



Ministry of
Public Safety and
Solicitor General

BC Corrections
Adult Custody Division

COVID-19 Contingency Plan

Induction Unit and Isolation Guidelines

Version 0.7
April 20, 2020

Document Revision History

Doc Rev	Description	Author	Date
0.6	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • New format/layout • Added version history and tracking • Added list of people/groups/resources that contributed to the development of this document • Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units • Added 'meal service' section for Induction Units • Updated 'laundry and waste disposal' section for Isolation Protocols 	Matt Lang	2020-04-09
0.7	<ul style="list-style-type: none"> • Added "Draft" watermark to document • Updated instructions for mixing diluted bleach solutions • Removed list of people/groups/resources that contributed to the development of this document • Incorporated stylistic edits suggested by the ADM 	Steve Dickinson	2020-04-20

Introduction

This document outlines guiding principles for the operation of Induction Units and use of Isolation protocols. These strategies are part of BC Corrections' contingency plan to prevent the introduction and spread of COVID-19 into correctional centres. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission of novel coronavirus.

These guidelines have been prepared in consultation with the Provincial Health Services Authority (PHSA) Correctional Health Services (CHS), the Public Service Agency Workplace Health and Safety and through reference to information from the BC Centre for Disease Control (BCCDC) and the World Health Organization.

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

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

Rationale

- There are many opportunities for COVID-19 to be introduced into a correctional centre:
 - Admission of new intake who may have been exposed to COVID-19 in the community;
 - Movements in and out of correctional centres for people to appear in court or attend medical appointments;
 - Transfer of individuals between centres; and,
 - Daily attendance of correctional staff, health workers, food service personnel, and other service providers.
- People in custody often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- People in custody live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread if it is introduced into a centre.

- Persons incarcerated in correctional centres are often vulnerable to such communicable diseases due to poor health and/or immune function.
- In most cases, incarcerated persons are not permitted to leave the facility.
- Options for medical isolation additional precautions (droplet and contact precautions) of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Because limited outside information is available to many incarcerated persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.

Questions or concerns

Any questions related to Induction Unit and Isolation protocols should be directed to Matt Lang, Deputy Provincial Director, Adult Custody Division, at matt.lang@gov.bc.ca.

Definitions

Routine Practices

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

- Frequent hand washing;
- When coughing or sneezing, cough or sneeze into a tissue or the bend of the arm, dispose of any tissues as soon as possible, and wash hands afterwards;
- Physical distancing; and,
- Regular cleaning/disinfecting of high-touch surfaces.

Physical (Social) Distancing

Physical (social) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. It means minimizing close contact with others, which includes:

- Avoiding gathering in groups;
- Avoiding common greetings, such as handshakes;
- Avoiding touching one's eyes, nose and mouth;
- Limiting contact with people at higher risk, such as older adults and those in poor health; and,
- Keeping a distance of at least 2 arms-length (approximately 2 metres) from others.

Contact and Droplet Precautions

In addition to Routine Practices, these are additional precautions for suspected or confirmed cases of COVID-19. They include:

- Use of Personal Protective Equipment (PPE); and,
- Enhanced cleaning/disinfecting procedures.

Cohort

Refers to the practice of grouping individuals.

Induction Unit

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

Isolation Protocols

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

Close Contact

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

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

Induction Units

Guidelines

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

Meal service

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

- Physical distancing requirements as/when meals are collected and for the duration of the meal period; and,
- Disinfection of any meal service items (trays, bowls, meal carts, etc.) before they are returned to the kitchen.
- If possible, meals for Induction Units should be served in disposable containers that are disposed of after use.

Additional considerations:

- Installation of a physical marker (e.g. tape) on the floor surrounding the staff station to clearly indicate the appropriate physical distancing from where staff sit at the desk.
- Installation of additional visual markers (e.g. tape) on unit floor to serve as a reminders of physical distancing requirements.
- Installation of signage outside the Induction Unit door to instruct all staff and contractors of the Routine Practices and any other precautions that are in effect in that area.
- Clear and frequent communication with people in custody about changes to their daily routine and how they can contribute to risk reduction.
- Provision of regular informational sessions by correctional staff and health professionals to provide information and answer questions about COVID-19.
- Identification of alternative social, recreational and program activities to replace group activities that support the mental health of people in custody.

If an individual in a cohort becomes symptomatic

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

- The cohort remains on Isolation Protocols; and,
- The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.

Health care surveillance

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

Exit screening

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

Cleaning and disinfecting procedures

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

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

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

Isolation Protocols

Application

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

Isolating suspected and confirmed cases of COVID-19

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

Isolating Close Contacts of COVID-19 Cases

- Identification of close contacts is done by health professionals in consultation with correctional staff.
- Close contacts of a suspected or confirmed case of COVID-19 are immediately placed on Isolation Protocols.
- If a large group of individuals or even an entire living unit is subject to Isolation Protocols, then the entire group may need to isolate in-place.
- Close contacts remain in isolation until cleared by a health professional.

- Generally, if a close contact is isolated due to contact with a suspected case that is subsequently tested for COVID-19 and receives a negative result, the close contact will be released from Isolation Protocols and can return to their previous placement (on an Induction Unit, if a new admission, or returned to their previous living unit).

Guidelines

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

- To reduce the risk of transmission, individuals on Isolation Protocols are to be housed in a single cell to prevent contact with others.
- Wherever possible, each isolated individual should be assigned their own housing space, which will include dedicated toilet and shower facilities.
- Keep the individual's movement outside the medical isolation space to an absolute minimum:
 - Individuals within medical isolation to remain in their assigned cell;
 - Serve meals to individuals inside the medical isolation space;
 - Exclude the individual from all group activities;
 - For those individuals without an in-cell bathroom, provide a dedicated; and, bathroom when possible. Establish approved disinfection protocols for centres unable to provide an individualized bathroom.
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
- Restrict isolated individuals from leaving the centre (including transfers to other centres) during the 14-day isolation period, unless released from custody or a transfer is necessary for medical care, infection control, lack of isolation space, or extenuating security concerns.

Cohorts of isolated individuals

- Confirmed COVID-19 cases may be isolated as a single cohort.
- Do NOT cohort confirmed cases with suspected cases or close contacts.

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

Meal service

- Meals for isolated inmates will be served in disposable containers.
- Meals will be provided to isolated individuals in their cells.
- Disposable food service items are placed in the trash.

PPE requirements

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

Health care surveillance

- Health professionals will conduct periodic checks of inmates in Isolation.

- Protocols and frequency will be determined by PHSA CHS.

Exit screening

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

Cleaning and disinfecting practices

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

- Centres are to develop cleaning procedures, including checklists, to ensure enhanced cleaning and disinfecting of all areas housing Isolated inmates.
- At a minimum, those procedures must outline:
 - Thorough cleaning and disinfecting of all areas (e.g., cells, bathrooms, and common areas) used by the individual(s), focusing especially on frequently touched surfaces;
 - PPE requirements for individuals performing cleaning/disinfecting duties; and,
 - Ventilation requirements, where possible:
 - Open outside doors and windows to increase air circulation in the area
And allow for ventilation prior to cleaning to minimize potential for exposure to respiratory droplets, particularly where air exchange is poor.

Procedures for cleaning and disinfecting hard (non-porous) surfaces:

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection:
 - Cleansers such as VIROX, Cavi and Excel wipes provide effective disinfection for COVID-19;
 - Most common registered, approved household disinfectants should also be effective;
 - Diluted bleach solutions can be used if appropriate for the surface;
 - Choose products based on security requirements within the facility; and,

- Consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19.
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, ventilation, contact time, etc.).
- Never mix household bleach with ammonia or any other cleanser.
- Prepare a diluted bleach solution as follows:
 - If the concentration of bleach on the container is 5.25%
 - Mix 1 part bleach to 99 parts water, or 10mL bleach to 990mL water
 - For other concentrations on the bleach container, use this [Foodsafe bleach calculator](#) to make the right dilution.
 - To sanitize surfaces used in food preparation such as countertops and cutting boards, use a more diluted bleach solution:
 - Mix 1 part bleach to 499 parts water, or 2mL bleach to 998mL water.
 - Make sure to rinse away bleach solution with water before preparing or serving food.

Procedures for cleaning and disinfecting soft (porous) surfaces:

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

Laundry and waste disposal

- Centres are to develop procedures for:
 - Issuing and collecting clothing and bedding to individuals in isolation;
 - Washing potentially infectious clothing and bedding; and,
 - Collecting potentially infectious waste from individuals in isolation.
- At a minimum, those procedures must outline:
 - Frequency of clothing/bedding issue and laundering, and waste collection;
 - Handling procedures; and,
 - PPE requirements for individuals handling clothing and bedding from isolated individuals.

- Launder items as appropriate in accordance with the manufacturer's instructions.
- Launder items using the warmest appropriate water setting for the items, and dry items completely.
- Clean and disinfect clothes hampers/bins according to procedures for surface cleaning.
- If possible, centres should consider using a hamper/bin liner that is either disposable or can be laundered.

Release Procedures

Policies and procedures related to release from custody for inmates on Induction Units / Isolation Protocols are included here.

Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols will be informed by PHSA CHS health professionals in consultation with the regional health authority.
- Health care professionals will incorporate screening for COVID-19 symptoms and a temperature check into release planning (for inmates not clearing the screening process, follow the protocol for a suspected COVID-19 case).
- Before releasing an individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, the facility should be contacted to ensure adequate time for them to prepare to continue medical isolation or contact local public health to explore alternate housing options.
- If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, the regional health authority should be contacted to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.