

Ministry of the Solicitor General

Office of the
Assistant Deputy Minister
Institutional Services

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Ministère du Solliciteur général

Bureau du sous-ministre adjoint
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RESPONSE TO COVID-19 INFORMATION NOTE
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Institutional Services Division, Assistant Deputy Minister's Office
April 28, 2020

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 in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee healthcare, supply chain management, cleaning services, and daily operations.

Unless otherwise noted, the healthcare 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 is monitored locally by senior managers and daily meetings are held with superintendents to discuss implementation status and 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 include appeals processes.

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

Facts:

- There were 5,685 inmates registered in custody across all 25 institutions on April 28, 2020 when data was extracted.
- This is a 32% reduction since March 16, 2020.
- All institutions are within operational capacity.
- 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.

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Services en établissement25, rue Grosvenor
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Toronto ON M7A 1Y6**Inmates – Total (as of April 27, 2020)**

Tested	Negative	Pending	Positive	Results unavailable
448	282	47	92	27

Inmate testing and results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Inmates – Positive by Institution (as of April 27, 2020)

Institution	Positive
Hamilton-Wentworth Detention Centre	1
Maplehurst Correctional Complex	1
Monteith Correctional Complex	1
Ontario Correctional Institute	82
Toronto South Detention Centre	6*
Vanier Centre for Women	1

*one is an intermittent inmate, not in our custody

Staff – Positive by Institution (as of April 27, 2020)

	Positive
Hamilton-Wentworth Detention Centre	1
Ontario Correctional Institute	22
Toronto South Detention Centre	1

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.

Third Party – Positive by Institution (as of April 27, 2020)

	Positive
Southwest Detention Centre	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's in consultation with the local Public Health Unit. The ministry may not be informed if the case is resolved.

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Ontario Correctional Institute Outbreak

- On April 15, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to stop any potential spread of COVID-19.
- The ministry has protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Cleaning of high-touch points (e.g. door handles) is being conducted at a minimum twice per day.
- Comprehensive Personal Protective Equipment (PPE) guidelines exist for different circumstances.
- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate medical needs.
- The overall reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI will be self isolating for 14 days before returning to work.

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.
- 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.

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- 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.
- 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. Where operationally feasible, new admits to the intake unit are housed with inmates admitted on the same day.

Staff screening at all institutions

- All staff attending the institution are required to sign an affirmation that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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 preform a self-assessment before entering the institution.
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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:

- Personal visitation for inmates has been suspended until further notice. Institutions are working on local initiatives to provide extra postage, phone calls and other activities for inmates while visits are suspended. Institutions are also undertaking other local strategies to mitigate the impact of these limitations. Some examples include providing additional TV time or access to additional TV channels.
- In support of inmates, the ministry has also increased the weekly “canteen” limit by 50% to \$90 to allow inmates to purchase additional comfort and recreation items. The ministry is also reviewing new items that can be purchased.

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- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month for two months (April and May 2020), in addition to their regular access to personal phone calls.
- Professional visits including lawyers and spiritual volunteers are continuing.
- In partnership with MAG, the ministry has 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).
- 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. The amount that inmates may purchase has been increased.
- 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.
 - As of April 27, 2020, all staff and visitors are required to wear a surgical/procedural mask at all times while at work in the institution unless otherwise specified. Masks are supplied by the institution.
- 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.

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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 June 26, 2020 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.



RESPONSE TO COVID-19 INFORMATION NOTE

Author: Institutional Services Division, Assistant Deputy Minister’s Office
April 21, 2020

Ontario has implemented several strategies to limit the effects of COVID-19 on our inmate population and our correctional staff.

Through the combined actions of the Ministry of the Solicitor General and the Ministry of the Attorney General the population in Ontario’s adult correctional institutions has been reduced significantly.

Quick Facts:

- There were 5,707 inmates registered in custody across all 25 institutions on April 21, 2020 when data was extracted.
- This is a 32% reduction since 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.

Inmates – Total (as of April 20, 2020)

Tested	Negative	Pending	Positive	Results unavailable
392	176	92	67	57

Inmate testing and results are provided to the Assistant Deputy Minister’s Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Inmates – Positive by Institution (as of April 20, 2020)

Institution	Positive
Toronto South Detention Centre	5
Maplehurst Correctional Complex	1
Monteith Correctional Complex	1
Ontario Correctional Institute	60

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Toronto ON M7A 1Y6**Staff – Positive by Institution (as of April 20, 2020)**

	Positive
Toronto South Detention Centre	1
Hamilton-Wentworth Detention Centre	1
Ontario Correctional Institute	8

Staff testing for COVID-19 constitutes personal health information and there is no requirement for staff to disclose that they have been tested or negative test 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 by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Third Party – Positive by Institution (as of April 20, 2020)

	Positive
Southwest Detention Centre	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit. The ministry may not be informed if the case is resolved.

Ontario Correctional Institute Outbreak

- On April 17, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry temporarily closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and appropriate protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to reduce any potential spread of COVID-19.
- The ministry has detailed protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Enhanced cleaning of high touch points is being conducted at a minimum twice per day.
- Comprehensive Personal Protective Equipment (PPE) guidelines exist for both standard and high-risk circumstances.

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- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate's medical needs.
- The reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI will be self isolating for 14 days before returning to work.

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.

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 regularly 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 extensive 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.

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 the COVID-19 outbreak.
- 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 ideally, in a separate area. 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 admission health assessment which includes, vital signs, including temperature and a review of current and past medical history.
- All new inmates are admitted into a special intake unit where they are kept for a minimum of 14-days and monitored for symptoms before they are moved into the general inmate population.

Staff screening at all institutions

- All staff attending the institution are required to sign an affirmation that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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 preform a self-assessment before entering the institution.
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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.

Actions:

- Personal visitation for inmates has been suspended until further notice. Institutions are working on local initiatives to provide extra postage, phone calls and other activities for inmates while visits are suspended. Institutions are also undertaking other local strategies to mitigate the impact of these limitations such as providing additional TV time or access to additional TV channels.
- In support of inmates, the ministry has also increased the weekly “canteen” limit by 50% to \$90 to allow inmates to purchase additional comfort and recreation items. The ministry is also reviewing new items that can be purchased.
- Professional visits including lawyers and spiritual volunteers are continuing.
- In partnership with MAG, the ministry has moved as many court appearances as possible to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless specifically requested by the Court).
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to reduce the risk of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.

- Facilities are inspected and thoroughly cleaned regularly and/or as required. Additional cleaning services are being co-ordinated and provided through our Corporate Services Division for public and high traffic areas like the admitting and discharge areas or health care areas.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete a deep cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the enhanced 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.
- 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. Information has been posted in inmate areas.
- 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.
- Inmates also have access to PPE including face masks and are instructed to wear it when appropriate according to guidelines developed by the Ministry of Health.
- 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 working collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.

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 Access Pass (TAP) from custody and permitted to return home. The TAP will be issued for May 1, 2020 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.

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- 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.
- We are working in conjunction with the Ministry of the Attorney General and the Ontario Court of Justice, as well as the police agencies and counsel, to significantly increase the use of virtual courts (video and teleconference), thereby reducing the number of inmates transported to courthouses for appearances.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- Our ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

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Author: Institutional Services Division, Assistant Deputy Minister's Office
April 14, 2020

Ontario has implemented several strategies to limit the effects of COVID-19 on our inmate population and our correctional staff.

Through the combined actions of the Ministry of the Solicitor General and the Ministry of the Attorney General the population in Ontario's adult correctional institutions has been reduced significantly.

Quick Facts:

- There were 5,929 inmates registered in custody across all 25 institutions on April 14, 2020 when data was extracted.
- This is a 28.9% reduction since 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.

Inmate Testing:

- Inmates tested as of April 14, 2020:

○ Total tested for COVID-19:	156
○ Total negative results:	121
○ Total pending results:	29
○ Total positive results:	6
- Three of the positive cases are inmates at Toronto South Detention Centre (TSDC).
- One of the positive cases is an inmate at Monteith Correctional Complex (MCC)
- One of the positive cases is an inmate at Maplehurst Correctional Complex (MHCC)
- One of the positive cases was an intermittent inmate, not in our custody, and no close contacts at the intermittent center (TSDC) were identified.
- In all positive cases, operational protocols related to infection prevention and control have been maintained and all appropriate steps have been taken to protect staff and other inmates.

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25, rue Grosvenor
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- Inmate testing and results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Positive Staff Cases:

- As of April 14, 2020, there have been four confirmed cases of staff testing positive for COVID-19 reported to the ministry.
- One is a staff member at Toronto South Detention Centre (TSDC).
- One is a staff member at Hamilton Wentworth Detention Centre (HWDC).
- Two are staff members at the Ontario Correctional Institute (OCI).
- Containment protocols were undertaken immediately by health care staff working collaboratively with the Medical Officer of Health.
- Staff testing for COVID-19 constitutes personal health information and there is no requirement for staff to disclose that they have been tested or negative test 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 by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Other:

- As of April 14, 2020, there has been one confirmed case of third-party contract worker testing positive for COVID-19 reported to the ministry. (South West Detention Centre).
- Containment protocols were undertaken immediately by health care staff working collaboratively with the Medical Officer of Health.
- Third party individuals' positive results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

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.

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- 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.

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 regularly 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 extensive 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.

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 the COVID-19 outbreak.
- 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 ideally, in a separate area. 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 admission health assessment which includes, vital signs, including temperature and a review of current and past medical history.
- New inmates are admitted into a special intake unit where they are kept for a minimum of 14-days and monitored for symptoms before they are moved into the general population. The remaining institutions are working on their intake unit plans so they can be implemented as soon as operationally feasible.

Staff screening at all institutions

- All staff attending the institution are required to sign an affirmation that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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.
- Work is underway to obtain thermometers at all institutions to further screen staff and individuals entering an institution for elevated temperature. This will be implemented in each institution as they receive the necessary equipment with a target date of April 17, 2020.

Visitor screening at all institutions

- All professional visitors who attend the institution are required to preform a self-assessment before entering the institution.
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - 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.

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- Work is underway to obtain thermometers at all institutions to further screen individuals entering an institution for elevated temperature. This will be implemented in each institution as they receive the necessary equipment with a target date of April 17, 2020.

Actions:

- Personal visitation for inmates has been suspended until further notice. Institutions are working on local initiatives to provide extra postage, phone calls and other activities for inmates while visits are suspended. Institutions are also undertaking other local strategies to mitigate the impact of these limitations such as providing additional TV time or access to additional TV channels.
- In support of inmates, the ministry has also increased the weekly “canteen” limit by 50% to \$90 to allow inmates to purchase additional comfort and recreation items. The ministry is also reviewing new items that can be purchased.
- Professional visits including lawyers and spiritual volunteers are continuing.
- In partnership with MAG, the ministry has moved as many court appearances as possible to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless specifically requested by the Court).
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to reduce the risk of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and thoroughly cleaned regularly and/or as required. Additional cleaning services are being co-ordinated and provided through our Corporate Services Division for public and high traffic areas like the admitting and discharge areas or health care areas.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete a deep cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the enhanced 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.
- 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. Information has been posted in inmate areas.

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- 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.
- Inmates also have access to PPE including face masks and are instructed to wear it when appropriate according to guidelines developed by the Ministry of Health.
- 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 working collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.

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 Access Pass (TAP) from custody and permitted to return home. The TAP will be issued for May 1, 2020 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.
- We are working in conjunction with the Ministry of the Attorney General and the Ontario Court of Justice, as well as the police agencies and counsel, to significantly increase the use of virtual courts (video and teleconference), thereby reducing the number of inmates transported to courthouses for appearances.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.

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- Our ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

RESPONSE TO COVID-19 INFORMATION NOTE

Author: Institutional Services Division, Assistant Deputy Minister's Office

April 7, 2020

Ontario has implemented several strategies to limit the effects of COVID-19 on our inmate population and our correctional staff.

We have made great progress over the past weeks to reduce the population in our institutions, the annual average population hasn't been as low as the current population since the 1989/1990 fiscal year.

Working closely with the Ministry of Health, Public Health, the Ministry of the Attorney General, the Ontario and Superior Courts and our Community Safety partners, we are confident in the care we are providing our inmate population.

Quick Facts:

- There were 6,096 inmates registered in custody across all 25 institutions on April 7, 2020 when data was extracted.
- This is a 26.9% reduction since 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.

Inmate Testing:

- Inmates tested as of April 7, 2020:
 - Total tested for COVID-19: 103
 - Total negative results: 63
 - Total pending results: 38
 - Total positive results: 5
- Three of the positive cases are inmates at Toronto South Detention Centre (TSDC).
- One of the positive cases is an inmate at Monteith Correctional Complex (MCC).
- One of the positive cases was an intermittent inmate, not in our custody, and no close contacts at the intermittent center (TSDC) were identified.
- In all positive cases, operational protocols related to infection prevention and control have been maintained and all appropriate steps have been taken to protect staff and other inmates.
- At this time, no other institutions have inmates who have tested positive.

- Inmate testing and results provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Positive Staff Cases:

- As of April 7, 2020, there have been two confirmed cases of staff testing positive for COVID-19 reported to the ministry. (Toronto South Detention Centre, Hamilton Wentworth Detention Centre).
- Proper protocol was undertaken immediately by health care staff working collaboratively with the Medical Officer of Health to contain the exposure.
- At this time, no other institutions have staff who have tested positive for COVID-19.
- Staff positive results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Other:

- As of April 7, 2020, there has been one confirmed case of third-party contract worker testing positive for COVID-19 reported to the ministry. (South West Detention Centre).
- Proper protocol was undertaken immediately by health care staff working collaboratively with the Medical Officer of Health to contain the exposure.
- At this time, no other institutions have third party individuals identified by Public Health who have tested positive for COVID-19.
- Third party individuals' positive results are provided to the Assistant Deputy Minister's Office by the Ministry of the Solicitor General, Corporate Health Care Unit, in consultation with the local Public Health Unit.

Communicable disease outbreak process:

- If an outbreak of any communicable disease occurs or is suspected, institution officials will take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and provincial health professionals.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health manage the situation, including containment strategies such as medical isolation.

Housing for medically vulnerable inmates

- Decisions about placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and extensive 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:

- Personal visitation for inmates has been suspended until further notice. Institutions are working on local initiatives to provide extra postage, phone calls and other activities for inmates while visits are suspended. Institutions are also undertaking other local strategies to mitigate the impact of these limitations such as providing additional TV time or access to additional TV channels.
- In support of inmates, the ministry has also increased the weekly “canteen” limit by 50% to \$90 to allow inmates to purchase additional comfort and recreation items. The ministry is also reviewing new items that can be purchased.
- Professional visits including lawyers and spiritual volunteers are continuing.
- Every individual entering the institution is subject to an active screening process that was developed based on Ministry of Health guidelines. This applies to:
 - New inmate admissions
 - Inmates returning from court or being transferred into the institution
 - All professional visitors and contract staff (e.g. maintenance)
 - All staff, each time they enter the institution
 - Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits and by nursing staff doing screening.

- Staff attending the institution are required to sign an affirmation that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever
 - New cough
 - Difficulty breathing
 - Unexplained muscle aches or fatigue; and
 - Other signs of new onset illness.
 - They have not recently travelled internationally;
 - 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.
- Beginning the week of April 6, 2020 temperature screening for staff entering a correctional institute has been implemented in some institutions and will be implemented in all remaining institutions within the next 5-10 days.
- In partnership with MAG, the ministry has moved as many court appearances as possible to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless specifically requested by the Court).
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to reduce the risk of transmission between institutions and communities.
- Facilities are inspected and thoroughly cleaned regularly and/or as required. Additional cleaning services are being co-ordinated and provided through our Corporate Services Division.
- All of those in our custody receive soap, toilet paper, among other toiletries. Inmates are also provided with cleaning supplies to keep their living area clean. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. Information has been posted in inmate areas.
- Staff have access to PPE and are instructed to wear it during specific activities as advised by the Ministry of Health.
- If an outbreak of any 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 provincial health professionals. Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health manage the situation, including containment strategies such as medical isolation.

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 Access Pass (TAP) from custody and permitted to return home. The TAP will be issued for May 1, 2020 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 inmates to determine whether they are eligible for early release. Inmates chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Inmates 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, inmates 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.
- We are working in conjunction with the Ministry of the Attorney General and the Ontario Court of Justice, as well as the police agencies and counsel, to significantly increase the use of virtual courts (video and teleconference), thereby reducing the number of inmates transported to courthouses for appearances.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- Our ministry is working closely with Corrections Canada to coordinate moving federal inmates from our custody.

INFORMATION NOTE
Institutional Services Response to COVID-19
April 1, 2020

Ontario has implemented several strategies to limit the effects of COVID-19 on our inmate population and our correctional staff. (A full list can be found in “Background”).

We have made great progress over the past weeks to reduce our overall capacity in our institutions and we are at our lowest capacity numbers since January 2018.

Working closely with the Ministry of Health, Public Health, the Ministry of the Attorney General, the Ontario and Superior Courts and our Community Safety partners, we are confident in the care we are providing our inmate population.

Quick Facts:

- As of April 1, 2020, there are 6,339 inmates in custody across all 25 institutions.
- There were 2,005 fewer inmates in custody on April 1 than there were on March 16, 2020. That is a 24% reduction over a period of about 2 weeks.
- Inmates tested as of April 1, 2020:
 - Total tested for COVID-19: 58
 - Total negative results: 31
 - Total pending results: 21
 - Total positive results: 2
 - Results unknown: 5
- As of March 30, 2020, 2 staff and 1 third party contract worker have tested positive for COVID-19. Proper protocol was undertaken immediately by health care staff working collaboratively with the Medical Officer of Health to contain the exposure. (Toronto South Detention Centre, Hamilton Wentworth Detention Centre and South West Detention Centre).
- Given the size of our population, this is currently a very small risk factor.
- Both positive tests for inmates have been at Toronto South Detention Centre.
- One of the positive inmate tests was an intermittent inmate, not in our custody, and no close contacts at the intermittent center were identified.
- Regarding the second positive inmate result, the individual was identified at admission and they have been maintained in isolation and on droplet precautions. There is no known risk to staff or inmates within the impacted institution.

Communicable disease outbreak process:

- If an outbreak of any communicable disease occurs or is suspected, institution officials will take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and provincial health professionals.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health manage the situation, including containment strategies such as medical isolation.

Housing for medically vulnerable inmates

- Decisions about placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and extensive 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:

- Personal visitation has been suspended until further notice. Institutions are working on local initiatives to provide extra postage, phone calls and activities for inmates while visits are suspended.
- In support of inmates, the ministry has also increased the weekly “canteen” limit by 50% to \$90 to allow inmates to purchase additional comfort and recreation items. The ministry is also reviewing new items that can be purchased.
- Across the province, institutions are undertaking strategies to mitigate the impact of these limitations on inmates which include things like providing additional TV time and providing access to additional TV channels.
- Professional visits including lawyers and spiritual volunteers are continuing.
- Every individual entering the institution is subject to a screening process that was developed based on Ministry of Health guidelines. This includes:
 - New admits
 - Inmates returning from court or being transferred
 - All professional visitors
 - All staff, each time they enter the institution

- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits and by nursing staff doing screening.
- In partnership with MAG, the ministry has moved all court appearance to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless specifically requested by the Court).
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to reduce the risk of transmission between institutions and communities.
- Facilities are inspected and thoroughly cleaned daily and/or as required. Additional cleaning services are being co-ordinated and provided through our Corporate Services Division.
- Proper handwashing and cough/sneezing protocol has also been communicated to inmates. Information has been posted in inmate areas.
- Staff have access to PPE and are instructed to wear it during specific activities as advised by the Ministry of Health.
- If an outbreak of any 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 provincial health professionals. Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health manage the situation, including containment strategies such as medical isolation.

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 Access Pass (TAP) from custody and permitted to return home. The TAP will be issued for May 1, 2020 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 is beginning to proactively perform a temporary absence review for all inmates to determine whether they are eligible for early release. Inmates chosen must be near the end of their sentences and be considered a low risk to reoffend. Inmates 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, inmates 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.
- We are working in conjunction with the Ministry of the Attorney General and the Ontario Court of Justice, as well as the police agencies and counsel, to

significantly increase the use of virtual courts (video and teleconference), thereby reducing the number of inmates transported to courthouses for appearances.

- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- Our ministry is working closely with Corrections Canada to coordinate moving federal inmates from our custody.