

RESPONSE TO COVID-19 INFORMATION NOTE

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January 20, 2022

The purpose of this information note is to provide an overview of the current status of the Ministry of the Solicitor General's response to COVID-19. This document is prepared by the Assistant Deputy Minister's Office in the Institutional Services Division, in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee health care, supply chain management, cleaning services, and daily operations.

Unless otherwise noted, the health care policies and procedures, and the actions taken to stop transmission of the COVID-19 virus have been implemented at all provincial adult correctional institutions.

Compliance with policy and guidance is monitored locally by senior managers and daily meetings are held with Superintendents to discuss implementation status, identify any challenges and develop solutions.

Stocks of critical supplies including PPE and cleaning products at all institutions are monitored daily. Any shortages are reported and addressed immediately.

Inmates have access to both formal and informal complaint procedures to both internal and external oversight bodies for the fair and timely resolution of complaints, concerns and disputes. The formal complaint processes require a timely response and, in some cases, include appeals processes.

All processes relating to screening, Personal Protective Equipment (PPE) and health care were created in consultation with the Ministry of Health and Public Health Ontario.

Facts:

- There were 7,187 inmates registered in custody across all 25 institutions on January 20, 2022 when data was extracted.
 - This is 13.9% lower than March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

- Between March 1, 2020 and January 13, 2022, the COVID-19 infection rate was 63 out of every 1,000 inmates (6.3%)

Inmates – Positive cases of COVID-19 by Institution (as of January 18, 2022)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	0	27	4
Brockville Jail	0	0	0
Central East Correctional Centre	28	297	38
Central North Correctional Centre	15	145	7
Elgin-Middlesex Detention Centre	60	90	28
Hamilton-Wentworth Detention Centre	14	119	14
Kenora Jail	34	10	1
Maplehurst Correctional Complex	30	318	57
Monteith Correctional Centre	2	27	15
Niagara Detention Centre	0	34	21
North Bay Jail	51	26	1
Ontario Correctional Institute	0	101	2
Ottawa-Carleton Detention Centre	26	98	14
Quinte Detention Centre	15	22	10
Sarnia Jail	21	52	13
South West Detention Centre	3	87	20
Stratford Jail	0	1	1
Sudbury Jail	7	9	1
Thunder Bay Correctional Centre	0	50	17
Thunder Bay Jail	61	89	26
Toronto East Detention Centre	33	81	7
Toronto South Detention Centre	60	462	43
Vanier Centre for Women	9	50	17

*A case is resolved when the inmate is no longer considered positive.

Staff – Positive cases of COVID-19 by Institution (as of January 18, 2022)

Institution	Ongoing	Resolved*
Algoma Treatment and Remand Centre	4	16
Brockville Jail	9	15
Central East Correctional Centre	11	21
Central North Correctional Centre	7	21
Elgin-Middlesex Detention Centre	24	71
Hamilton-Wentworth Detention Centre	9	65

Institution	Ongoing	Resolved*
Kenora Jail	11	3
Maplehurst Correctional Complex	22	132
Monteith Correctional Centre	2	13
Niagara Detention Centre	8	32
North Bay Jail	35	7
Ontario Correctional Institute	3	30
Ottawa-Carleton Detention Centre	21	18
Quinte Detention Centre	11	20
Sarnia Jail	15	17
South West Detention Centre	15	38
Stratford Jail	1	2
Sudbury Jail	7	11
Thunder Bay Correctional Centre	2	22
Thunder Bay Jail	6	75
Toronto East Detention Centre	15	52
Toronto South Detention Centre	16	156
Vanier Centre for Women	13	11

***Please Note:** For staff, testing is at the discretion of the employee and while it is encouraged, it cannot be forced by the employer. The employer only becomes aware of test information when notified by the employee or if contacted by public health for contact tracing purposes.

**Staff cases are considered resolved 10 days after the ministry has been notified of a positive test result.

Inmate Testing Data:

- On July 14, 2020 the government published data related to COVID-19 testing of inmates in Ontario's Provincial Correctional Institutions.
- The data can be accessed on the Ontario government open data catalogue at <http://data.ontario.ca>.

Staff and Inmate Vaccinations:

- Each institution now has an onsite supply of COVID-19 vaccine for inmates. The vaccines are administered by onsite health care staff to those inmates who are eligible and who consent to a first dose or require a second dose or booster at the appropriate interval.
- SolGen will continue to collaborate with individual Public Health Units to coordinate local plans and expand health promotion efforts.

- Public Health Units will continue to lead the rollout of first, second and booster vaccine doses for correctional staff, either in the community or at an on-site clinic.

NOTE: On August 19, 2021, the Deputy Minister, Treasury Board Secretariat, announced that the broader Ontario Public Service is developing a policy for mandatory COVID-19 vaccination and testing for Ontario Public Servants. The [OPS COVID-19 Safe Workplace Directive](#) has been finalized and became effective on October 1, 2021. The Directive requires all Ontario public servants to:

- Be fully vaccinated against COVID-19; or
- Advise of a valid medical reason for not being fully vaccinated against COVID-19 and undertake regular testing; or
- Complete a COVID-19 vaccination educational session and undertake regular testing.

Non-Employee Requirements:

- Non-employees that access institutions to deliver products and services must be fully vaccinated against COVID-19 or provide a negative result from a Health Canada-approved antigen test result within 48 hours prior to entering a government workplace, including correctional facilities.

Institution Outbreak Status:

OUTBREAK STAUS		
Institution	Date Outbreak Declared by Local Public Health Unit (DD/MM/YY)	Status
Central North Correctional Centre	18/01/2022	Institution Wide
Thunder Bay Correctional Centre	17/01/2022	Institution Wide
Vanier Centre for Women	14/01/2022	Unit Specific
Kenora Jail	12/01/2022	Unit Specific
Sarnia Jail	08/01/2022	Institution Wide
Toronto East Detention Centre	07/01/2022	Unit Specific
Elgin-Middlesex Detention Centre	07/01/2022	Institution Wide
Thunder Bay Jail	06/01/2022	Institution Wide
Central East Correctional Centre	05/01/2022	Unit Specific
Hamilton-Wentworth Detention Centre	31/12/2021	Institution Wide
North Bay Jail	29/12/2021	Institution Wide

OUTBREAK STAUS		
Institution	Date Outbreak Declared by Local Public Health Unit (DD/MM/YY)	Status
Toronto South Detention Centre	23/12/202	Institution Wide
Ottawa-Carleton Detention Centre	21/12/2021	Institution Wide
Brockville Jail	11/12/2021	Institution Wide
Quinte Detention Centre	04/12/2021	Institution Wide
Niagara Detention Centre	03/12/2021	Institution Wide
Maplehurst Correctional Complex	24/11/2021	Institution Wide

Healthcare policies and procedures

Communicable disease outbreak process:

- If a reportable communicable disease occurs or is suspected, institution officials notify the local Medical Officer of Health, and Ministry provincial health professionals.
- The Medical Officer of Health determines whether to declare an outbreak and provides direction for containment.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health take immediate precautionary containment measures in accordance with operating procedures, including containment strategies which may include medical isolation and decontamination of affected areas.
- When an inmate tests positive they are immediately placed in medical isolation under droplet and contact precautions (or kept in medical isolation if they had been already be placed there pre-testing). The local Public Health Unit leads contact tracing in collaboration with the Ministry of the Solicitor General’s Corporate Healthcare and Wellness Branch and the institution’s healthcare team. While each case is managed individually, once resolved the individual could be integrated back into the general inmate population.
- Placement in medical isolation is temporary and non-punitive. Inmates placed in medical isolation are managed in accordance with ministry policy and still receive access to court and counsel, fresh air (“yard”), showers, use of telephone, and access to personal belongings as well as canteen.
- Contact tracing is the process used by Public Health Units to identify, educate, and monitor individuals who have had close contact with someone who is

infected with the virus. The ministry works with Public Health units to support contact tracing for both staff and inmates.

Medical Care:

- Standard health care services available from the Ministry include:
 - Primary Care Physicians and Nurse Practitioners – each institution has one or more physicians and/or nurse practitioners who provide primary medical care to patients. There is a primary care practitioner on call during all hours of health care operations.
 - Registered Nurses and Registered Practical Nurses – all institutions have nurses (including Mental Health Nurses) on staff. Most institutions have nurses scheduled 16 hours per day; 10 institutions have 24-hour nursing.
- Upon admission to a provincial jail or detention centre, all inmates receive an admission health assessment. This assessment includes:
 - Self-reported health history, including current treatment and pending medical interventions;
 - Infectious disease;
 - Mental health status;
 - Substance use history, including withdrawal management;
 - Acute or chronic health conditions such as diabetes or high blood pressure; and
 - Accommodation needs for health reasons, including medical devices (including prosthesis, catheters, colostomies, ileostomies) and mobility devices.
- The institutional health care teams assess any inmates that require additional monitoring or would be deemed high risk.

Housing for medically vulnerable inmates:

- Decisions about housing placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and consultation with health care takes place. Health care staff provide recommendations based on the assessed health care needs of the inmate.
- The housing placement for an inmate with medical needs will also be influenced by the physical layout of an institution and the facilities that are available at that institution.

- Placement options to protect a vulnerable individual vary and are dependent on institution design. Options may include general population (including protective custody if required); behavioural units, managed clinical care, or special needs units; medical observation units, or an institutional infirmary. There are different areas where patients are housed within an institution that correspond to the level of health care services they require.

Actions taken to stop transmission of COVID-19 virus

Screening:

- Every individual entering the institution is subject to an active screening process that was developed based on Ministry of Health Screening Guidelines.

Inmate screening at all institutions:

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- Point-of-Care Testing at admission is being supported by the use of Rapid Antigen Test kits. This is a Health Care led initiative as part of the broader Ministry of Health Provincial Antigen Screening Program.
- All inmates are screened when they are admitted to the institution, including from police custody or transfers from other institutions.
- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits doing screening and by nursing staff conducting further medical assessments.
- Inmates are asked if they have a fever, new cough, difficulty breathing, or have travelled from outside the country in the last 14 days. Inmates answering yes to any question results in the inmate being immediately provided with a mask and asked to wash or sanitize their hands. The inmate will be kept at least two metres from other inmates and in a separate area where possible. Staff within two metres of the inmate will wear a mask and eye protection until they have been cleared by healthcare. Healthcare will be contacted for an assessment as soon as possible.
- All inmates continue to receive a full health assessment on admission which includes, vital signs, including temperature and a review of current and past medical history.
- If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team.

- Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date.
- Inmates housed on Intake Units are not eligible for institution work or group programs
- All meals will be issued to inmates in their cell by correctional staff.
- Vacated cells must be cleaned prior to another inmate occupying the cell.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions:

- All staff attending the institution are required to sign an affirmation (updated May 22, 2020) that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
 - They have not recently travelled outside of Canada;
 - They have not recently been in close contact with someone who has been diagnosed with COVID-19;
 - They have not been in close contact with someone who is sick with new respiratory symptoms; and

- They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions:

- All professional visitors who attend the institution are required to perform a self-assessment (updated May 22, 2020) before entering the institution and are asked to confirm that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
 - They have not recently travelled outside of Canada;
 - They have not recently been in close contact with someone who has been diagnosed with COVID-19;
 - They have not been in close contact with someone who is sick with new respiratory symptoms; and
 - They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all visitors attending the institution. Visitors presenting with a fever are not permitted to enter the institution and are recommended to contact telehealth or a primary care provider.

Other policies and procedures implemented:

- Visits will remain suspended at outbreak institutions. Managers will continue to review all humanitarian or compassionate requests on a case by case basis.
- Institutions where personal visits are suspended have been directed to consider increasing access to telephones and stationary/postage to support communication between inmates and their family and friends.
- On December 8, 2020 the weekly “canteen” limit was once again increased from \$60 to \$90 across the province to help compensate for the suspension of personal visits. The \$90 dollar limit will remain until further notice across the province.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- **For inmates in medical isolation**, if in-person court is requested, the ministry’s Corporate Healthcare and Wellness Branch must be notified. The branch will consult with public health to determine feasibility and requirements. Once approved by public health, the infection prevention and control requirements will be documented and provided to the superintendent (or designate). The Superintendent (or designate) must communicate these requirements to the court at the earliest possible time to ensure containment is maintained and minimize the risk of court disruptions. Where issues concerning the required procedures arise, the court designate should be provided the name and contact number of the public health representative.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- All discharged inmates are provided with 2 cloth masks upon release.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.

- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.
- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program.
- Staff have access to PPE including face masks, eye protection, gloves and gowns, and are instructed to wear it when appropriate according to Guidelines developed by the Ministry of Health and Public Health Ontario.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SOLGEN provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- As of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, 2020, voluntary testing has been offered to staff and inmates at all institutions. Voluntary testing for COVID-19 continues to be offered to all newly admitted inmates on or before their tenth day in custody.
- The COVID-19 Guidance Documents for Provincial Correctional Institutions have been published to the Ministry of Health website and can be found at

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

To reduce capacity:

- Intermittent inmates who serve time on the weekends are required to attend their reporting facility for their first reporting date, where they will be given a Temporary Absence Pass (TAP) from custody and permitted to return home. The TAP will be issued for **February 21, 2022** or their sentence end-date, whichever comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.
- The ministry has begun to proactively perform a temporary absence review for all sentenced offenders to determine whether they are eligible for early release. Offenders chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Those who have been convicted of serious crimes, such as violent crimes or crimes involving guns, would not be considered for early release. Unlike the standard process, sentenced offenders are not required to apply for release and will be notified if they qualify and must agree to the terms and conditions of their release prior to leaving the institution.
- Where safely feasible, non-custodial options are considered by the Court for individuals charged with non-violent or less serious offences.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

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Unless otherwise noted, the health care policies and procedures, and the actions taken to stop transmission of the COVID-19 virus have been implemented at all provincial adult correctional institutions.

Compliance with policy and guidance is monitored locally by senior managers and daily meetings are held with Superintendents to discuss implementation status, identify any challenges and develop solutions.

Stocks of critical supplies including PPE and cleaning products at all institutions are monitored daily. Any shortages are reported and addressed immediately.

Inmates have access to both formal and informal complaint procedures to both internal and external oversight bodies for the fair and timely resolution of complaints, concerns and disputes. The formal complaint processes require a timely response and, in some cases, include appeals processes.

All processes relating to screening, Personal Protective Equipment (PPE) and health care were created in consultation with the Ministry of Health and Public Health Ontario.

Facts:

- There were 7,164 inmates registered in custody across all 25 institutions on January 6, 2022 when data was extracted.
 - This is 14.1% lower than March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

- Between March 1, 2020 and January 3, 2022, the COVID-19 infection rate was 56 out of every 1,000 inmates (5.6%)

Inmates – Positive cases of COVID-19 by Institution (as of January 4, 2022)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	0	28	3
Brockville Jail	0	0	0
Central East Correctional Centre	26	242	34
Central North Correctional Centre	0	143	7
Elgin-Middlesex Detention Centre	1	69	16
Hamilton-Wentworth Detention Centre	30	79	10
Kenora Jail	1	9	1
Maplehurst Correctional Complex	10	316	57
Monteith Correctional Centre	0	27	15
Niagara Detention Centre	1	34	21
North Bay Jail	3	0	1
Ontario Correctional Institute	0	97	2
Ottawa-Carleton Detention Centre	3	93	12
Quinte Detention Centre	11	10	1
Sarnia Jail	1	44	10
South West Detention Centre	2	82	19
Stratford Jail	0	1	1
Sudbury Jail	0	2	1
Thunder Bay Correctional Centre	0	49	17
Thunder Bay Jail	6	78	20
Toronto East Detention Centre	0	81	7
Toronto South Detention Centre	53	430	43
Vanier Centre for Women	8	45	17

*A case is resolved when the inmate is no longer considered positive.

Staff – Positive cases of COVID-19 by Institution (as of January 4, 2022)

Institution	Ongoing	Resolved*
Algoma Treatment and Remand Centre	0	15
Brockville Jail	3	9
Central East Correctional Centre	4	17
Central North Correctional Centre	2	14
Elgin-Middlesex Detention Centre	9	57
Hamilton-Wentworth Detention Centre	7	36

Institution	Ongoing	Resolved*
Kenora Jail	5	1
Maplehurst Correctional Complex	9	109
Monteith Correctional Centre	2	11
Niagara Detention Centre	3	28
North Bay Jail	5	1
Ontario Correctional Institute	4	27
Ottawa-Carleton Detention Centre	9	15
Quinte Detention Centre	19	2
Sarnia Jail	7	11
South West Detention Centre	16	25
Stratford Jail	0	2
Sudbury Jail	1	10
Thunder Bay Correctional Centre	0	22
Thunder Bay Jail	5	44
Toronto East Detention Centre	4	46
Toronto South Detention Centre	29	118
Vanier Centre for Women	4	8

*Staff cases are considered resolved 14 days after the ministry has been notified of a positive test result. Staff testing for COVID-19 constitutes personal health information and there is no requirement for staff to disclose that they have been tested or their results. However, through required case management and contact tracing conducted by Public Health Units, the ministry may be notified. Confirmed staff positive results are provided to the Assistant Deputy Minister's Office in consultation with the local Public Health Unit.

Inmate Testing Data:

- On July 14, 2020 the government published data related to COVID-19 testing of inmates in Ontario's Provincial Correctional Institutions.
- The data can be accessed on the Ontario government open data catalogue at <http://data.ontario.ca>.

Staff and Inmate Vaccinations:

- Each institution now has an onsite supply of COVID-19 vaccine for inmates. The vaccines are administered by onsite health care staff to those inmates who are eligible and who consent to a first dose or require a second dose or booster at the appropriate interval.
- SolGen will continue to collaborate with individual Public Health Units to coordinate local plans and expand health promotion efforts.

- Public Health Units will continue to lead the rollout of first, second and booster vaccine doses for correctional staff, either in the community or at an on-site clinic.

NOTE: On August 19, 2021, the Deputy Minister, Treasury Board Secretariat, announced that the broader Ontario Public Service is developing a policy for mandatory COVID-19 vaccination and testing for Ontario Public Servants. The [OPS COVID-19 Safe Workplace Directive](#) has been finalized and became effective on October 1, 2021. The Directive requires all Ontario public servants to:

- Be fully vaccinated against COVID-19; or
- Advise of a valid medical reason for not being fully vaccinated against COVID-19 and undertake regular testing; or
- Complete a COVID-19 vaccination educational session and undertake regular testing.

Non-Employee Requirements:

- Non-employees that access institutions to deliver products and services must be fully vaccinated against COVID-19 or provide a negative result from a Health Canada-approved antigen test result within 48 hours prior to entering a government workplace, including correctional facilities.

Institution Outbreak Status:

On January 5, 2022, an outbreak was declared at **Central East Correctional Centre (CECC)**.

- The outbreak is unit specific and contained to one area of the institution.

On December 31, 2021, an outbreak was declared at **Hamilton-Wentworth Detention Centre (HWDC)**.

- The outbreak is institution-wide

On December 29, 2021, an outbreak was declared at **North Bay Jail (NBJ)**.

- The outbreak is institution-wide

On December 23, 2021, an outbreak was declared at Toronto South Detention Centre **(TSDC)**.

- The outbreak is institution-wide

On December 21, 2021, an outbreak was declared at **Ottawa Carleton Detention Centre (OCDC)**.

- The outbreak is unit specific and contained to one area of the institution.

On December 11, 2021, an outbreak was declared at **Brockville Jail (BJ)**.

- As a precautionary measure, the ministry temporarily closed operations at the Jail from Dec 15 to Dec 29, 2021 (inclusive).
 - All Brockville Jail inmates were transferred to another institution.
 - New admissions were rerouted to Ottawa-Carleton Detention Centre.

On December 4, 2021, an outbreak was declared at **Quinte Detention Centre (QDC)**.

- The outbreak is institution-wide

On December 3, 2021, an outbreak was declared at **Niagara Detention Centre (NDC)**.

- ~80 inmates, including positive cases, have been transferred from NDC to another institution over the weekend of Dec 11-12 to improve housing options.

On November 24, 2021, an outbreak was declared at **Maplehurst Correctional Complex (MHCC)**.

- The outbreak is institution-wide

Healthcare policies and procedures

Communicable disease outbreak process:

- If a reportable communicable disease occurs or is suspected, institution officials notify the local Medical Officer of Health, and Ministry provincial health professionals.
- The Medical Officer of Health determines whether to declare an outbreak and provides direction for containment.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health take immediate precautionary containment measures in accordance with operating procedures, including containment strategies which may include medical isolation and decontamination of affected areas.
- When an inmate tests positive they are immediately placed in medical isolation under droplet and contact precautions (or kept in medical isolation if they had been already be placed there pre-testing). The local Public Health Unit leads contact tracing in collaboration with the Ministry of the Solicitor General's

Corporate Healthcare and Wellness Branch and the institution's healthcare team. While each case is managed individually, once resolved the individual could be integrated back into the general inmate population.

- Placement in medical isolation is temporary and non-punitive. Inmates placed in medical isolation are managed in accordance with ministry policy and still receive access to court and counsel, fresh air ("yard"), showers, use of telephone, and access to personal belongings as well as canteen.
- Contact tracing is the process used by Public Health Units to identify, educate, and monitor individuals who have had close contact with someone who is infected with the virus. The ministry works with Public Health units to support contact tracing for both staff and inmates.

Medical Care:

- Standard health care services available from the Ministry include:
 - Primary Care Physicians and Nurse Practitioners – each institution has one or more physicians and/or nurse practitioners who provide primary medical care to patients. There is a primary care practitioner on call during all hours of health care operations.
 - Registered Nurses and Registered Practical Nurses – all institutions have nurses (including Mental Health Nurses) on staff. Most institutions have nurses scheduled 16 hours per day; 10 institutions have 24-hour nursing.
- Upon admission to a provincial jail or detention centre, all inmates receive an admission health assessment. This assessment includes:
 - Self-reported health history, including current treatment and pending medical interventions;
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 - Mental health status;
 - Substance use history, including withdrawal management;
 - Acute or chronic health conditions such as diabetes or high blood pressure; and
 - Accommodation needs for health reasons, including medical devices (including prosthesis, catheters, colostomies, ileostomies) and mobility devices.
- The institutional health care teams assess any inmates that require additional monitoring or would be deemed high risk.

Housing for medically vulnerable inmates:

- Decisions about housing placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and consultation with health care takes place. Health care staff provide recommendations based on the assessed health care needs of the inmate.
- The housing placement for an inmate with medical needs will also be influenced by the physical layout of an institution and the facilities that are available at that institution.
- Placement options to protect a vulnerable individual vary and are dependent on institution design. Options may include general population (including protective custody if required); behavioural units, managed clinical care, or special needs units; medical observation units, or an institutional infirmary. There are different areas where patients are housed within an institution that correspond to the level of health care services they require.

Actions taken to stop transmission of COVID-19 virus

Screening:

- Every individual entering the institution is subject to an active screening process that was developed based on Ministry of Health Screening Guidelines.

Inmate screening at all institutions:

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- Point-of-Care Testing at admission is being supported by the use of Rapid Antigen Test kits. This is a Health Care led initiative as part of the broader Ministry of Health Provincial Antigen Screening Program.
- All inmates are screened when they are admitted to the institution, including from police custody or transfers from other institutions.
- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits doing screening and by nursing staff conducting further medical assessments.
- Inmates are asked if they have a fever, new cough, difficulty breathing, or have travelled from outside the country in the last 14 days. Inmates answering yes to any question results in the inmate being immediately provided with a mask and asked to wash or sanitize their hands. The inmate will be kept at least two metres from other inmates and in a separate area where possible. Staff within two

metres of the inmate will wear a mask and eye protection until they have been cleared by healthcare. Healthcare will be contacted for an assessment as soon as possible.

- All inmates continue to receive a full health assessment on admission which includes, vital signs, including temperature and a review of current and past medical history.
- If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team.
- Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date.
- Inmates housed on Intake Units are not eligible for institution work or group programs
- All meals will be issued to inmates in their cell by correctional staff.
- Vacated cells must be cleaned prior to another inmate occupying the cell.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions:

- All staff attending the institution are required to sign an affirmation (updated May 22, 2020) that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye

- Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
 - They have not recently travelled outside of Canada;
 - They have not recently been in close contact with someone who has been diagnosed with COVID-19;
 - They have not been in close contact with someone who is sick with new respiratory symptoms; and
 - They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions:

- All professional visitors who attend the institution are required to perform a self-assessment (updated May 22, 2020) before entering the institution and are asked to confirm that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
 - They have not recently travelled outside of Canada;
 - They have not recently been in close contact with someone who has been diagnosed with COVID-19;
 - They have not been in close contact with someone who is sick with new respiratory symptoms; and

- They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all visitors attending the institution. Visitors presenting with a fever are not permitted to enter the institution and are recommended to contact telehealth or a primary care provider.

Other policies and procedures implemented:

- Visits will remain suspended at outbreak institutions. Managers will continue to review all humanitarian or compassionate requests on a case by case basis.
- Institutions where personal visits are suspended have been directed to consider increasing access to telephones and stationary/postage to support communication between inmates and their family and friends.
- On December 8, 2020 the weekly “canteen” limit was once again increased from \$60 to \$90 across the province to help compensate for the suspension of personal visits. The \$90 dollar limit will remain until further notice across the province.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- **For inmates in medical isolation**, if in-person court is requested, the ministry’s Corporate Healthcare and Wellness Branch must be notified. The branch will consult with public health to determine feasibility and requirements. Once approved by public health, the infection prevention and control requirements will be documented and provided to the superintendent (or designate). The Superintendent (or designate) must communicate these requirements to the court at the earliest possible time to ensure containment is maintained and minimize the risk of court disruptions. Where issues concerning the required procedures arise, the court designate should be provided the name and contact number of the public health representative.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- All discharged inmates are provided with 2 cloth masks upon release.

- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.
- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program.
- Staff have access to PPE including face masks, eye protection, gloves and gowns, and are instructed to wear it when appropriate according to Guidelines developed by the Ministry of Health and Public Health Ontario.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SOLGEN provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski

Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.

- As of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, 2020, voluntary testing has been offered to staff and inmates at all institutions. Voluntary testing for COVID-19 continues to be offered to all newly admitted inmates on or before their tenth day in custody.
- The COVID-19 Guidance Documents for Provincial Correctional Institutions have been published to the Ministry of Health website and can be found at http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

To reduce capacity:

- Intermittent inmates who serve time on the weekends are required to attend their reporting facility for their first reporting date, where they will be given a Temporary Absence Pass (TAP) from custody and permitted to return home. The TAP will be issued for **February 21, 2022** or their sentence end-date, whichever comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.
- The ministry has begun to proactively perform a temporary absence review for all sentenced offenders to determine whether they are eligible for early release. Offenders chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Those who have been convicted of serious crimes, such as violent crimes or crimes involving guns, would not be considered for early release. Unlike the standard process, sentenced offenders are not required to apply for release and will be notified if they qualify and must agree to the terms and conditions of their release prior to leaving the institution.
- Where safely feasible, non-custodial options are considered by the Court for individuals charged with non-violent or less serious offences.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.