CDMC with regards to returning to seven free regular sized letters per week on September 1, 2022. Due to the relatively short period of time between the decision to return to seven letters, and the effective start date, it was decided to provide one memo for individuals in custody that could also be provided to staff for their information.

Distribute and communicate at your correctional centre as you deem appropriate.

Kind regards,

Leanne Kristofferson
Deputy Warden, Provincial Programs & Services
Adult Custody Division, BC Corrections
Ministry of Public Safety & Solicitor General
O: 778-405-1822
M: 250-889-3732

I respectfully acknowledge and honour the Esquimalt and Songhees Nations and people, on whose traditional and unceded Coast Salish territory I am privileged to live, work and play.

Government confidentiality and privilege requirements apply to this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, retransmission, conversion to hard copy, copying, circulation or other use is prohibited. If you are not the intended recipient, please notify the sender immediately, and delete this message and any attachments from both your inbox and deleted items folder. Thank You.



C633708

August 18, 2022

Individuals in Custody
BC Corrections – Adult Custody Division

RE: Free Regular Size Letters – Returning to 7 Letters Per Week

I am writing to advise that effective September 1, 2022, BC Corrections will return to seven (7) free regular size letters, that individuals in custody are permitted to send each week to friends and family.

Many of you will remember that we doubled the number of free regular size letters that individuals could send out, from seven (7) letters to fourteen (14) letters, as a result of the COVID-19 pandemic. Since that time, we have re-introduced visitation programs. Now that individuals in custody have an established process in place to connect with family and friends through virtual and/or in-person visits, we will resume the allowance of seven (7) regular size letters per week as per the *Correction Act Regulation, Standards of Confinement, section 2(f)*.

Letters sent to people and organizations, recognized as privileged, and as listed in section 13 of the Correction Act Regulation will continue to be free.

Should you have any questions or concerns, please ask a correctional officer for support.

Matt Lang
A/Provincial Director
BC Corrections – Adult Custody Division

Protect communities, reduce reoffending

Ministry of
Public Safety and
Solicitor General

Corrections Branch
Adult Custody Division

Mailing Address:
PO Box 9278 STN PROV GOVT
Victoria BC V8W 9J7

Location Address:
7th Floor, 1001 Douglas St
Telephone: (250) 387-5098
Facsimile: (250) 952-6883

FW: Meme to BC Corrections - Changes to COVID-19 Protocols

From: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Hoffmann, Cindy PSSG:EX <Cindy.Hoffmann@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, McCrea, Gary PSSG:EX <Gary.McCrea@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: August 22, 2022 4:41:17 PM PDT
Attachments: MEMO to BC Corrections - Changes to COVID-19 Protocols - 2022-08-22 FINAL.pdf
FYI

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>

Sent: Monday, August 22, 2022 4:36 PM

To: Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>; Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>; Bartko, Treena PSSG:EX <Treena.Bartko@gov.bc.ca>; Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>; DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>; Carnovale, Dan PSSG:EX <Dan.Carnovale@gov.bc.ca>; Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>; Johnston, Eileen PSSG:EX <Eileen.Johnston@gov.bc.ca>; Gemmill, Sandra PSSG:EX <Sandra.Gemmill@gov.bc.ca>

Cc: Kristofferson, Leanne PSSG:EX <Leanne.Kristofferson@gov.bc.ca>; Ratel, Sarah PSSG:EX <Sarah.Ratel@gov.bc.ca>; Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>; Rose, Cindy PSSG:EX <Cindy.Rose@gov.bc.ca>; Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>; Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>; Kay, Kenneth PSSG:EX <Kenneth.Kay@gov.bc.ca>; Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>; Lumley, Jason PSSG:EX <Jason.Lumley@gov.bc.ca>; Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>

Subject: FW: Meme to BC Corrections - Changes to COVID-19 Protocols

Importance: High

Please see the attached changes to COVID-19 testing protocols. As discussed, there will be less testing as advised by the medical director and medical health officers.

The 7-day induction period remains in effect. When they say 6 days of induction, there is the day of intake that we calculate to mean 7 days and the time to clear them.

I have spoken to them about the issue of prolonged droplet protocols and hopefully, this will improve. In-person courts should still be tested if they are within their induction period.

Please share as needed.

Lisa



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

Provincial Health Services Authority

MEMORANDUM

Date: August 22, 2022

To: BC Corrections, Adult Custody Division

From: Nancy Desrosiers, Provincial Executive Director, Correctional Health Services

Subject: Changes to CHS COVID-19 Protocols effective August 23, 2022

At the recommendation of Public Health, Correctional Health Services will be implementing the following changes to COVID-19 protocols effective August 23, 2022:

- COVID-19 Rapid Point of Care testing will NOT be done for clients under the following circumstances:
 - Clients without symptoms upon intake.
 - Clients without symptoms at the end of the induction period.
 - Clients with planned discharges to community living or supportive living environments such as supportive recovery, treatment centers, and mental health supportive housing environments.
- Based on the above changes, clients without COVID-19 symptoms and without a fever may be cleared after completing six days of induction.
- For induction cohorts and exposed living units, health care staff will educate clients to self-report new symptoms and will NOT conduct wellness checks unless otherwise directed by Public Health.

Should you have any questions or concerns, please contact your respective Health Services Manager.

FW: UPDATED: BC Corrections - COVID - fact sheet- 24Aug22

From: Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>
To: Carlson, Travis D PSSG:EX <Travis.Carlson@gov.bc.ca>, Cordeiro, John P PSSG:EX <John.Cordeiro@gov.bc.ca>, Hoffmann, Cindy PSSG:EX <Cindy.Hoffmann@gov.bc.ca>, Larocque, Micheal PSSG:EX <Micheal.Larocque@gov.bc.ca>, McCrea, Gary PSSG:EX <Gary.McCrea@gov.bc.ca>, Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>, Scott, Pamela PSSG:EX <Pamela.Scott@gov.bc.ca>, Taggesell, Claire PSSG:EX <Claire.Taggesell@gov.bc.ca>, Wiersma, Kyla PSSG:EX <Kyla.Wiersma@gov.bc.ca>
Sent: August 25, 2022 10:17:52 AM PDT
Attachments: BC Corrections - COVID - fact sheet- 24Aug22.pdf, BC Corrections - COVID - fact sheet- 24Aug22.docx
FYI-New COVID factsheet attached.

From: Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Sent: Thursday, August 25, 2022 10:06 AM
To: Gunnarson, Erin N PSSG:EX <Erin.Gunnarson@gov.bc.ca>; Lapsley, Amy PSSG:EX <Amy.Lapsley@gov.bc.ca>; Ooms, Tracey L PSSG:EX <Tracey.Ooms@gov.bc.ca>; Reder, Brenda AG:EX <Brenda.Reder@gov.bc.ca>; Bali, Nomita AG:EX <Nomita.Bali@gov.bc.ca>
Cc: Owens, Alicia PSSG:EX <Alicia.Owens@gov.bc.ca>
Subject: UPDATED: BC Corrections - COVID - fact sheet- 24Aug22

Good morning,

Attached is the updated BC Corrections COVID-19 factsheet in word and PDF (second and third attachment). The factsheet has been updated to reflect the health advice (updated testing protocol etc.) noted in the first attachment – please do not distribute the first attachment – this is for your information only. Note, though the health advice indicates a 6-day induction unit hold we are sticking with 7-days as is reflected in our factsheet.

If you have any questions please do not hesitate to contact me.

FACTSHEET

August 24, 2022

Ministry of Public Safety and Solicitor General

Facts about BC Corrections' response to COVID-19

- BC Corrections continues to follow 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.
- Extensive protocols are in place and continue to evolve as new public health information becomes available, to help keep COVID-19 out of the correctional centres, and when there is an infection, prevent its spread.
- All BC Corrections staff and service providers are health screened upon entrance to provincial correctional centres.
- All individuals admitted into BC Corrections' custody are screened by health care and tested for COVID-19 when deemed appropriate.
- All individuals are offered a first, second and/or booster dose of the COVID-19 vaccine while in custody.
- All asymptomatic admissions, including those returning from in-person court appearances, are placed in induction units for 7 days, prior to integrating with the rest of the custody population. Induction units have physical distancing protocols in place and cohorts of individuals admitted on the same day are separated from other cohorts.
- Monitoring for symptoms of COVID-19 is continuous. Individuals suspected of, or who develop, COVID-19 symptoms are assessed by health care staff, medically isolated, and tested.
- In addition to thorough cleaning within the centre and personal hygiene requirements, court appearances are facilitated by video or phone where possible, and transfers of individuals to other centres remains limited to further prevent the spread of COVID-19.
- Dedicated video technology allows individuals to visit with friends and family virtually. All approved in-person visits take place in secure visit rooms that prevent physical contact. Visitors must also provide proof of vaccination, complete a health screening and wear a mask throughout their visit.
- BC Corrections' in-custody count remains lower than the pre-pandemic average of 2200. The current daily count average is approximately 1,660 and continues to fluctuate.
- Probation officers and bail supervisors continue to supervise approximately 17,500 individuals on community supervision orders.
- Protective measures remain in place to support safe in-person reporting at community corrections offices in addition to using various virtual technology to assist with case management and program delivery.

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Ministry of
Public Safety and
Solicitor General

BC Corrections
Adult Custody Division

COVID-19 Contingency Plan

Induction Unit and Isolation Guidelines

Version 2.5
August 23, 2022

Document Revision History

Doc Rev	Description	Author	Date
0.6	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • New format/layout • Added version history and tracking • Added list of people/groups/resources that contributed to the development of this document • Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units • Added 'meal service' section for Induction Units • Updated 'laundry and waste disposal' section for Isolation Protocols 	Matt Lang	2020-04-09
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
2.0	<p>Reconciled guidelines with the Ministerial Order (M193-2020) authorizing use of Induction Units as follows:</p> <ul style="list-style-type: none"> • In the introduction, added information about the Ministerial Order and adjusted language for consistency with the order; • In the Definitions section, added a definition of Classes of Inmates and added language in the definitions of Cohort, Induction Unit, and Isolation Protocols (Medical Isolation) for consistency with the order; and • Adjusted language in the Induction Units Guidelines and Isolation Protocols (Medical Isolation) sections for consistency with the order. <p>Contact for questions about this document changed to Elliott Smith.</p>	Katherine Regan & Erin Gunnarson	2020-08-17
2.1	Added clarification about how healthcare staff visits to Induction Units and individuals on Medical Isolation are documented.	Katherine Regan	2020-12-16
2.2	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • Updated to reflect change in legislative authority from Ministerial Order (M192-2020) to section 20.1 of the Correction Act Regulation • Contact for questions about this document changed to Lisa Martin 	Travis Carlson	2022-01-04
2.3	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • Update to the assessment period length from 14-days to 10-days, in accordance with advice from medical specialists. • Movement to a self-monitor for symptoms model for individuals with contact concerns. • Admission procedures now only apply to multi-day court absences. 	Travis Carlson	2022-03-10

2.4	This version contains the following changes: <ul style="list-style-type: none"> Update to the assessment period length from 10-days to 7-days, in accordance with advice from medical specialists. 	Travis Carlson	2022-04-04
2.5	This version contains the following changes: <ul style="list-style-type: none"> Clients without COVID-19 symptoms and without a fever do not require testing prior to being removed from an induction unit. Health care staff will no longer perform wellness checks on units or cohorts which have been exposed to COVID-19, unless otherwise directed by PHSA. Individuals on these units are directed to self monitor and report any new symptoms. 	Travis Carlson	2022-08-22

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.

The operation of Induction Units and use of Isolation protocols is authorized by section 20.1 of the Correction Act Regulation (CAR). In accordance with the CAR, section 9.26 of the Adult Custody Policy (ACP) outlines the establishment of quarantine units (i.e., Induction Units) to reduce the risk of transmission of communicable diseases within correctional centres. This regulatory and policy guidance specifies the measures necessary to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic.

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.

These guidelines are authorized by the provincial director.

As the circumstances related to COVID-19 continue to change, these guidelines will be regularly reviewed and may be adapted in accordance with emergency and public health guidance, such as when 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, or for other reasons;
 - 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 individuals in custody, 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 Lisa Martin, Acting Deputy Provincial Director, Adult Custody Division, at Lisa.C.Martin@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.

Admissions

Admissions to a correctional centre may be placed in a cohort based on date(s) of admission. "Admission" includes individuals returning from a multi-day court appearance or returning from another temporary absence from a correctional centre.

Cohort

Refers to the practice of grouping individuals placed on an Induction Unit. A cohort may consist of one or more individuals.

Induction Unit

A dedicated quarantine unit to house all new admissions for a 7-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit. As authorized by section 20.1 of the CAR, induction units are designated by the person in charge (i.e., warden). The warden may order that one or more inmates or a cohort of inmates be confined in the induction unit and ensures that the induction unit is managed and operated in accordance with the *Correction Act* and regulations.

Isolation Protocols (Medical Isolation)

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. The warden ensures that isolation protocols are managed in accordance with the *Correction Act* and regulations.

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 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 at least a 7-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, individuals will be:
 - Housed in a single cell as a single occupant, where possible (double-bunking is used as a last resort);
 - 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, time out of cell will meet or exceed the minimum 2.5 hours required by the Correction Act Regulation.
- Individuals are given as much time out of cell as can be accommodated between cohorts on the same living unit.
- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependent 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) must wear an ASTM mask.
- 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.
- Relevant signage is posted throughout the living units.

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 separated from their cohort and placed on Isolation Protocols (see below).
- The remaining individuals in the cohort self monitor for COVID-19 symptoms. If individuals present with symptoms, they are separated from the cohort and undergo testing.
- If the individual is tested for COVID-19 and tests **positive**:
 - The individual is removed from the cohort and commences a separate 7-day isolation period; and

- The remaining individuals on the cohort continue to self monitor for COVID-19 throughout their assessment period unless there is indication for the isolation of specific individuals.
- 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 to complete their induction period; and
- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):
 - The individual remains on Isolation Protocols for an extended 7-day assessment period from the date of symptoms and until symptoms are no longer present; and,
 - The cohort is monitored for symptoms until the conclusion of their induction period.

Health care surveillance

- Health professionals will conduct periodic checks of individuals 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.
- Correctional staff document visits by health professionals to Induction Units in the unit logbook (as per [*Adult Custody Policy*](#) 7.2.2. Living unit and program area records).
- Health professionals document interactions with individuals in Induction Units as per PHSA CHS policy.

Exit screening

- Individuals that are free of any COVID-19 symptoms following the completion of a 7-day assessment period are moved to a regular living unit.

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 (Medical Isolation)

Application

Isolation Protocols are recommended and consistent with direction from PHSA CHS. They apply to suspected or confirmed individual cases of COVID-19, and may be considered by PHSA CHS for close contacts of confirmed cases. Consistent with section 20.1 of the CAR, Isolation Protocols (Medical Isolation) are considered induction unit placements. Isolation Protocols (Medical Isolation) can be applied to a cohort consisting of a single individual or a

group of individuals. The cohort is held as an induction unit placement separate from other cohorts, yet on Isolation Protocols (Medical Isolation).

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 (Medical Isolation).
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing.
- The individual remains in isolation until cleared by a health professional.

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 directed to self monitor for symptoms for the remainder of the assessment period. If close contacts develop symptoms during this period, they are placed on Isolation Protocols (Medical Isolation) and tested accordingly.

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 (Medical Isolation) 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 7-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.
- Ideally, suspected cases 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 placed on Isolation Protocols (Medical Isolation) until tested.
 - 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 individuals 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 as needed, and when visibly soiled or wet on a one-for-one basis.

- 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, and safety within the scope of their duties.

Health care surveillance

- Health professionals will conduct periodic checks of individuals on Isolation Protocols (Medical Isolation).
- Protocols and frequency will be determined by PHSA CHS.
- For individuals on droplet protocols held in the Segregation Unit or isolation environment, correctional staff document visits to the unit by health professionals as per Adult Custody Policy 1.22.2. Segregation unit records.
- For individuals on droplet protocols held outside the Segregation Unit or isolation environment, correctional staff document visits by health professionals to the living unit in the unit logbook (as per Adult Custody Policy 7.2.2. Living unit and program area records). Correctional staff also make individualized client log entries when health professionals visit individuals on droplet protocols.
- Health professionals document interactions with individuals as per PHSA CHS policy.

Exit screening

- Health professionals will "clear" individuals from Isolation Protocols (Medical Isolation).
- 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 individuals.
- 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 individuals on Induction Units / Isolation Protocols (Medical Isolation) are included here.

Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols (medical isolation) 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 individuals 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.

Updated: COVID-19-Induction Unit and Isolation Protocols

From: Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>
To: Bartko, Treena PSSG:EX <Treena.Bartko@gov.bc.ca>, Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>, Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>, DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>, Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>, Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>, Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>, Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>, Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>, Carnovale, Dan PSSG:EX <Dan.Carnovale@gov.bc.ca>, Johnston, Eileen PSSG:EX <Eileen.Johnston@gov.bc.ca>, Gemmill, Sandra PSSG:EX <Sandra.Gemmill@gov.bc.ca>
Cc: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>, DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>, Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
Sent: September 2, 2022 9:54:51 AM PDT
Attachments: COVID-19 Induction Unit and Isolation Protocols.pdf, MEMO to BC Corrections - Changes to COVID-19 Protocols - 2022-08-22 FINAL.pdf

Good morning,

Please see updated induction unit and isolation protocols document for information and distribution as you see fit.

Thank you,

Montana Martin *she/her*

Divisional Office Manager

BC Corrections | Adult Custody Division

Ministry of Public Safety and Solicitor General

Office: 236-478-3559 Cell: 250-361-7018

FW: Updated: COVID-19-Induction Unit and Isolation Protocols

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>
Sent: October 20, 2022 1:02:32 PM PDT
Attachments: COVID-19 Induction Unit and Isolation Protocols.pdf, MEMO to BC Corrections - Changes to COVID-19 Protocols - 2022-08-22 FINAL.pdf

FW: gym capacity follow up

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>
Sent: October 20, 2022 1:03:59 PM PDT

From: Newhouse, Emily [FH] <Emily.Newhouse@fraserhealth.ca>
Sent: Wednesday, March 9, 2022 10:37 AM
To: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
Subject: RE: gym capacity follow up

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Lisa,

Yes, I think it would be very reasonable to lift gym capacity limits. Given the amount of interaction inmates are already having in common space and meals, I don't think the incremental benefit of limiting capacity would be much at this point.

Regards,
Emily

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
Sent: Wednesday, March 09, 2022 10:31 AM
To: Newhouse, Emily [FH] <Emily.Newhouse@fraserhealth.ca>
Subject: FW: gym capacity follow up

EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

Hate to bother you, but just have a quick question about gyms on post-induction, regular living units.

We have small gyms on the units that have stationary gym equipment suitable for a correctional centre.

They are about the size of a standard bedroom. We have been restricting them to 1 person at a time due to the size and our vaccination rates. We are getting pushback from the inmates as they feel they are like a family. Sharing common space and meal times.

Would it be reasonable to lift this restriction and go to pre-COVID gym use?

Or limiting to 2? Or?

Thanks Lisa

From: Li, Lynne [CWBC] <lynne.li@cw.bc.ca>
Sent: Wednesday, February 23, 2022 1:55 PM
To: Monaghan, Angus [PHSA] <AMonaghan@phsa.ca>; Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>; Wallbank, Krysta [PHSA] <krysta.wallbank@phsa.ca>; Desrosiers, Nancy [PHSA] <nancy.desrosiers@phsa.ca>; Levac, Michele [PHSA] <michele.levac@phsa.ca>
Cc: Mead, Annabel [VCH] <Annabel.Mead@vch.ca>; Nikoo, Nooshin [PHSA] <nooshin.nikoo@phsa.ca>
Subject: gym capacity follow up

Hi everyone.

Thank you for thoughtful discussions today, and as promised, I did look into the updated PHO for fitness facilities. The following is stated per the ministry website [linked here](#):

“ **Full capacity** is allowed for exercise and fitness activities, including:

- Adult indoor individual, group fitness or exercise activities
- Adult dance classes and activities
- Exercise and fitness programs for children and youth

Safety requirements for exercise and fitness activities include:

- Proof of vaccination required for entry (12+)
- Masks required at all times, except when actively exercising. We strongly encourage people to wear a mask even when exercising”

From the above, 2 points come to mind:

1. In terms of full capacity, because the room is so small, I'd suggest looking at the fire code to determine the occupancy limit.
2. The PHO does state that users of gym need to be double vaccinated. Being mindful that often clients are not in Corrections, it may be worthwhile to discuss with public health letting not fully immunized clients use the gym if deviating from the PHO.

Hope that helps!

Best,
Lynne

Lynne Li, MD, MSc, FRCPC

Medical Microbiologist, Division of Microbiology, Virology and Infection Control, B.C. Children's and Women's Hospital,
Clinical Lead Infection Prevention and Control Physician, BC Mental Health and Substance Use Services
Clinical Assistant Professor, University of British Columbia

Office: Room 2K8, 4480 Oak St., Vancouver, B.C., V6H 3N1 | **Phone** 604-875-2345 ext. 6650; **Email:** lynne.li@cw.bc.ca

PHSA Infection Prevention and Control

*“Empowering **everyone** to prevent infections”*

I humbly and gratefully thank and acknowledge that I live, work, and play on the ancestral, traditional and unceded territories of the Coast Salish Peoples, and specifically the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓ilwítulh (Tsleil-waututh) Nations.

FW: PPE Update

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>
Sent: October 20, 2022 1:10:03 PM PDT
Attachments: Mask and PPE use FINAL review Jan5 2022.pdf

From: Martin, Lisa C PSSG:EX
Sent: Wednesday, January 5, 2022 5:05 PM
To: Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>
Subject: FW: PPE Update

From: Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>
Sent: Wednesday, January 5, 2022 4:51 PM
To: Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>; Peel, Ryan PSSG:EX <Ryan.Peel@gov.bc.ca>; Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>; Carnovale, Dan PSSG:EX <Dan.Carnovale@gov.bc.ca>; Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>; Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>; Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>; Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>; Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>; Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>; DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>
Cc: Macpherson, Stephanie PSSG:EX <Stephanie.Macpherson@gov.bc.ca>; Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>; Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>; Pastorek, John PSSG:EX <John.Pastorek@gov.bc.ca>; DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>
Subject: PPE Update

Further to this morning's call, please distribute the following to staff within your centres advising them of the update to the PPE protocols. Please note the change is effective tomorrow, January 06, 2022:

Good Morning/Afternoon,

I am writing to provide you with an update on our COVID-19 response, specifically the steps being taken to address the Omicron variant in our correctional centres.

This variant of concern, Omicron, is now the dominant strain in BC and has a higher transmissibility than other variants. It can be spread faster and more easily than other variants of COVID-19 that we have encountered.

To ensure the safety of employees in our centres, we have updated our PPE protocols. Effective January 6, 2022, ASTM Level 3 masks will replace the procedural mask and be the mask worn in all areas of the centre. Historically ASTM Level 3 and KN95 masks were designated for droplet and induction units only, however with the transmissibility of Omicron it is prudent to move to this level of mask throughout the centres. (Note: ASTM Level 3 masks and KN95 masks are equivalent, offering the same level of protection).

This additional measure is supported by medical and safety specialists to ensure that our COVID-19 response is effective, and evidence based.

If you have any questions or concerns about COVID-19 protocols, please contact the management team in your centre.

Thank you,

Matt Lang
Deputy Provincial Director
Ministry of Public Safety & Solicitor General | BC Corrections | Adult Custody Division
7th Floor, 1001 Douglas Street, Victoria, BC , V8C 2C5
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PPE – Mask Use Matrix

In accordance with Provincial Risk Assessments and centre pandemic response plans the following summarizes PPE use and masks required in different settings. Hand hygiene, physical distancing, and proper mask use remain the most effective means of reducing the risk of COVID-19 spread. The following lays out the steps to take to ensure compliance with protocols and response plans.

1






At entrance to correctional centre, all will:

- **Screen for symptoms of COVID-19**
- **Wash hands**
- **Don the mask provided, except while:**
 - Eating or drinking AND maintaining 6 feet physical distance.
 - Working alone in an office/cubicle space (that allows 6 feet distance)
 - Night shift while at the unit desk, unit is locked, AND no other co-workers on the unit.
 - When another mask PPE is required as per (table below).

2

Throughout shift:

- ✓ **Physical Distance** from co-workers and inmates whenever possible (even while wearing a mask or respirator), including when co-workers are both at a unit desk.
- ✓ **Hand Hygiene** (e.g. before and after tasks, before and after PPE use, donning and doffing).
- ✓ **Respiratory etiquette** (e.g. cover coughs, sneezes with tissue or elbow).
- ✓ **Environmental and equipment cleaning and disinfection** (e.g. clean re-usable equipment between each use).
- ✓ **Self-monitor** for onset of any of the COVID-19 screening symptoms during shift and report to supervisor.
- ✓ **Implement and follow additional precautions if required** (e.g. droplet and contact precautions for COVID-19).
- ✓ **Placement** (e.g. prioritize single room occupancy where possible).

Areas	Protocols	Information
Regular Unit (post-induction) & other areas of centre	Medical Grade Mask ASTM Level 1-3 or KN 95 (not fit tested)  Ear loop - inmates wear when on droplet protocols Not to be used for High Potency Narcotics risk.	Protects the wearer from droplets generated by others and prevents spread of droplets from wearer. Ensure good contact all around and shape metal nose piece to help avoid fogging glasses. Replace damp or soiled masks. Available from supervisor and/or centre screening area. Clean hands before and after use. Discard in garbage after use. <i>**Air Purifying Respirator 1/2 mask is suitable only when the <u>exhaust valve covered by ear-loop grade mask</u>. (see - How to cover exhaust valve)</i>
	Medical Grade Mask ASTM Level 1-3 or KN 95 (not fit tested)  Not to be used for High Potency Narcotics risk.	Protects the wearer from droplets generated by others and prevents spread of droplets from wearer. Ensure good contact around face and shape metal nose piece to help avoid fogging glasses Replace damp or soiled masks. Available from supervisor and/or centre screening area. Clean hands before and after use. Discard in garbage after use. <i>**N95 and PAPR are also suitable. Air Purifying Respirator 1/2 mask is suitable only when the <u>exhaust valve covered ear loop mask</u>. (see - How to cover exhaust valve)</i>
Induction Units Droplet Protocols	Eye Protection 	Provides protection from droplets getting into eyes. Goggles must have snug contact all around the edges. Face shields must be worn in the down position. Clean between each use.
	Gowns (Only when needed) 	If clothing or skin will be soiled from splashes/sprays or come into contact with blood or body fluids. Wash or sanitize hands before donning and doffing gowns.
	Barrier Gloves (nitrile, latex, etc.) (Only when needed) 	Barrier Gloves (nitrile, latex etc.) are required if hands will be exposed to blood or body fluids. Wash or sanitize hands before wearing gloves and immediately after removal.

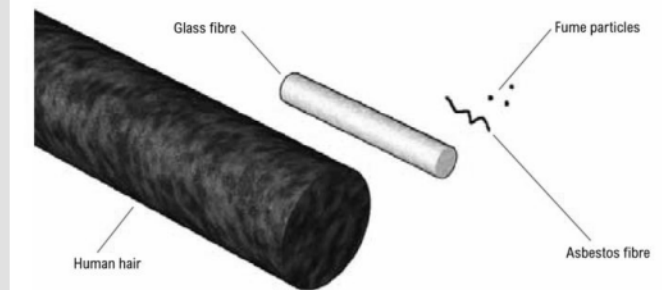
Respirators





Along with PPE (i.e. as needed for situation: nitrile gloves, goggles, etc.) protects wearer from airborne and ultra small particles (i.e. high potency narcotics). Clean-shaven where respirator seal meets the face.

Human Hair = 75 microns

Asbestos ~ 5 microns





Fentanyl = less than 2 microns



<p>Respirators indicated for:</p> <p>High Potency Narcotic Risk</p> <ul style="list-style-type: none"> Administration mail processing Processing effects Responses/frisks with risk Overdose responses <p>or</p> <p>Airborne Precautions (e.g. measles, TB)</p> <p>or</p> <p>In proximity to AGMP (CPR with bag valve or CPAP) with COVID-19 risk.</p>	<p>N95 Respirator</p> 	<p>Requires annual fit testing. You must wear the size and model you successfully fit tested for.</p> <p>Must be clean-shaven where the respirator seal meets the face.</p>
	<p>Air Purifying Respirator 1/2 mask</p> 	<p>Respirator issued to staff in consideration of High Potency Narcotic risks. Must always be carried while on duty.</p> <p>Requires annual fit testing. You must wear the size and model you successfully fit tested in for.</p> <p>Must be clean-shaven where the respirator seal meets the face.</p>
	<p>Powered Air Purifying Respirator (PAPR)</p> 	<p>Assigned to specific officers with formal exemption from wearing a tight-fitting respirator (N95 or 1/2 mask).</p> <p>Must always be carried while on duty.</p> <p>Requires device specific training</p>
	<p>Air Purifying Full Face Respirator</p> 	<p>ERT use only and in approved training. Also protects eyes and allows for wearing of the required protective helmet.</p> <p>Requires fit testing.</p> <p>Must be clean-shaven where the respirator seal meets the face.</p>

How to cover the exhaust valve of an APR ½ mask

(when ½ mask used for daily use in place of a procedure or surgical mask)

	<p>Preparation</p> <ol style="list-style-type: none"> 1. Wash or sanitize your hands. 2. Ready the APR, and the pre-cut ear-loop mask. 3. Ready any other PPE required for the task (<i>i.e.</i> eye protection, face shield, gloves).
<p>Donning of APR and ear-loop mask</p>	
	<p>Negative-pressure user seal check</p> <ol style="list-style-type: none"> 1. Put on the respirator and any other associated personal protective equipment. 2. Tighten the head straps until the respirator feels snug but comfortable. Wear the respirator for a few minutes so that it will warm up and better conform to your face. 3. Close off the inlet opening of the cartridges or filters by covering them gently with the palms of your hands or gloves (in some cases, you may have to remove the cartridges so that you can cover the inlet valves). 4. Breathe in slightly to create a vacuum. 5. Hold for up to 5 seconds. 6. If you have a good seal, the facepiece should collapse slightly against your face and stay collapsed. No air should leak into the facepiece past the sides, top, or bottom.
	<p>Positive-pressure user seal check</p> <ol style="list-style-type: none"> 1. Close off the exhaust valve opening by covering it with the palm of your hand. 2. Breathe out <i>slightly</i> to force air into the facepiece. 3. Hold for up to 5 seconds. 4. If you have a good seal, the facepiece should bulge out and stay out. No air should leak out of the facepiece past the sides, top, or bottom.
	<ol style="list-style-type: none"> 1. Put the pre-cut ear-loop mask over the front of the APR, making sure that it covers the exhalation valve. 2. Pull the elastic bands to the back of the ears. 3. Adjust the ear-loop mask if necessary.
<p>Doffing of APR and procedure mask</p>	
<ol style="list-style-type: none"> 1. Wash or sanitizer your hands. 2. Remove the procedure mask (handling the elastic bands only). 3. Dispose of the ear-loop mask into a lined garbage receptacle. 4. Wash or sanitizer your hands. 5. Remove the APR first by loosening the straps, then removing it from your face. 6. Clean the APR with Sani-wipes and allow it to air dry before putting it in its storage bag or tactical bag. 7. Wash or sanitizer your hands. 	

FW: COVID Guideline

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
To: D'Argis, Krista PSSG:EX <Krista.DArgis@gov.bc.ca>
Sent: October 20, 2022 1:12:52 PM PDT

From: Martin, Lisa C PSSG:EX

Sent: Monday, January 24, 2022 3:21 PM

To: Lacroix, Richard (Rick) PSSG:EX <Richard.Lacroix@gov.bc.ca>; Singleton, Richard D PSSG:EX <Richard.Singleton@gov.bc.ca>; Rempel, Debby PSSG:EX <Debby.Rempel@gov.bc.ca>; Cheema, Harbippan PSSG:EX <Harbippan.Cheema@gov.bc.ca>; Boswell, Lyall PSSG:EX <Lyall.Boswell@gov.bc.ca>; Kaban, Darcy PSSG:EX <Darcy.Kaban@gov.bc.ca>; Kea, Jacqueline PSSG:EX <Jacqueline.Kea@gov.bc.ca>; DuTemple, Teri PSSG:EX <Teri.DuTemple@gov.bc.ca>; Peel, Ryan PSSG:EX <Ryan.Peel@gov.bc.ca>; Stavrou, Dennis PSSG:EX <Dennis.Stavrou@gov.bc.ca>

Cc: Herasemluk, Jason PSSG:EX <Jason.Herasemluk@gov.bc.ca>; DiCatri, Steve PSSG:EX <Steve.DiCatri@gov.bc.ca>; Martin, Montana PSSG:EX <Montana.Martin@gov.bc.ca>; Luknowsky, Myrna L PSSG:EX <Myrna.Luknowsky@gov.bc.ca>; Lang, Matt PSSG:EX <Matt.Lang@gov.bc.ca>; Bahia, Rajan PSSG:EX <Rajan.Bahia@gov.bc.ca>; 'Monaghan, Angus [PHSA]' <AMonaghan@phsa.ca>

Subject: COVID Guideline

Importance: High

Things have been changing very quickly in regards to case and unit management with the Omicron variant. This is based on current case management advice and was reviewed by CHS and IPAC.

Going forward centres can expect the following (in general as no situation is exactly the same):

- Intake will remain the same with a 14 day induction. As per existing practice, a PCR swab will be collected on day 13.
- When a regular unit that has a case the process will be as follows:
 - Isolate the index case(s) for a minimum of 10 days (20 days for those immunocompromised);
 - Healthcare will do wellness checks on the impacted unit(s) to check for any additional symptomatic inmates, test and isolate if applicable;
 - Asymptomatic inmates are to be kept separate for 10 days from the last symptomatic positive case contact:
 - This can be done via an asymptomatic cohort or individually – depends on your operation
 - Wellness checks to be done daily
 - Testing will be done on any that become symptomatic. If positive, they then will be isolated or placed in the positive cohort (if more than one from the unit and operationally possible) for 10 days from symptom onset.
- Management and clearing of a individual cases of inmate positives is the responsibility of the physician and will be arranged by the health care manager or on call health care manager.
- Management, testing, and clearing of units is the responsibility of healthcare to confirm, in consultation with IPAC team.

Please note that Point Prevalence Testing – testing asymptomatic contacts of a exposed unit is no longer recommended and is very unlikely to be ordered by the IPAC team, except for exceptional/specific circumstances.

Lisa

FW: COVID-19 Update - effective Monday, April 4, 2022

From: Martin, Lisa C PSSG:EX <Lisa.C.Martin@gov.bc.ca>
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Sent: October 20, 2022 1:23:13 PM PDT

From: Martin, Lisa C PSSG:EX

Sent: Friday, April 1, 2022 9:58 AM

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Subject: COVID-19 Update - effective Monday, April 4, 2022

Importance: High

The following two adjustments to protocols will come into effect Monday, April 4, 2022.

- **A reduction of induction time from 10-days to 7-days.**

- There is recent research that was published (March 2022) in the UK that supports this change in congregate living environments. As always any changes we have made have been medically and safety driven.

- **A change from PCR to POC to clear from induction.**

- This is due to PCR (gold standard test) being so sensitive that it can pick up remnant virus from a historical infection and give a false positive, which we have experienced and created issues on clearances. The POC test is still an antigen test and very sensitive, but will be less likely to pick up remnant.
- There may be occasions where healthcare will still do PCR.
- The POC test is more time consuming for healthcare to complete so there may need to be some logistics worked out with your healthcare teams.

As well nurses are now taking the lead on clearing from droplet protocols. While the doctors still have to approve the clearance, the nurses are more involved and taking a proactive approach to speed these up.

If you have any questions or concerns, please let me know.

Lisa

Lisa C. Martin
A/Deputy Provincial Director
Adult Custody Division

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9.26. Quarantine Units – Communicable Disease

9.26.1. Purpose

1. The purpose of this section is to protect the health and safety of individuals in custody, and anyone working in or visiting a correctional centre, by setting out the policy guiding the use of quarantine units to reduce the risk of transmission of communicable diseases.
2. This policy applies when a group of individuals in custody have, or are at risk of having, a communicable disease. If a single individual in custody has, or is at risk of having, a communicable disease, then the individual is confined separately under section 17(1)(a)(v) of the *Correction Act Regulation* (refer to 1.22.5: Segregation for medical observation).
3. Additional detailed operational policy and procedures (e.g., provincial-wide guidance or correctional centre-specific procedures) are developed to respond to the specific circumstances of a communicable disease that requires the use of quarantine units.

9.26.2. Statutory/regulatory authority

Authority for quarantine units is derived from section 20.1 of the *Correction Act Regulation*.

9.26.3. Definitions

1. Quarantine unit: Cells or units designated by the warden as a quarantine unit to separate a group of individuals in custody from the rest of the correctional centre for the purpose of reducing the risk of a communicable disease spreading within the correctional centre.
2. Communicable disease: A disease within the meaning of the *Public Health Act* that presents a significant risk of causing serious illness or death to a person.

9.26.4. Placing individuals on a quarantine unit

1. The warden may order that individuals in custody are placed on a quarantine unit if the individuals in custody meet criteria set by the warden. The criteria:
 - Are informed by medical advice;
 - Demonstrate that the placement is necessary to reduce the risk of a communicable disease spreading within a correctional centre; and
 - Are developed in consultation with:
 - Correctional Health Services;

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- The appropriate health authorities (which may include the Office of the Provincial Health Officer and regional health authorities); and
- The provincial director.

9.26.5. Informing individuals in custody of the decision to place them on a quarantine unit

Correctional staff provide individuals in custody with written notification of the decision to place them on a quarantine unit, within 24 hours of placing them on the quarantine unit. The notification includes:

- The reason for the placement;
- The anticipated length of the placement and the circumstances in which the placement may be extended;
- Any existing, or likely, restrictions including the rationale, on the standards of confinement;
- That the placement is made under section 20.1 of the *Correction Act Regulation*; and
- The complaint process that the individual in custody may follow (refer to 7.7: Inmate Complaints).

9.26.6. Reviewing the placement on a quarantine unit

1. The warden ensures the placement on a quarantine unit:
 - Is reviewed as soon as practicable after receiving medical advice, or other information, that indicates the placement may no longer be necessary; and
 - Is ended within 24 hours of determining the placement is no longer necessary.
2. In rare cases, an individual in custody may be placed on a quarantine unit for more than 30 days. In these cases:
 - The warden reviews the placement at least every 30 days, until the placement ends;
 - The individual in custody is informed of each review, and the decision, in writing; and
 - Each review, and the decision, is documented in a CORNET Client Log entry.

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9.26.7. Developing comprehensive operational policy and procedures

1. The contingency plan for a significant medical situation includes guidance for establishing a quarantine unit.
2. As soon as practicable, and within 30 days of the quarantine unit being designated, the warden approves comprehensive procedures guiding the operation of the quarantine unit that are:
 - Informed by medical advice;
 - Responsive to the specific circumstances of the communicable disease; and
 - Reviewed and updated at least every three months to reflect the latest available information.
3. The comprehensive operational policy and procedures are developed in consultation with:
 - Correctional Health Services; and
 - The appropriate health authorities (which may include the Office of the Provincial Health Officer and regional health authorities).
4. If a communicable disease leads to a quarantine unit at more than one correctional centre, the provincial director considers developing province-wide policy and procedures, in consultation with the organizations specified in 9.26.7(3).