

RESPONSE TO COVID-19 INFORMATION NOTE

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July 7, 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, in some cases, 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 5,886 inmates registered in custody across all 25 institutions on July 7, 2020 when data was extracted.
- This is a 30% 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.

Inmates – Positive by Institution (as of July 6, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Central East Correctional Centre	0	1	1
Central North Correctional Centre	0	1	0
Elgin-Middlesex Detention Centre	0	1	0
Hamilton-Wentworth Detention Centre	0	1	0
Kenora Jail	0	2	0
Maplehurst Correctional Complex	1	5	3
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	0	1
Ontario Correctional Institute	0	89	2
Toronto South Detention Centre	3	8	6
Vanier Centre for Women	0	1	3

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

Staff – Positive by Institution (as of July 6, 2020)

	Ongoing	Resolved**
Central North Correctional Centre	0	1
Hamilton-Wentworth Detention Centre	0	1
Maplehurst Correctional Centre	0	2
Ontario Correctional Institute	0	25
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto South Detention Centre	0	1

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



Third Party – Positive by Institution (as of July 6, 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.

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.
- On May 12, 2020, the OCI outbreak was deemed resolved by Toronto Public Health, with no institutional transmission of cases inside TSDC. Toronto Public Health took carriage of the file when inmates were moved to TSDC.
- As of June 9, 2020, all the inmates originally housed at TSDC have been transferred from TSDC to the Maplehurst Correctional Complex (MHCC).

Healthcare policies and procedures

Communicable disease outbreak process:

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

Medical Care:

- Standard health care services available from the Ministry include:
 - Primary Care Physicians and Nurse Practitioners – each institution has one or more physicians and/or nurse practitioners who provide primary medical care to patients. There is a primary care practitioner on call during all hours of health care operations.
 - Registered Nurses and Registered Practical Nurses – all institutions have nurses (including Mental Health Nurses) on staff. Most institutions have nurses scheduled 16 hours per day; 10 institutions have 24-hour nursing.

- Upon admission to a provincial jail or detention centre, all inmates receive an admission health assessment. This assessment includes:
 - Self-reported health history, including current treatment and pending medical interventions;
 - Infectious disease;
 - Mental health status;
 - Substance use history, including withdrawal management;
 - Acute or chronic health conditions such as diabetes or high blood pressure; and
 - Accommodation needs for health reasons, including medical devices (including prosthesis, catheters, colostomies, ileostomies) and mobility devices.
- The institutional health care teams assess any inmates that require additional monitoring or would be deemed high risk.

Housing for medically vulnerable inmates:

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

Actions taken to stop transmission of COVID-19 virus

Screening:

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

Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- 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.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

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

Visitor screening at all institutions

- All professional visitors who attend the institution are required to preform a self-assessment (updated May 22, 2020) before entering the institution and are asked to confirm that:
 - They are not feeling unwell and exhibiting symptoms such as:
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Other policies and procedures implemented:

- As of July 7, 2020, personal visits have resumed at all institutions. The ministry has established guidelines, which include scheduling all visits, an active screening process for visitors and a mandatory face covering requirement. Visitation will be prioritized for vulnerable inmates.
- 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, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
- Professional visits including lawyers and spiritual volunteers are continuing.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- As the province continues its path to recovery, both the Superior Court and Ontario Court of Justice are planning to reopen their courts on a limited basis. The ministry will be working with the courts to facilitate the attendance of inmates at court as required.
- 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.
 - Staff are trained in the proper usage of PPE, and the ministry has prepared a 30 minute e-learning module on the proper use, maintenance and conservation of PPE.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SolGen provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- Of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, voluntary testing has been offered to staff and inmates at all institutions.

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 August 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.

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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.
- 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(s): Erynne Riedstra, Strategic Advisor
Michael Walker, Strategic Advisor
Institutional Services Division, Assistant Deputy Minister's Office
July 14, 2020

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

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

Facts:

- There were 5,878 inmates registered in custody across all 25 institutions on July 14, 2020 when data was extracted.
- This is a 30% reduction since March 16, 2020.
- All institutions are within operational capacity.

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Inmates – Positive by Institution (as of July 13, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
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Kenora Jail	0	2	0
Maplehurst Correctional Complex	1	5	3
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	0	1
Ontario Correctional Institute	0	89	2
Toronto South Detention Centre	2	9	7
Vanier Centre for Women	0	1	3

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

Staff – Positive by Institution (as of July 13, 2020)

	Ongoing	Resolved**
Central North Correctional Centre	0	1
Hamilton-Wentworth Detention Centre	0	1
Maplehurst Correctional Centre	0	2
Ontario Correctional Institute	0	25
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Toronto South Detention Centre	0	1

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Third Party – Positive by Institution (as of July 13, 2020)

	Positive
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 - Mental health status;
 - Substance use history, including withdrawal management;
 - Acute or chronic health conditions such as diabetes or high blood pressure; and
 - Accommodation needs for health reasons, including medical devices (including prosthesis, catheters, colostomies, ileostomies) and mobility devices.
- The institutional health care teams assess any inmates that require additional monitoring or would be deemed high risk.

Housing for medically vulnerable inmates:

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

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- 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.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

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

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Ministère du Solliciteur général

Bureau du sous-ministre adjoint
Services en établissement

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- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.
- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program. 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.

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- 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.
- Staff are trained in the proper usage of PPE, and the ministry has prepared a 30 minute e-learning module on the proper use, maintenance and conservation of PPE.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SolGen provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- Of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, voluntary testing has been offered to staff and inmates at all institutions.

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 August 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,

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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(s): Erynne Riedstra, Strategic Advisor

Michael Walker, Strategic Advisor

Institutional Services Division, Assistant Deputy Minister's Office

July 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, in some cases, 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 6,017 inmates registered in custody across all 25 institutions on July 28, 2020 when data was extracted.
- This is a 28% 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.

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

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Central East Correctional Centre	0	1	1
Central North Correctional Centre	0	1	1
Elgin-Middlesex Detention Centre	0	1	0
Hamilton-Wentworth Detention Centre	0	1	0
Kenora Jail	0	2	0
Maplehurst Correctional Complex	0	6	3
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	0	1
Ontario Correctional Institute	0	89	2
Toronto South Detention Centre	1	10	7
Vanier Centre for Women	0	1	3

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

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

	Ongoing	Resolved**
Central North Correctional Centre	0	1
Hamilton-Wentworth Detention Centre	0	1
Maplehurst Correctional Centre	0	2
Ontario Correctional Institute	0	25
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto South Detention Centre	0	1

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

Third Party – Positive by Institution (as of July 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.

Inmate testing data

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

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.

- On May 12, 2020, the OCI outbreak was deemed resolved by Toronto Public Health, with no institutional transmission of cases inside TSDC. Toronto Public Health took carriage of the file when inmates were moved to TSDC.
- As of June 9, 2020, all the inmates originally housed at TSDC have been transferred from TSDC to the Maplehurst Correctional Complex (MHCC).

Healthcare policies and procedures

Communicable disease outbreak process:

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

Medical Care:

- Standard health care services available from the Ministry include:

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

Housing for medically vulnerable inmates:

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

Actions taken to stop transmission of COVID-19 virus

Screening:

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

Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- 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.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

- All staff attending the institution are required to sign an affirmation (updated May 22, 2020) that:

- They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- They have not recently travelled outside of Canada;
- They have not recently been in close contact with someone who has been diagnosed with COVID-19;
- They have not been in close contact with someone who is sick with new respiratory symptoms; and
- They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions

- All professional visitors who attend the institution are required to preform a self-assessment (updated May 22, 2020) before entering the institution and are asked to confirm that:
 - They are not feeling unwell and exhibiting symptoms such as:
 - Fever/feverish, new or worsening cough or difficulty breathing
 - Other signs of new onset or worsening illness such as:
 - Sore throat
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 - Difficulty swallowing

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- 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:

- As of July 7, 2020, personal visits have resumed at all institutions. The ministry has established guidelines, which include scheduling all visits, an active screening process for visitors and a mandatory face covering requirement. Visitation will be prioritized for vulnerable inmates.
- On July 24, 2020 the increased weekly “canteen” limit ended, which had been put in place to help compensate for the suspension of personal visits.
- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
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