

**Klachkova, Anastasiya (CSC/SCC)**

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**From:** VanDalen Madison (NHQ-AC)  
**Sent:** March 11, 2021 10:36 AM  
**To:** Worthington Dr. James (NHQ-AC); Cameron Dr. Colin (NHQ-AC); Dunn Kathleen (NHQ-AC)  
**Cc:** Clement Chris (NHQ-AC)  
**Subject:** RE: Masking Considerations  
**Attachments:** COVID-19 Considerations for Offender Masking 2021-03-10.docx

Hi all,

Just to provide an update – the document has been translated and is currently being reviewed by a member of the COVID-19 team.

Dr. Worthington, I have added 'individual' as much as possible throughout the document to increase consistency. There are a couple instances where 'offender' remains for what I think are required distinctions between staff and offenders (where 'individual' may have caused confusion between differing masking policies), including the title – to avoid confusion since these procedures are NOT intended for staff exemptions.

In terms of specific conditions, I am fine with removing these however I do think providing some examples to guide clinicians may be helpful. I know the first section is consistent with PHAC's direction:

Masking may not be tolerated by individuals who have difficulty breathing, who are unable to remove the mask on their own or wear it properly (e.g., due to decreased level of consciousness, physical ability, cognitive impairment or other relative conditions), or due to mental illness.

The second section that mentions specific conditions were examples provided from Dr.W and Dr. Cameron:

Health Services staff will meet with the individual to evaluate their ability to tolerate wearing a mask. Some conditions that may impact one's ability to wear a mask include, but are not limited to: claustrophobia, those with a history of suffocation, and those with facial deformities.

I have currently left these in for translation purposes, as it is easier to remove them after translation than to add them back in. Dr. W, are you suggesting that we remove both the underlined sections above, or just the first one? Let me know and I am happy to make the necessary changes.

Thank you very much and looking forward to finalizing this hopefully over the next few days! Have a great afternoon, Madison

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**From:** Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>  
**Sent:** March 1, 2021 2:15 PM  
**To:** Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>; VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>; Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>  
**Cc:** Clement Chris (NHQ-AC) <Chris.Clement@CSC-SCC.GC.CA>  
**Subject:** RE: Masking Considerations

Hi Madison, I'm fine with the face shield being removed. I do notice that we use offender on some occasions and patient on others. Could one use individual, instead of either. I also wonder about the wisdom of including any specific

conditions, as in the first section that Colin commented on. The more you look at a policy or the more you have queries so I'm ok if others don't have concerns on these points, thank you

**From:** Cameron Dr. Colin (NHQ-AC) <[Dr.Colin.Cameron@CSC-SCC.GC.CA](mailto:Dr.Colin.Cameron@CSC-SCC.GC.CA)>  
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**Subject:** RE: Masking Considerations

Thanks Madison. I made one further edit on page one using track changes (see attached).

Yours,  
Colin

**From:** VanDalen Madison (NHQ-AC) <[Madison.VanDalen@CSC-SCC.GC.CA](mailto:Madison.VanDalen@CSC-SCC.GC.CA)>  
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**Cc:** Clement Chris (NHQ-AC) <[Chris.Clement@CSC-SCC.GC.CA](mailto:Chris.Clement@CSC-SCC.GC.CA)>  
**Subject:** Masking Considerations

Hello all,

Firstly, happy March!

Secondly, please find attached the masking considerations document, adjusted and cleaned up a bit after our discussion last week. Of note, I would just like to highlight that upon discussing further with Kathy on Friday, we have removed the alternative option of using a face shield for those who are unable to tolerate wearing a mask. Ultimately, the use of a face shield without a mask does not provide additional protection for the wearer nor does it provide a method of source control, and as such the use of face shields for this group may result in more challenges (for example, the potential security concern). Kathy, I'm not sure if you have anything else you would like to add about the decision to remove the face shield option?

Please feel free to let me know if there are any further adjustments that can be made to this document. If we agree that this is getting close to a final version, I am happy to initiate the translation process.

Thank you and have a wonderful day,  
Madison

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# INFORMATION FOR STAFF

## COVID-19: Considerations for Offender Masking

DRAFT

CORRECTIONAL SERVICE CANADA



CHANGING LIVES. PROTECTING CANADIANS.

# INFORMATION FOR STAFF

**March 10<sup>th</sup>, 2021**

## Recommendation

Non-medical masks are to be worn by all offenders at all times when they are outside of their room or cell, or when they are within 2 metres of other individuals (e.g., when staff enter their room), while awake and where tolerated in CSC. Non-medical masks are worn for the purpose of protecting others in close proximity to the wearer by preventing the spread of bacteria and viruses to others.

Masking may not be tolerated by individuals who have difficulty breathing, who are unable to remove the mask on their own or wear it properly (e.g., due to decreased level of consciousness, physical ability, cognitive impairment or other relative conditions), or due to mental illness. Where masks cannot be worn, every effort should be made to maximize the distance (with a minimum of 2 metres) between individuals and promote proper hand hygiene practices. Staff must be educated that masking is just one layer of protection aimed at reducing overall transmission of COVID-19 within correctional facilities, and that an individual patient's inability to mask should in no way affect the care that they provide<sup>1</sup>.

Health Services will evaluate individuals who are not able to tolerate wearing a mask on a case-by-case basis. The layering of many infection prevention and control measures, including masking, may be beneficial in reducing the risk of infection for those at increased risk of severe illness from COVID-19 (for example, for those with chronic pulmonary illness or other underlying respiratory disease that are known to be at a higher risk of severe illness from COVID-19). Individuals refusing to wear a mask for any other, non-medical reason will be evaluated by Correctional Operations.

For more information on guidance related to individuals who are unable to tolerate wearing a mask, please refer to the document sub-sections described below:

- Health Services Evaluation and Education
- Operational Guidance for Individuals Unable to Tolerate Mask Wearing
- Individuals unable to tolerate mask wearing who develop symptoms, are identified as a close contacts of a positive case, or test positive for COVID-19

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<sup>1</sup> These masking recommendations are consistent with the updated guidance from the Public Health Agency of Canada's Long-term Care Home guidelines (to be posted). <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/residents-long-term-care-homes-covid-19.html>



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### Health Services Evaluation and Education

- Health Services staff will meet with the individual to evaluate their ability to tolerate wearing a mask. Some conditions that may impact one's ability to wear a mask include, but are not limited to: claustrophobia, those with a history of suffocation, and those with facial deformities. If the individual is unable to tolerate wearing a mask because they have identified mask wearing as triggering, please keep in mind that this will not be a formal investigation of the trauma history, but rather more of an exploration of the symptoms caused by wearing a mask.
- Health Services staff are to provide education on:
  - The rationale behind mask wearing, the important role that masks play in mitigating the transmission of COVID-19, and the potential risks of not wearing a mask during the COVID-19 pandemic.
  - The importance of strengthening other infection prevention and control measures if a mask cannot be worn, especially maintaining a minimum of 2m from others as much as possible and regular hand hygiene.
  - Avoiding any other individuals not wearing masks, where possible, if there are others in the institution also unable to tolerate wearing masks.
  - How to monitor for symptoms of COVID-19.
  - All staff and offenders who are asked to wear a mask should be informed about the importance of performing hand hygiene prior to putting on, and after removing or touching their mask, to reduce the risk of self-contamination.
- Health Services to explore alternative options to routine mask wearing protocols. These alternatives may include, but are not limited to:
  - A mask made of a different design or fabric.
  - A modified mask wearing schedule: determine if the mask can be tolerated for small amounts of time. If this can be tolerated, educate the individual on certain types interactions/activities where mask wearing would be most effective in reducing the risk of transmission of COVID-19.
  - Limiting movement within the site, where possible, to minimize exposures when unmasked.
- The institutional clinician (physician or nurse practitioner) is to make a decision regarding the requested mask exemption in consideration of the following factors:

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- The individual's clinical presentation and medical history;
  - The outbreak status of the institution;
  - The rate of transmission in the local community where the CSC institution is geographically situated;
  - The type of institution (e.g. intake sites may have a higher risk of introduction from the local community);
  - The ethical principles of pandemic response – particularly as they relate to medical isolation and individual restrictions, for instance:
    - **Proportionality:** Restrictions placed upon individuals should be proportional to the level of risk.
    - **Non-maleficence:** Decisions should minimize the harm to offenders and staff members wherever possible, which requires consideration for the benefits and burdens to patients, the offender population, and staff members.
- The institutional clinician must document their decision, rationale, and any alternative methods of infection prevention and control being recommended in OHIS-EMR. They will provide the exempted individual with documentation (See [Appendix A](#)) to indicate the exemption.
  - Health Services to follow-up with individuals who are unable to tolerate mask wearing every 7 days after the initial appointment to reassess their ongoing tolerance for mask wearing, adherence to other infection prevention and control measures (such as physical distancing and hand hygiene), monitoring for symptoms, etc. Each interaction is to be documented in OHIS-EMR.

### Operational Guidance for Individuals Unable to Tolerate Mask Wearing

- Health Services to communicate to the Institutional Head the instruction to notify all Operations staff of the following:
    - General background about why some individuals may be unable to tolerate wearing a mask. Explain that mask wearing may be incompatible for certain individuals for health or mental health reasons and in these circumstances, alternatives can be arranged by Health Services.
    - Staff must be educated that masking is just one layer of protection aimed at reducing overall transmission of COVID-19, and that an individual patient's inability to mask should in no way affect the care that they provide.
  - Note that accommodations or changes may need to be made in the individual's employment or programming routine to ensure physical distancing measures can be maintained.
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- Without a mask, these individuals may pose a more significant risk of transmitting COVID-19 to others. Diligent monitoring for symptoms may be helpful in the quick mitigation of transmission through rapid implementation of additional infection prevention and control measures should an exempted individual become symptomatic.

### **Individuals unable to tolerate mask wearing who develop symptoms, are identified as a close contacts of a positive case, or test positive for COVID-19**

- If an individual who is unable to tolerate wearing a mask develops symptoms, tests positive for COVID-19, or is identified as a close contact of a positive case, accommodations should be made on a case-by-case basis by the Chief of Health Services (CHS), the Regional Physician Lead, the institutional clinician (physician or nurse practitioner), and the Institutional Head of the institution, or at the appropriate Emergency Operations Committee (EOC) meeting.
  - This includes planning for the movement of this individual and planning for how to safely provide the individual with out of cell time (for example to shower or go outside).
- This individual should be medically isolated based on the relevant algorithm (the Patient Journey Algorithm for Symptomatic inmates and close contacts or for Asymptomatic testing for public health surveillance), therefore this individual should have no contact with other offenders.
- Any staff interacting with this individual should practice infection prevention and control measures including physical distancing of 2m as much as possible, proper PPE as per the COVID-19 update: Guidance on the use of non-medical masks and personal protective equipment, proper hand hygiene, etc.

COVID-19 INFORMATION FOR STAFF

## Appendix A

### Documentation for Mask Exemption for Health Reasons

#### OFFENDER

<b>Full Name</b>	
<b>FPS</b>	
<b>Institution</b>	

#### HEALTHCARE PROVIDER

I \_\_\_\_\_ (name of institutional physician or nurse practitioner) confirm that the benefits, risks, consequences, and nature of a mask exemption during the COVID-19 pandemic have been explained to \_\_\_\_\_ (offender's name) and I approve this mask exemption for health reasons.

<b>Full name (print)</b>	
<b>Job Title</b>	
<b>Date</b>	
<b>Signature</b>	

**Please reach out to Health Services should you have any questions or concerns about mask exemptions for health reasons during the COVID-19 pandemic.**