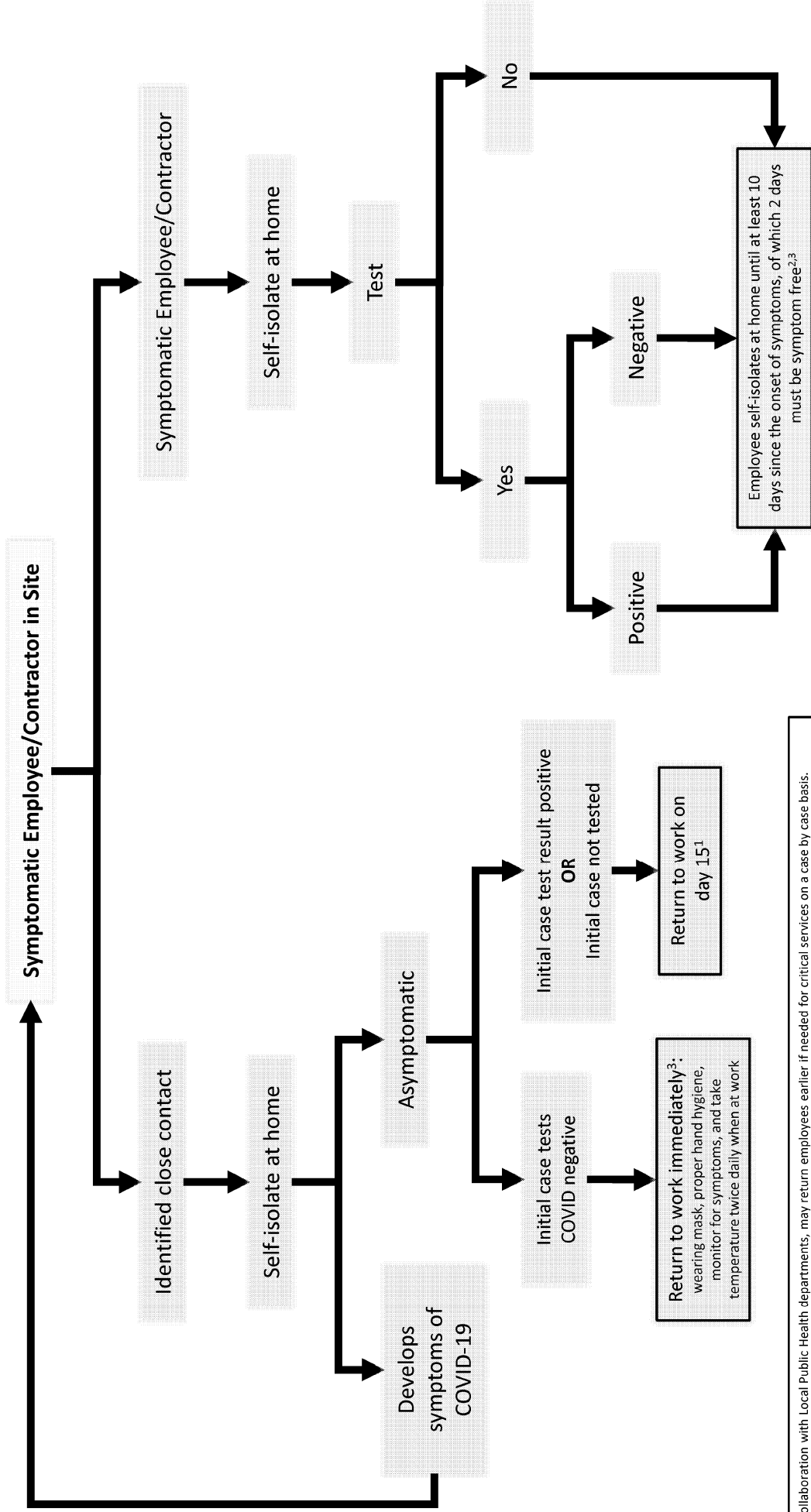


May 8, 2020

## Return to Work for Staff / Contractor



1. CSC, in collaboration with Local Public Health departments, may return employees earlier if needed for critical services on a case by case basis.
2. Return to work may vary if hospitalization was required.
3. Local Public Health departments may stipulate a different return to work process. In this case, follow the most stringent policy.

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## REUSING EYE PROTECTION

Extended use of eye protection is the practice of wearing the same eye protection for an extended period of time or for repeated close contact encounters with several different patients. Extended use of eye protection can be applied to disposable and reusable devices, and requires proper techniques for reprocessing. Reprocessing refers to the steps performed to prepare a used device for reuse (e.g. cleaning and disinfection).

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through or when you are removing it and planning to store it for later use.
  - If a disposable face shield is reprocessed, it should be dedicated to one employee/contractor and reprocessed whenever it is visibly soiled or removed.
- Eye protection should be discarded if damaged (e.g., if face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Staff/contractors should make efforts to not to touch their eye protection. If necessary to adjust, they should perform hand hygiene before and after touching their eye protection.

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# INSTRUCTIONS

**Adhere to recommended manufacturer instructions for cleaning and disinfection.**

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider the following.

1. Assess eye protection for the ability to reprocess (assess items for cracks, damage, or pieces that might not be able to be cleaned, such as a foam or fabric).
2. If leaving a room requiring droplet precautions, follow all doffing procedure steps.
3. Place eye protection that is to be cleaned and reprocessed on a designated surface in preparation to be cleaned (e.g. on a paper towel that will be discarded or a surface to be cleaned immediately after the reprocessing procedure).
4. Perform hand hygiene<sup>1</sup>.
5. To remove any soil, wash the eye protection with soap and water and continue with the remaining steps for disinfection. Alternatively, if using hospital-grade cleaning and disinfectant products, use one wipe to clean and a second wipe to disinfect, as follows.
6. Carefully wipe the inside of the face shield or goggles first, moving from 'clean' to 'dirty', using an Accel wipe or Ultra Swipe (or approved alternate product).
7. Carefully wipe the outside of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product). Ensure all surfaces are covered.
8. Allow the eye protection to air dry ensuring contact times for the cleaning product are followed, according to manufacturer's instructions.
9. Place on a clean, dry surface and perform hand hygiene.
10. If there is a residue from the disinfectant, wipe the outside of face shield or goggles with clean water to remove (only after the disinfection process is complete).
11. Ensure that all surfaces of the eye protection are dry before donning again. Perform hand hygiene before donning the eye protection again.
12. Ensure any all contaminated surfaces in which soiled eye protection have touched have been cleaned and disinfected.
13. If storing for future use, store in a designated clean area.

<sup>1</sup> Use gloves if the cleaning product manufacturer recommends or if hands are sensitive to the cleaning product. Always perform hand hygiene after removing gloves.

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# REUSING EYE PROTECTION

Implementing the extended use of eye protection refers to the practice of wearing the same eye protection for repeated encounters with several different patients, without removing eye protection between patient encounters. This can be applied to both disposable and reusable devices, such as faceshields and goggles.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through, or when you are removing it and planning to store it for later use.
  - If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.

## References:

- BC CDC: [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_EyeFacialProtectionDisinfection.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf)
- US CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

# INSTRUCTIONS

## **Adhere to recommended manufacturer instructions for cleaning and disinfection.**

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

1. Perform hand hygiene and don gloves. If the eye protection is visibly soiled, wash first with soap and water and continue with the remaining steps for disinfection.
2. While wearing gloves, carefully wipe (first step) the *inside*, followed by the *outside* of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product). Then, disinfect with a new wipe (second step). Allow at least one minute of moist contact.
3. Carefully wipe the *outside* of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product).
4. Wipe the outside of face shield or goggles with clean water to remove residue.
5. Allow to dry completely (air dry or use clean absorbent towels).
6. Remove gloves and perform hand hygiene.
7. Store in a designated clean area.

### **References:**

- BC CDC: [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_EyeFacialProtectionDisinfection.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf)
- US CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>



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PROTECTED **B** ONCE COMPLETED

PERSONAL INFORMATION BANK

<p><b>COVID-19 SCREENING FORM FOR USE BY HEALTHCARE</b></p> <p>To be completed:</p> <ul style="list-style-type: none"> <li>As part of the intake process with form 1244</li> <li>When an asymptomatic inmate develops symptoms</li> <li>Upon return from an outside hospital</li> <li>Prior to transfer to another institution</li> <li>Prior to release to the community</li> </ul>		<b>SEND FORM TO HEALTH CARE</b>	
		FPS Number (if possible):	
		Family name:	
		Given name(s):	
Date of birth:			
Region:	Institution:	Date Completed:	

<b>A. Is the person presenting with:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (temperature of 38°C or greater)?	_____ Date of symptom onset (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, sore throat, difficulty swallowing)?  Please specify: _____	_____ Date of symptom onset (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any atypical symptoms (including but not limited to chills, muscle aches, diarrhea, malaise, headache)?  Please specify: _____	_____ Date of symptom onset (YYYY/MM/DD)
<b>B. In the 14 days before onset of illness, has the patient:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had <b>close</b> contact with a confirmed case or case under investigation of COVID-19?	_____ Date of contact (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had <b>close</b> contact with a symptomatic individual?	_____ Date of contact (YYYY/MM/DD)
<input type="checkbox"/> <b>Yes to any one of A or B</b>  <ul style="list-style-type: none"> <li>Refer to the relevant algorithm</li> <li>Provide treatment as required</li> </ul>		<input type="checkbox"/> <b>No to all the above questions</b>  <ul style="list-style-type: none"> <li>Refer to the relevant algorithm</li> <li>Monitor for symptoms</li> </ul>

Personal information will be protected under the provision of the *Privacy Act*. The information is stored in the Standard Bank # 060.  
Original: Copy Offender Health file

2020-07-09



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## FOR INMATES

<b>INMATES COVID-19 BRIEF SCREENING for use by Operations</b>  To be completed: <ul style="list-style-type: none"> <li>For all new WOC and inmates returning to federal custody</li> <li>For inmates returning from an outside hospital outside of Health Services business hours</li> </ul>		<b>SEND FORM TO HEALTH CARE</b>	
		FPS Number (if possible):	
		Family name:	
		Given name(s):	
Region:	Institution:	Date Completed:	

<b>1. In terms of how you are feeling today:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel like you have a fever?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you experiencing any respiratory symptoms (such as cough, shortness of breath, runny nose, sneezing, nasal congestion, sore throat, difficulty swallowing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you experiencing any strange symptoms (such as chills, muscle aches, diarrhea, headache, loss of taste or smell)?
<b>2. In the past 14 days:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had <b>close</b> contact* with someone who has been tested for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in <b>close</b> contact* with a symptomatic person?
<input type="checkbox"/> <b>'Yes' to any of the above:</b> <ul style="list-style-type: none"> <li>Begin medical isolation</li> <li>Provide mask</li> <li>Notify Health Services of 'yes' response</li> <li>Health Services Screening to follow</li> </ul>	<input type="checkbox"/> <b>'No' to all of the above:</b> <ul style="list-style-type: none"> <li>Begin medical isolation, unless inmate is returning from outside hospital (refer to <i>the Patient Journey: Algorithm for return from hospitalization</i>)</li> <li>Provide mask</li> <li>Health Services Screening to follow</li> </ul>

\*Close contact is defined as:

- Shared a close, confined space for 2 hours
- Close, face-to-face interaction for 15 minutes within 2m distance (may be cumulative)
- Household contacts (living or sleeping in the same home)

**Note:** If appropriate PPE was worn the individual is not a close contact

2020-07-08

## Symptomatic Employee/Contractor Guide

### Contact Tracing for COVID-19

April 17, 2020

COVID-19 is a highly transmittable virus. There is evidence that asymptomatic transmission is occurring, therefore CSC has adopted a vigorous, adaptive approach to preventing the spread of this virus. Contact tracing is a strategy for breaking transmission chains and controlling the spread of virus. It involves identifying infected persons, taking steps to prevent an infected person from further spreading infection, identifying those with whom the infected person may have been in close contact with while infectious, and locating and testing close contacts.

#### **If you develop symptoms or are diagnosed with COVID-19, contact your manager immediately.**

You will be provided the following information and instructions:

1. Your manager will discuss with you your symptoms, when they began, and any close contacts you may have (see Appendix A for definition of close contact).
2. With the help of your manager, compile a list of potential work close contacts to facilitate the contact tracing process. See definition of close contacts in box below for further information.
  - For example, those you shared an enclosed space for more than 2 hours or had more than 15 minutes face-to-face conversation within 2m.
3. The contact tracing process will then be initiated, which involves contact tracing teams reaching out all work contacts from the 48hr period prior to symptom onset.
  - This will help contain the spread of COVID-19.
  - Specific symptoms and testing results will not be disclosed in this process. Work contacts will only be notified that you are experiencing symptoms.
4. You will be instructed to call Public Health (PH) for testing
  - It is important that you notify PH that you are an essential worker with priority testing.
  - If you are denied testing, notify management for assistance immediately.
5. Your manager will inform you of your date to return to work.
  - If your local PH advises a different return to work, report to manager and contact tracing lead<sup>1</sup>.
  - The most stringent of the two policies will be followed. Report your actual date back to work to contact tracing team leads by email

If you require support in these unprecedented times, you are encouraged to reach out to an EAP referral agent. Lists of agents are available on the hub (EAP Referral Agents and Regional Contacts page) or by contacting [EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA](mailto:EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA). You may also contact the Employee Assistance Services at 1-800-268-7708. It is available 24/7.

**Contact your manager for any further information or assistance.**

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<sup>1</sup> **Regional Contact Tracing Leads**

ATL: [Renée Gagnon](#) (506) 851-236 ONT: [Allison Storring](#) (613) 545-8159 QUE: [Marie-Helene Dufresne](#) (438) 988-5082 and [Simon Bégin](#) (418) 284-5285 PRA: [Shannon Harriman-Gerard](#) (306) 220-5142 PAC: [Kuljeet Randhawa](#) (604) 851-3224 and [Clarence Turgeon](#) (343) 548-9024

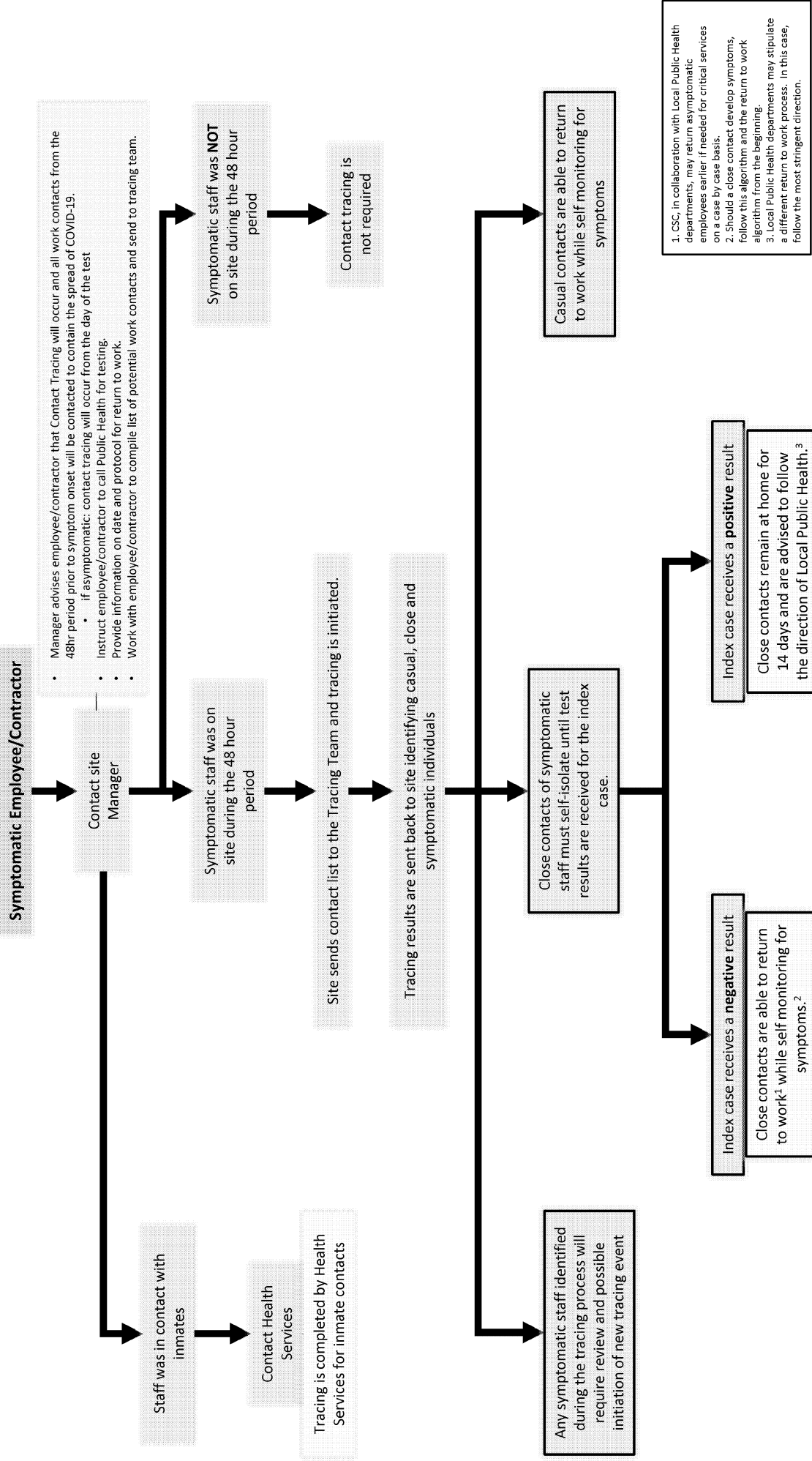
## Appendix A Close Contact Definition

### Close contact of a case:

- a. An individual who has greater than 15 minutes face-to-face (<2 meters distance) contact with a case/symptomatic individual, in any setting (this may be cumulative, ie. multiple interactions).
- b. Healthcare workers who have not worn appropriate PPE or had a breach in PPE during the following exposures to the case/symptomatic individual:
  - o Health care workers performing assessments, vital signs, etc.
  - o Direct contact with the case/symptomatic individual, their body fluids or their laboratory specimen
  - o Present in the same room, without appropriate PPE, when an aerosol generating procedure is undertaken on the case/symptomatic individual.
- c. Individuals in the same accommodations as a case/symptomatic individual sharing kitchen, bathroom facilities, living area.
  - o Inmates sharing a range, house or cell
- d. Correctional officers who had prolonged close contact for more than 15 minutes (within 2 metres) with a case/symptomatic individual who have not worn appropriate PPE or had a breach in PPE during the following exposures to the case/symptomatic individual while
  - o Performing physical searches, pat downs, finger printing, interviewing, home visits, etc.)
  - o Direct contact with the case/symptomatic individual, their body fluids
- e. Contacts who have shared a closed space with a case/symptomatic individual for longer than two hours, taking into consideration the size of the room, ventilation and the distance from the case/symptomatic individual.

# Contact Tracing of Symptomatic Employee/Contractor

May 8, 2020





# CORRECTIONAL SERVICE CANADA

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## COVID-19 Testing Strategy

JULY 8, 2020

COVID-19 TESTING STRATEGY

**Document History**

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.
May 22, 2020	Updates made throughout the document.	Expanded the introduction to the testing strategy; extended the strategy to include CCCs; new additions were made to the symptomatic testing strategy regarding asymptomatic contacts; added a section regarding testing new Warrants of Committal and returns to federal custody; extended the proportion of staff/contractors eligible for asymptomatic screening in the context of elevated community transmission.
June 18, 2020	Updates made to throughout the document.	Testing strategy now includes intakes and releases, as well as extends asymptomatic screening to all staff/contractors and all offenders at identified at-risk sites. Document reorganized to improve the structure and flow.
July 8, 2020	Added Appendix A.	The consent form for the disclosure of COVID-19 testing information upon release ( <a href="#">Appendix A</a> ) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning

## COVID-19 TESTING STRATEGY

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# COVID-19 Testing Strategy

## Purpose

CSC's COVID-19 Testing Strategy is intended to support clinical decision-making, with respect to COVID-19 testing, within CSC institutions and Community Correctional Centres (CCCs).

Specific scenarios where testing is universally warranted to contain and prevent the spread of COVID-19 within CSC institutions/CCCs is provided.

In addition to the specific testing scenarios outlined below, physicians and/or nurse practitioners may also order COVID-19 tests, based on their clinical judgement. Like all diagnostic tests, testing for COVID-19 require physician or nurse practitioner authorization and patient consent.

## Introduction

In response to the COVID-19 public health risk, CSC has implemented a series of comprehensive measures to prevent and contain the spread of the virus in federal institutions and CCCs. The COVID-19 Testing Strategy is meant to compliment, not replace, these efforts. Testing, even when done on a large scale, does not replace the need for timely contact tracing and diligent implementation of infection prevention and control measures.

This strategy outlines the scenarios within which timely testing can contribute to identifying and/or preventing the introduction of COVID-19 within CSC institutions and CCCs, and facilitating prompt implementation of containment measures. These scenarios include:

- Testing on **intake and release**;
- Early screening of **symptomatic staff/contractors and offenders**, and their contacts (both symptomatic and asymptomatic); and
- **Asymptomatic screening** in the context of elevated community transmission.

## COVID-19 Symptoms

COVID-19 can present in many different ways, often with very mild symptoms. Early identification of any symptom and prompt testing is critical. Symptoms may include:

- Fever;
- Any respiratory symptoms (such as dry cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any unusual symptoms (such as chills, muscle aches, diarrhea, headache, malaise, loss of taste or smell).

## Intake and Release

### Testing Guidance

CSC is extending voluntary asymptomatic testing to new Warrants of Committal or returns to federal custody. As an interim measure in response to the COVID-19 pandemic, an offender with a new Warrant of Committal or an offender returning to federal custody is required to medically isolate for 14 days upon arrival to a federal institution. This is to prevent the risk of introducing COVID-19 from the local community into CSC's institutions.

To further strengthen our preventative measures, an offender with a new Warrant of Committal or return

## COVID-19 TESTING STRATEGY

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to federal custody will be tested at Day 10 to 12 of medical isolation, to help inform clinical decisions related to COVID-19, prior to the offender being transferred to their parent site.

Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

### ***Sharing of Health Information related to COVID-19 Testing upon Release***

Community partners (e.g. parole offices, community-based residential facilities/halfway houses, and Chiefs or band councils in Indigenous communities) may request the COVID-19 status of an offender for release planning. The consent form for the disclosure of COVID-19 testing information upon release ([Appendix A](#)) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning.

COVID-19 testing is voluntary. If a patient refuses COVID-19 testing upon release, or does not sign the consent form for the disclosure of COVID-19 testing information upon release, the Chief of Health Services may respond to community partners requesting such information (such as parole offices, halfway houses, and chiefs and/or band councils in Indigenous communities) with the following:

- Health Services does not have the authority to share personal health information if the patient has not provided informed consent.
- The offender has not consented to the sharing of information regarding COVID-19 testing.

## Symptomatic Staff and Contractors

### **Testing Guidance**

Testing is indicated for the following individuals:

- All symptomatic staff/contractors;
- Any offender or staff/contractor that is defined as a close contact of the symptomatic staff/contractor, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the closed nature of a correctional institution, consideration may also been given to testing asymptomatic casual contacts who had frequent contact with the symptomatic staff/contractor.

Note that symptomatic staff/contractors and close contacts who are staff/contractors are referred to their local public health authority for testing (as per COVID-19 Contact Tracing Guidelines) and follow-up.

## Symptomatic Offenders in Institutions/CCCs

### **Testing Guidance**

Testing is indicated for the following individuals:

- All symptomatic offenders;
- Any offender or staff/contractor that is defined as a close contact, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the congregate living quarters in CSC institutions, broader testing of asymptomatic offenders is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as one or more confirmed case(s) of COVID-19). The testing approach for asymptomatic offenders, who were

## COVID-19 TESTING STRATEGY

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potentially in contact with the symptomatic individual, depends on the living arrangements.

Therefore, in institutions with **an active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women's sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected offender(s).
  - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** offenders will be tested based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
  - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all offenders in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all offenders in the pavilion.

### Testing Considerations for Outbreak Sites

In an outbreak institution, CSC's Health Services, in collaboration with local public health and the Public Health Agency of Canada (PHAC), may identify a need for enhanced testing of staff/contractors and offenders, beyond what is described above. This may include offering testing to all offenders and staff at the institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Symptomatic individuals and close contacts should, however, be prioritized for testing.

### Asymptomatic Screening Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic screening approaches to testing will complement existing measures to prevent and contain outbreaks within these environments.

### Purpose

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Asymptomatic screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as offender population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC's NHQ-HS; institutions flagged for being at risk may be identified for asymptomatic screening measures.

COVID-19 TESTING STRATEGY

**Principles**

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at select institutions identified as at risk by CSC's NHQ-HS and in collaboration with regional/site management;
- All staff, contractors, and essential volunteers actively reporting for duty will be offered testing;
- All offenders will be offered testing;
- Participation is voluntary.

**Testing Guidance**

<i>Parameter</i>	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
<b>Setting</b>	Institutions identified as at-risk by CSC's NHQ-HS and identified for asymptomatic screening.
<b>Participants</b>	All staff, contractors, and/or volunteers actively reporting for duty in the institution will be offered testing. All offenders will be offered testing.
<b>Recruitment</b>	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site will be provided the opportunity to sign up for testing. Offenders will also be provided the opportunity to sign up for testing. Participation is voluntary.</p> <p>If there is a need to limit testing capacity, based on the availability of resources, testing will be allocated based on a first-come-first-serve basis to those who have expressed interest. CSC will strive to test all who express interest.</p>
<b>Test Results</b>	<p><b>In the context of asymptomatic screening <u>only</u>, individuals tested are presumed negative until they receive their results.</b> This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and offenders (and their close contacts) where cases are presumed positive until test results are received.</p> <p>If asymptomatic screening yields <b>one or more positive</b> COVID-19 case:</p> <ul style="list-style-type: none"> <li>• Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline.</li> <li>• Given the risk of asymptomatic transmission, broader testing may be required. The decision to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local and federal public health authorities.</li> </ul> <p>If asymptomatic screening yields <b>no positive</b> COVID-19 cases:</p> <ul style="list-style-type: none"> <li>• Testing may be continued at the discretion of the NHQ-HS Team, in consultation with the RDC and Institutional Head if the institution continues to be identified as at risk. In these cases, the number of tests and frequency of re-testing will be determined on a case-by-case basis.</li> </ul>
<b>Testing Procedures</b>	<p><b>Sample Collection and Laboratory Testing</b></p> <ul style="list-style-type: none"> <li>• Sample collection (via nasopharyngeal swabs) and laboratory testing will be completed in collaboration with local public health authority or private lab as needed.</li> </ul>
<b>Reporting</b>	Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.

## COVID-19 TESTING STRATEGY

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### Testing Cases for Recovery

**At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.**

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm.

Offender cases are deemed medically recovered in the following circumstances:

- If the offender was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the offender was asymptomatic: 14 days after test date;
- In the case of immunocompromised offenders: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. offenders who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the institutional physician. If the offender was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

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## Consent for Disclosure of COVID-19 Testing Information upon Release

**Privacy:** Upon release, community partners may request your COVID-19 status. These partners may include parole offices, community-based residential facilities/halfway houses, and chiefs and/or band councils in Indigenous communities. Community partners may request this information to assist in their planning for your release, as well as to help prevent the spread of COVID-19.

If you consent, your COVID-19 testing information will only be shared if:

- The community partner(s) requesting the information is/are involved in your specific release plans; AND
- The community partner(s) request your COVID-19 testing information.

Upon request, the following information will be disclosed to the relevant community partner(s):

- Date of COVID-19 test(s); and
- COVID-19 test result(s).

**Contact information:** If you have any questions or concerns, please contact a member of health services staff.

I am satisfied with and understand the information given.

I authorize Correctional Services Canada to share my test results with the following parties involved in my release (select all that apply):

- Parole office
- Community-based residential facility or halfway house
- Chiefs and/or band councils, if release to Indigenous community
- Other (please specify): \_\_\_\_\_

**Full name (print):**

**Signature:**

**Date:**

**Witness Statement: (Only Health Services staff may be signed witnesses)**

I observed the person providing consent when they signed the consent form.

**Full name (print):**

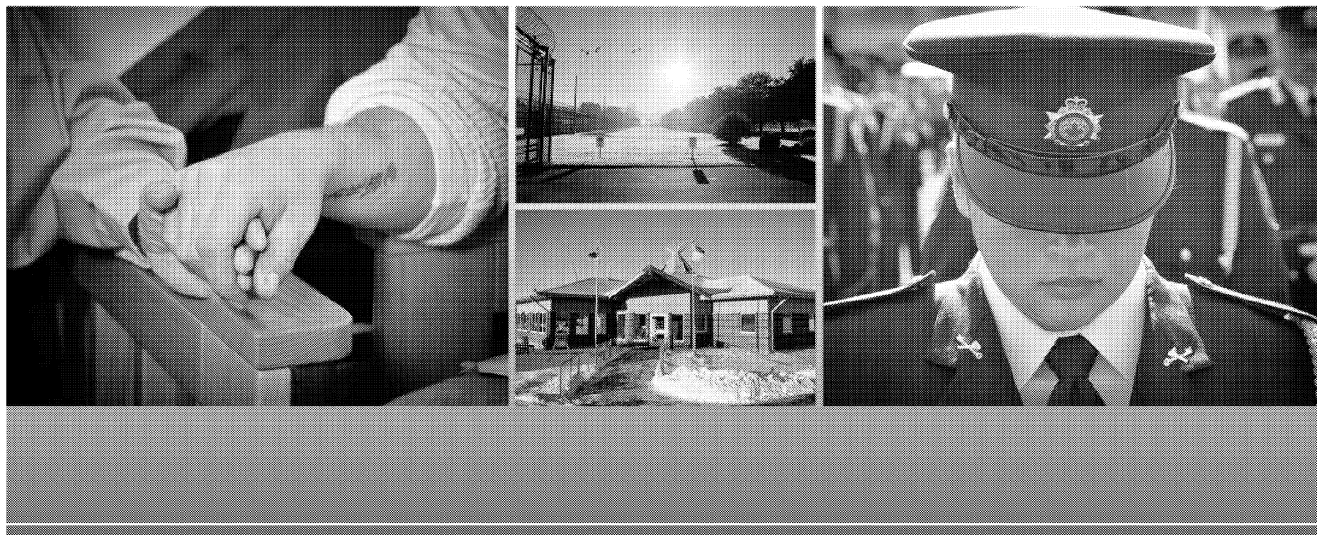
**Signature:**

**Date:**



# CORRECTIONAL SERVICE CANADA

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## COVID-19 Testing Strategy

JULY 8, 2020

COVID-19 TESTING STRATEGY

**Document History**

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.
May 22, 2020	Updates made throughout the document.	Expanded the introduction to the testing strategy; extended the strategy to include CCCs; new additions were made to the symptomatic testing strategy regarding asymptomatic contacts; added a section regarding testing new Warrants of Committal and returns to federal custody; extended the proportion of staff/contractors eligible for asymptomatic screening in the context of elevated community transmission.
June 18, 2020	Updates made to throughout the document.	Testing strategy now includes intakes and releases, as well as extends asymptomatic screening to all staff/contractors and all offenders at identified at-risk sites. Document reorganized to improve the structure and flow.
July 8, 2020	Added Appendix A.	The consent form for the disclosure of COVID-19 testing information upon release ( <a href="#">Appendix A</a> ) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning

## COVID-19 TESTING STRATEGY

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# COVID-19 Testing Strategy

## Purpose

CSC's COVID-19 Testing Strategy is intended to support clinical decision-making, with respect to COVID-19 testing, within CSC institutions and Community Correctional Centres (CCCs).

Specific scenarios where testing is universally warranted to contain and prevent the spread of COVID-19 within CSC institutions/CCCs is provided.

In addition to the specific testing scenarios outlined below, physicians and/or nurse practitioners may also order COVID-19 tests, based on their clinical judgement. Like all diagnostic tests, testing for COVID-19 require physician or nurse practitioner authorization and patient consent.

## Introduction

In response to the COVID-19 public health risk, CSC has implemented a series of comprehensive measures to prevent and contain the spread of the virus in federal institutions and CCCs. The COVID-19 Testing Strategy is meant to compliment, not replace, these efforts. Testing, even when done on a large scale, does not replace the need for timely contact tracing and diligent implementation of infection prevention and control measures.

This strategy outlines the scenarios within which timely testing can contribute to identifying and/or preventing the introduction of COVID-19 within CSC institutions and CCCs, and facilitating prompt implementation of containment measures. These scenarios include:

- Testing on **intake and release**;
- Early screening of **symptomatic staff/contractors and offenders**, and their contacts (both symptomatic and asymptomatic); and
- **Asymptomatic screening** in the context of elevated community transmission.

## COVID-19 Symptoms

COVID-19 can present in many different ways, often with very mild symptoms. Early identification of any symptom and prompt testing is critical. Symptoms may include:

- Fever;
- Any respiratory symptoms (such as dry cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any unusual symptoms (such as chills, muscle aches, diarrhea, headache, malaise, loss of taste or smell).

## Intake and Release

### Testing Guidance

CSC is extending voluntary asymptomatic testing to new Warrants of Committal or returns to federal custody. As an interim measure in response to the COVID-19 pandemic, an offender with a new Warrant of Committal or an offender returning to federal custody is required to medically isolate for 14 days upon arrival to a federal institution. This is to prevent the risk of introducing COVID-19 from the local community into CSC's institutions.

To further strengthen our preventative measures, an offender with a new Warrant of Committal or return

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to federal custody will be tested at Day 10 to 12 of medical isolation, to help inform clinical decisions related to COVID-19, prior to the offender being transferred to their parent site.

Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

### ***Sharing of Health Information related to COVID-19 Testing upon Release***

Community partners (e.g. parole offices, community-based residential facilities/halfway houses, and Chiefs or band councils in Indigenous communities) may request the COVID-19 status of an offender for release planning. The consent form for the disclosure of COVID-19 testing information upon release ([Appendix A](#)) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning.

COVID-19 testing is voluntary. If a patient refuses COVID-19 testing upon release, or does not sign the consent form for the disclosure of COVID-19 testing information upon release, the Chief of Health Services may respond to community partners requesting such information (such as parole offices, halfway houses, and chiefs and/or band councils in Indigenous communities) with the following:

- Health Services does not have the authority to share personal health information if the patient has not provided informed consent.
- The offender has not consented to the sharing of information regarding COVID-19 testing.

## Symptomatic Staff and Contractors

### **Testing Guidance**

Testing is indicated for the following individuals:

- All symptomatic staff/contractors;
- Any offender or staff/contractor that is defined as a close contact of the symptomatic staff/contractor, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the closed nature of a correctional institution, consideration may also be given to testing asymptomatic casual contacts who had frequent contact with the symptomatic staff/contractor.

Note that symptomatic staff/contractors and close contacts who are staff/contractors are referred to their local public health authority for testing (as per COVID-19 Contact Tracing Guidelines) and follow-up.

## Symptomatic Offenders in Institutions/CCCs

### **Testing Guidance**

Testing is indicated for the following individuals:

- All symptomatic offenders;
- Any offender or staff/contractor that is defined as a close contact, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the congregate living quarters in CSC institutions, broader testing of asymptomatic offenders is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as evidence of one or more case of transmission within a congregate living site). The testing approach for asymptomatic

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offenders, who were potentially in contact with the symptomatic individual, depends on the living arrangements.

Therefore, in institutions with an **active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women’s sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected offender(s).
  - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** offenders will be tested based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
  - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all offenders in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all offenders in the pavilion.

### Testing Considerations for Outbreak Sites

In an outbreak institution, CSC’s Health Services, in collaboration with local public health and the Public Health Agency of Canada (PHAC), may identify a need for enhanced testing of staff/contractors and offenders, beyond what is described above. This may include offering testing to all offenders and staff at the institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Symptomatic individuals and close contacts should, however, be prioritized for testing.

### Asymptomatic Screening

#### Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic screening approaches to testing will complement existing measures to prevent and contain outbreaks within these environments.

#### Purpose

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Asymptomatic screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as offender population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC’s NHQ-HS; institutions flagged for being

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at risk may be identified for asymptomatic screening measures.

**Principles**

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at select institutions identified as at risk by CSC's NHQ-HS and in collaboration with regional/site management;
- All staff, contractors, and essential volunteers actively reporting for duty will be offered testing;
- All offenders will be offered testing;
- Participation is voluntary.

**Testing Guidance**

Parameter	Testing Guidelines for Screening Staff When Community Transmission is Elevated
<b>Setting</b>	Institutions identified as at-risk by CSC's NHQ-HS and identified for asymptomatic screening.
<b>Participants</b>	All staff, contractors, and/or volunteers actively reporting for duty in the institution will be offered testing. All offenders will be offered testing.
<b>Recruitment</b>	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site will be provided the opportunity to sign up for testing. Offenders will also be provided the opportunity to sign up for testing. Participation is voluntary.</p> <p>If there is a need to limit testing capacity, based on the availability of resources, testing will be allocated based on a first-come-first-serve basis to those who have expressed interest. CSC will strive to test all who express interest.</p>
<b>Test Results</b>	<p><b>In the context of asymptomatic screening <u>only</u>, individuals tested are presumed negative until they receive their results.</b> This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and offenders (and their close contacts) where cases are presumed positive until test results are received.</p> <p>If asymptomatic screening yields <b>one or more positive</b> COVID-19 case:</p> <ul style="list-style-type: none"> <li>• Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline.</li> <li>• Given the risk of asymptomatic transmission, broader testing may be required. The decision to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local and federal public health authorities.</li> </ul> <p>If asymptomatic screening yields <b>no positive</b> COVID-19 cases:</p> <ul style="list-style-type: none"> <li>• Testing may be continued at the discretion of the NHQ-HS Team, in consultation with the RDC and Institutional Head if the institution continues to be identified as at risk. In these cases, the number of tests and frequency of re-testing will be determined on a case-by-case basis.</li> </ul>
<b>Testing Procedures</b>	<p><b>Sample Collection and Laboratory Testing</b></p> <ul style="list-style-type: none"> <li>• Sample collection (via nasopharyngeal swabs) and laboratory testing will be completed in collaboration with local public health authority or private lab as needed.</li> </ul>

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Parameter	Testing Guidelines for Screening Staff When Community Transmission is Elevated
<b>Reporting</b>	Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.

### Testing Cases for Recovery

**At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.**

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm.

Offender cases are deemed medically recovered in the following circumstances:

- If the offender was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the offender was asymptomatic: 14 days after test date;
- In the case of immunocompromised offenders: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. offenders who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the institutional physician. If the offender was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

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## Consent for Disclosure of COVID-19 Testing Information upon Release

**Privacy:** Upon release, community partners may request your COVID-19 status. These partners may include parole offices, community-based residential facilities/halfway houses, and chiefs and/or band councils in Indigenous communities. Community partners may request this information to assist in their planning for your release, as well as to help prevent the spread of COVID-19.

If you consent, your COVID-19 testing information will only be shared if:

- The community partner(s) requesting the information is/are involved in your specific release plans; AND
- The community partner(s) request your COVID-19 testing information.

Upon request, the following information will be disclosed to the relevant community partner(s):

- Date of COVID-19 test(s); and
- COVID-19 test result(s).

**Contact information:** If you have any questions or concerns, please contact a member of health services staff.

I am satisfied with and understand the information given.

I authorize Correctional Services Canada to share my test results with the following parties involved in my release (select all that apply):

- Parole office
- Community-based residential facility or halfway house
- Chiefs and/or band councils, if release to Indigenous community
- Other (please specify): \_\_\_\_\_

**Full name (print):**

**Signature:**

**Date:**

**Witness Statement: (Only Health Services staff may be signed witnesses)**

I observed the person providing consent when they signed the consent form.

**Full name (print):**

**Signature:**

**Date:**

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# HEALTH SERVICES PRACTICE REMINDER

May 8, 2020

## Monitoring Individuals at High-Risk of Severe Illness from COVID-19

As we respond to COVID-19, the role of health care professionals and the provision of health services is critical. Through this COVID-19 pandemic CSC continues to fulfill its obligations with respect to the care and custody of inmates including the provision for health care and upholds the Mandela rules that ensure health care that is in keeping with general public health administration and in a way that ensures continuity of treatment and care.

Health Services has implemented a number of measures to respond to COVID-19. Current evidence demonstrates that certain conditions put individuals at greater risk for severe illness, and poorer outcomes from COVID-19. For more information on conditions that put individuals at greater risk please refer to [Annex A](#).

In order to monitor the health symptoms of those persons identified as being at greater risk regular monitoring is being implemented. This will include basic questions related to general health and current wellbeing (see [Annex B](#) for a standard script). All health staff can be engaged in symptom monitoring.

The following are the requirements for monitoring:

### Institutions with Outbreaks:

Where there is an outbreak of Covid-19, symptom monitoring will occur daily for those identified as high risk.

### Institutions with No Outbreak:

Where there is no current outbreak all individuals identified as being at high risk will have Symptom Monitoring occur three times per week and the monitoring will be staggered.

In all institutions, symptom monitoring can be more frequent based on the individual's health needs.

## MONITORING INDIVIDUALS AT HIGH-RISK OF SEVERE ILLNESS FROM COVID-19

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### Documentation:

- NHQ will send a list of all inmates at the institution to the Chief of Health Services or Mental Health who is accountable for implementing the process.
- The Chief will assign cases to the health professional(s) conducting the monitoring visits.
- The health professional(s) will print the list of persons to be visited, and will initial next to the person's name to confirm that the visit took place, and will mark those cases where further follow-up is needed.
- The Chief will update the daily log, including indicating any newly identified high risk individuals and indicating those who required further follow-up after the monitoring visit, and will submit this list to NHQ.
- Any required follow up to the monitoring engagement must be documented on the EMR.

## Annex A – Medical Conditions

The following medical conditions may put an individual at a greater risk of contracting COVID-19\*.

- Asthma
- Chronic lung disease, includes for example:
  - COPD
  - Idiopathic pulmonary fibrosis
  - Cystic fibrosis
  - Chronic Pneumonia
- Diabetes
- Cardiovascular disease, includes for example:
  - Heart failure
  - Coronary artery disease
  - Congenital heart disease
  - Cardiomyopathies
  - Pulmonary hypertension
  - Atrial fibrillation
  - Ischemic heart disease
  - CVA
- Hypertension- defined as a systolic blood pressure (SBP) of 140 mm Hg or more, or a diastolic blood pressure (DBP) of 90 mm Hg or more, or taking antihypertensive medication, or a history of hypertension
- Chronic Kidney Disease on dialysis
- Severe Obesity body mass index of 40 or more
- 65 years of age or older
- Eating disorder, bulimia or anorexia
- Immunocompromised, includes for example:
  - Cancer treatment
  - Bone marrow or organ transplantation
  - Immune deficiencies
  - HIV with a low CD4 cell count or not on HIV treatment
  - Prolonged use of corticosteroids and other immune weakening medications
- Liver disease, examples include :
  - Cirrhosis with or without Hepatitis B or C
- Palliative or end of life care

\*The medical conditions identified are based on information from the Public Health Agency of Canada and the Centre for Disease Control. CSC's National Medical Advisory Committee and Health Services has collaborated to ensure consistent identification of these conditions within CSC's inmate population. Examples are provided but they are not exhaustive, if you are unsure please consult with a physician

## Annex B – Standard Script for Monitoring

I am here to do a brief screening of your general health. I would like to ask you a few questions about your health.

Do you have any of the following?

- fever - May I take your temperature?
- cough
- shortness of breath
- difficulty breathing
- sore throat
- runny nose
- usual loss of taste or smell
- headache
- weakness

Are you experiencing any of the following?

- shortness of breath at rest
- inability to lie down because of difficulty breathing
- a worsening of a chronic health condition that you are having increased difficulty managing

In general, I would like to get a sense of how you have been feeling overall. Have there been any noticeable changes to your physical or mental health?

Please contact Health Services either directly or through other CSC staff if you are feeling unwell.