



File: 292-30/PSS-2021-11615

May 19, 2021

Sent via email: k.walby@uwinnipeg.ca

Kevin Walby
University of Winnipeg
Department of Criminal Justice
515 Portage Avenue
Winnipeg MB R3B 2E9

Dear Kevin Walby:

Re: Request for Access to Records
Freedom of Information and Protection of Privacy Act (FOIPPA)

I am writing further to your request received by the Ministry of Public Safety and Solicitor General. Your request is for:

Requesting all records outlining protocols issued to and measures adopted or modified by your correctional institutions concerning health and mental health care provision to prisoners and prison staff related to COVID-19 prevention, management and treatment. (Date Range for Record Search: From 3/1/2020 To 3/31/2020)

These records are provided to you in their entirety. Please note that the Provincial Health Services Authority (PHSA) is responsible for the provision of health and mental health care at provincial correctional centres. All requests for records relating to health and mental health care provision should be directed to the PHSA.

Your file is now closed.

The records located in response to your request will be delivered through the BC Secure File Transfer Service. Separate emails will follow from the BC SFT Notification Service directing you how to set up an account and where to obtain your records. A guide for using the SFTS is enclosed for your convenience.

.../2

These records will be published on the BC Government's Open Information website a minimum of ten business days after release. To find out more about Open Information, please access the Open Information website at: www.gov.bc.ca/openinformation

If you have any questions regarding your request, please contact Ryan Graves, the analyst assigned to your request, at 236 478-2834. This number can be reached toll-free by calling from Vancouver, 604 660-2421, or from elsewhere in BC, 1 800 663-7867 and asking to be transferred to 236 478-2834.

You have the right to ask the Information and Privacy Commissioner to review this decision. I have enclosed information on the review and complaint process.

Sincerely,



Ryan Graves, FOI Specialist
On behalf of Justine Nisbet, Manager
Justice / Health Team, Information Access Operations

Enclosures

BC Government Secure File Transfer Service

Information Access Operations Ad-Hoc User Guide

Returning Users

If you are a returning user, please use your existing username and password. Passwords expire after 90 days. You can update your password at anytime.

New Users

Your records are provided to you via the Secure File Transfer Service (SFTS). You will need to setup a User Account to access to the STFS site.

You must log in to your temporary SFTS account within 7 days. After 7 days, your temporary SFTS account will expire and will no longer be accessible. If you are no longer able to access your account or records, please contact the FOI Analyst identified in your Response Letter for assistance.

Email Communication

1. The first email has your Response Letter attached.
 - This email is from the FOI Analyst at Information Access Operations who processed your file.
 - If your records are password protected, the response letter will contain your **password to open your records.**

2. The second email is the *New Package is Waiting* notification email.
 - This email will be received at the same time as the third email.
 - A hyperlink to the SFTS is contained in this email.

3. The third email is the *New User Account for the BC Secure File Transfer Service*
 - This email is sent only to users who are required to setup a STFS User Account.
 - If you are an existing user and your account is still active, you will not receive this email.
 - This email contains the following:
 - a **Hyperlink** to the SFTS site
 - a **Username** to access the SFTS site
 - a **temporary Password** to access the SFTS site
 - If you are unable to locate this email, please check your junk/spam folder. It is from BC Secure File Transfer Notification Service <DONOTREPLY>@gov.bc.ca.

Accessing Your Records

1. Setup your SFTS account.
 - Click on the URL hyperlink provided in your third email.
 - You will be redirected to the SFTS site.

- If you are not redirected to SFTS site, it is accessible at: filetransfer.gov.bc.ca.
2. Enter your *Username* and *Password*.
 - These are provided in your third email.
 3. Change your SFTS account password.
 - You will be required to do this as soon as you login.
 - Follow the instructions provided to you after you login to SFTS for the first time.
 - After you change your password, select "Finish." This will redirect you to your STFS Inbox.
 4. Your records are now accessible.
 - Records will be available in SFTS for 35 days.
 - You can download your records up to 5 times.
 - To download your records:
 - Click on the records package
 - Click on the *Download* button beside the file(s)
 - If your records are password protected, you will require a password to open the pdf document.
 - *The password to open the pdf is located in your first email's Response Letter.*
 - It is recommended that you download and save your records so you do not have to return to the SFTS each time to view.
 5. If your records are password protected, please consult your .pdf software's user manual on how to remove the password/encryption.

Troubleshooting

- If the hyperlink to the SFTS site does not open, try to access the site on a different web browser such as Chrome, or Firefox or Safari.
- Your temporary SFTS account expires after 7 days unless the account is logged into again or receives a new package. Your account will be deleted 7 days after it has been marked as expired. Once it is deleted, you will need to have a new ad-hoc account created - contact the FOI Analyst identified in the response letter.
- If you have forgotten your password but your account is still active:
 - You can use the "Request a password change" link on the Login page.
 - An email will be sent to you providing you the URL to confirm the password change.
 - Passwords expire after 90 days.
- If you encounter technical issues, please call the technical support line at 250-387-7000 and select option 3. You will need to advise the representative that you are requesting assistance as an ad-hoc user of the BC Secure File Transfer Service.

<p>How to Request a Review with the Office of the Information and Privacy Commissioner</p>
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If you have any questions regarding your request please contact the analyst assigned to your file. The analyst's name and telephone number are listed in the attached letter.

Pursuant to section 52 of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), you may ask the Office of the Information and Privacy Commissioner to review any decision, act, or failure to act with regard to your request under FOIPPA.

Please note that you have 30 business days to file your review with the Office of the Information and Privacy Commissioner. In order to request a review please write to:

Information and Privacy Commissioner
PO Box 9038 Stn Prov Govt
4th Floor, 947 Fort Street
Victoria BC V8W 9A4
Telephone 250 387-5629 Fax 250 387-1696

If you request a review, please provide the Commissioner's Office with:

1. A copy of your original request;
2. A copy of our response; and
3. The reasons or grounds upon which you are requesting the review.



ACTIVE SCREENING TOOL

For Correctional Staff

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

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

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

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

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

RETURN HOME

② Are you experiencing any of the following less direct COVID symptoms not related to allergies?

<input type="checkbox"/> NO	Muscle Ache/ Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Cold Symptoms (eg congestion)	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore Throat	YES <input type="checkbox"/>

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

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

- 1) **Inform manager** or On-call
- 2) **Return home**
- 3) **Call 8-1-1** for assessment & testing
- 4) **Update the ADW Staffing** as soon as possible

TO WORK

RETURN HOME*

*As the response to COVID changes and/or there is a need to maintain essential service levels, the outcome options for Question 2 will be updated.

ACTIVE SCREENTING TOOL
Correctional HEALTH Staff

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

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

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

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

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

RETURN HOME

② Are you experiencing any of the following less direct COVID symptoms not related to allergies?

<input type="checkbox"/> NO	Muscle Ache/ Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Cold Symptoms (eg congestion)	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore Throat	YES <input type="checkbox"/>

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

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

- 1) **Don a mask** and report to work
- 2) **Inform manager**
- 3) **Call 8-1-1** when home
- 4) **Update the manager** as soon as possible

TO WORK

TO WORK

CONTRACTOR SCREENING

ACTIVE SCREENING TOOL Contractors & Non-Staff

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

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

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

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

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

RETURN HOME

② Are you experiencing any of the following less direct COVID symptoms not related to allergies?

<input type="checkbox"/> NO	Muscle Ache/ Fatigue	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Cold Symptoms (eg congestion)	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Shortness of Breath	YES <input type="checkbox"/>
<input type="checkbox"/> NO	Sore Throat	YES <input type="checkbox"/>

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

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

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

RETURN HOME

TO WORK



Ministry of
Public Safety and
Solicitor General

Corrections Branch
Adult Custody Division

COVID-19 Contingency Plan

Induction Unit and Isolation Guidelines

Version 0.6
April 9, 2020

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

Contributors

These guidelines have been developed and written through consultation with the following people, groups and resources:

- Custody Division Management Committee
- Centres
- Brad Buck
- Workplace Health & Safety
- Nadir Sharifi-PHSA
- Information on BCCDC and WHO
- Other information sources
- Teri DuTemple, Kevin Bishop, Justin

If there are questions or comments with any of the content contained within please contact Matt Lang, Deputy Provincial Director, Adult Custody Division, at matt.lang@gov.bc.ca.

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.

As the circumstances related to COVID-19 continue to change, these guidelines may be adapted as new information is available, new orders are issued by the Provincial Health Officer, or new direction comes from the Public Service Agency or WorkSafeBC. Changes and updates to this document are recorded in the 'document revision history.'

Induction Units and Isolation protocols may need to be adapted based on individual centres' physical space, staffing, population, operations, and other resources and conditions. Centres should contact PHSA, Correctional Health Services (CHS) for assistance in applying these practices.

Rationale

- There are many opportunities for COVID-19 to be introduced into a correctional centre:
 - Admission of new intake who may have been exposed to COVID-19 in the community
 - Movements in and out of correctional centres for people to appear in court or attend medical appointments
 - Transfer of individuals between centres
 - Daily ingress and egress 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 immune function.
- In most cases, incarcerated persons are not permitted to leave the facility.
- Options for medical isolation additional precautions (droplet and contact precautions) of COVID-19 cases are limited and vary depending on the type and size of facility, as

well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.

- Because limited outside information is available to many incarcerated persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.

Definitions

Routine Practices

Routine Practices help prevent the spread of many infections, including COVID-19. They include:

- Frequent hand washing
- When coughing or sneezing, cough or sneeze into a tissue or the bend of the arm, dispose of any tissues as soon as possible, and wash hands afterwards
- Physical distancing
- 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
- 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)
- Enhanced cleaning/disinfecting procedures

Cohort/cohorting

Refers to the practice of grouping individuals.

Induction Unit

A dedicated unit to house all new admissions for a 14-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit.

Isolation Protocols

Refers to the physical isolation of an individual that is subject to Contact and Droplet Precautions. These apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases.

Close Contact

In the context of COVID-19, an individual is considered a close contact if they:

- Had close prolonged contact (i.e. within 2 metres for a prolonged period) with a suspected or confirmed case of COVID-19; or
- Had direct contact with infectious bodily fluids (e.g. was coughed or sneezed on) of a suspected or confirmed COVID-19 case while not wearing PPE.

Induction Units

Guidelines

- All new admissions are housed on an induction unit for a 14-day assessment period to monitor for signs of COVID-19 prior to being placed onto a regular living unit.
- Prior to cell assignment, any areas such as holding cells, showers and benches are cleaned between groups of new admissions.
- While in an induction unit, inmates will be:
 - Housed in a single cell as a single occupant (double-bunking is not permitted);
 - Kept in separate cohorts based on admission dates; and
 - Offered time out of their cells either with other members of their cohort or, when safety/security concerns prevent cohorting for some individuals (e.g. due to contact concerns), individually.
- Wherever possible, inmate time out of cell will meet or exceed the minimum 2.5 hours required by Adult Custody Policy.
- The confining of any inmate to their cell for more 20 hours per day (i.e. they are offered less than 4 hours time out of their cell) must be authorized under the separate confinement provisions of the Correction Act Regulation.
- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependant on the ability to maintain physical distancing.
- Wherever possible, cell doors should be opened remotely instead of staff having to key and touch doors.
- Asymptomatic individuals do not need to wear PPE.
- Staff supervising an induction unit (with no suspected or confirmed exposure to a COVID-19 case) do not need to wear PPE.
- Individuals (staff and inmates) assigned to Induction Units should receive training in Routine Practices (hand washing, coughing/sneezing etiquette, and physical distancing) and cleaning/disinfecting procedures.

Meal service

- Centres are to develop procedures to ensure individuals/cohorts do not contaminate meals for other individuals/cohorts
- At a minimum, those procedures must include:
 - Cleanliness requirements

- Physical distancing requirements as/when meals are collected and for the duration of the meal period
- 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 recommendations:

- 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.
- Communicate clearly and frequently with people in custody about changes to their daily routine and how they can contribute to risk reduction.
- Consider having correctional staff and health professionals perform “information rounds” on a regular basis to provide information and answer questions about COVID-19.
- Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of people in custody.

If an individual in a cohort becomes symptomatic

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols (see below).
- The remainder of the cohort is placed on Isolation Protocols.
- If the individual is tested for COVID-19 and tests **positive**:
 - The cohort remains on Isolation Protocols; and
 - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.
- If the individual is tested for COVID-19 and tests **negative**:
 - If the individual is asymptomatic and cleared by a health professional, then they can be removed from isolation and returned to the cohort;
 - The cohort can be removed from Isolation Protocols; and
 - The 14-day assessment period resumes (it does not need to restart).

- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):
 - The cohort remains on Isolation Protocols; and
 - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.

Health care surveillance

- Health professionals will conduct periodic checks of inmates in Induction Units.
- A health professional will identify to correctional staff if there are any concerns with one or more individuals.
- Surveillance protocols and frequency will be determined by CHS.

Exit screening

- When individuals complete a 14-day assessment period without displaying any symptoms, they can be moved to a regular living unit.
- No additional screening is required.

Cleaning and disinfecting procedures

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure all Induction Unit common areas are sanitized several times per day.
- At a minimum, common areas must be cleaned twice daily and after each cohort/individual has been permitted time out of their cells.
- Objects and areas that must be regularly cleaned include:
 - High-touch surfaces
 - Door handles and light switches
 - Common toilet, washroom, shower facilities
 - Kitchen areas, including appliances, countertops, sink handles, cabinet door handles
 - Telephones
 - Recreational equipment

- Any other appliances/equipment that individuals use during time out of their cells
- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, keys, handcuffs).
- Use household cleaners that have been certified as effective disinfectants against the virus that causes COVID-19 and is as appropriate for the surface, following label instructions.
- Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock as/when needed.
- Consider increasing the number of individuals (staff or inmates) trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

Isolation Protocols

Application

Isolation Protocols are recommended and consistent with direction from PHSA. They apply to suspected or confirmed, individual cases of COVID-19, as well as close contacts of suspected or confirmed cases as determined by a health professional.

Isolating suspected and confirmed cases of COVID-19

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols.
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing
- The individual remains in isolation until cleared by a health professional

Isolating Close Contacts of COVID-19 Cases

- Identification of Close Contacts is done by health professionals in consultation with correctional staff.
- Close Contacts of a suspected or confirmed case of COVID-19 are immediately placed on Isolation Protocols.
- If a large group of individuals or even an entire living unit is subject to Isolation Protocols, then the entire group may need to isolate in-place.
- Close Contacts remain in isolation until cleared by a health professional.
- Generally, if a Close Contact is isolated due to contact with a suspected case that is subsequently tested for COVID-19 and receives a negative result, the Close Contact will be released from Isolation Protocols and can return to their previous placement (on an Induction Unit, if a new admission, or returned to their previous living unit).

Guidelines

NOTE: Some recommendations below apply primarily to centres with onsite healthcare capacity. Centres without onsite healthcare capacity or without sufficient space to implement effective medical isolation should coordinate with an alternate centre to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- To reduce the risk of transmission, individuals on Isolation Protocols are to be housed in a single cell to prevent contact with others.
- Wherever possible, each isolated individual should be assigned their own housing space, which will include dedicated toilet and shower facilities.

- Keep the individual's movement outside the medical isolation space to an absolute minimum:
 - Individuals within medical isolation to remain in their assigned cell
 - Serve meals to individuals inside the medical isolation space
 - Exclude the individual from all group activities
 - For those individuals without an in-cell bathroom, provide a dedicated bathroom when possible. Establish approved disinfection protocols for centres unable to provide an individualized bathroom.
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
- Restrict isolated individuals from leaving the centre (including transfers to other centres) during the 14-day isolation period, unless released from custody or a transfer is necessary for medical care, infection control, lack of isolation space, or extenuating security concerns.

Cohorting of isolated individuals

- Confirmed COVID-19 cases may be isolated as a single cohort
- DO NOT cohort confirmed cases with suspected cases or close contacts
- Ideally, suspected cases and close contacts remain individually isolated; to prevent contact with others and reduce the risk of transmission, they should not be cohorted with any other isolated individuals
- If the number of isolated individuals exceeds the number of isolation spaces available in the correctional centre, and cohorting is unavoidable:
 - Do NOT add individuals to an existing isolation cohort
 - All individuals must be monitored closely, and individuals with symptoms of COVID-19 should be moved to individual isolation
 - Be especially mindful of those who are at higher risk of developing severe illness from COVID -19
 - Make all possible accommodations to reduce exposure risk for the higher-risk individuals (e.g. intensify physical distancing strategies for higher-risk individuals)

Meal service

- Meals for isolated inmates will be served in disposable containers
- Meals will be provided to isolated individuals in their cells

- Disposable food service items are placed in the trash

PPE requirements

- Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters.
- Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- Isolated individuals should wear face masks, as source control, under the following circumstances:
 - If cohorted, isolated individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
 - All isolated individuals should wear a face mask if they must leave the isolated space for any reason.
- Staff who have close contact with isolated individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties

Health care surveillance

- Health professionals will conduct periodic checks of inmates in Isolation.
- Protocols and frequency will be determined by CHS.

Exit screening

- Health professionals will “clear” individuals from Isolation Protocols.
- Screening protocols will be determined by CHS and will be uniform for all centres.

Cleaning and disinfecting practices

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure enhanced cleaning and disinfecting of all areas housing Isolated inmates.
- At a minimum, those procedures must outline:
 - Thorough cleaning and disinfecting of all areas (e.g., cells, bathrooms, and common areas) used by the individual(s), focusing especially on frequently touched surfaces.

- PPE requirements for individuals performing cleaning/disinfecting duties.
- 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
 - Consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, ventilation, contact time, etc.)
- Never mix household bleach with ammonia or any other cleanser
- Prepare a diluted bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water, or
 - 4 teaspoons bleach per quart of water

Procedures for cleaning and disinfecting soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19 and are suitable for porous surfaces.

Laundry and waste disposal

- Centres are to develop procedures for:
 - Issuing and collecting clothing and bedding to individuals in isolation.
 - Washing potentially infectious clothing and bedding.
 - 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
 - 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

Any release-related policies/procedures for inmates on Induction Units / Isolation Protocols should be included here.

Guidelines

- Incorporate screening for COVID-19 symptoms and a temperature check into release planning (for inmates not clearing the screening process, follow the protocol for a suspected COVID-19 case).
- Before releasing an individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff 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, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

Contributors

These guidelines have been developed and written through consultation with the following people, groups and resources:

- Custody Division Management Committee
- Centres
- Brad Buck – Workplace Health & Safety
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- Other information sources
- Teri DuTemple, Kevin Bishop, Justin

If there are questions or comments with any of the content contained within please contact Matt Lang, Deputy Provincial Director, Adult Custody Division, at matt.lang@gov.bc.ca.