From: Robert.Clarke
To: Andrea.Monteiro
Subject: FW: WCC YCDC Walk Through
Date: March 22, 2021 13:05:00
Attachments: image002.png
image003.png
image001.png

Hello Andrea
Please see the below roll up from William on YCDC walk through which took place last week. Be aware that you may hear of a request for blue prints/ventilation maps, which I oppose for security reasons. This walk through would have been most helpful a year ago as WCC navigated through this pandemic, but I told YCDC they're free to come by anytime, and discuss issues.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) Yukon.ca

From: Robert.Clarke
Sent: Monday, March 22, 2021 1:02 PM
To: William.Sibold
Subject: RE: WCC YCDC Walk Through

Thank you for your help on this William. To clarify one point below, our staff are screened daily in shift briefings by the MCS. Each shift report contains a section at the end that includes a verbal screening completion by the manager for their shift. I'm not sure if this is sufficient for our friends at YCDC, but we have implemented screening for staff and all visitors based on a questionnaire that was reviewed and approved by a member of the YCDC team.
I will forward this to our Director for her awareness. Please keep me in the loop on any correspondence you receive from them.
Thanks again.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, March 19, 2021 9:16 AM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: WCC YCDC Walk Through

Good Morning Robert,
Here is the summary of the YCDC walkthrough yesterday (March 18, 2021) from 1430-1700 at WCC:

- Attendees from WCC - W. Sibold/ N. Klein
- Attendees from YCDC – L. Strudwick/ J. Armstrong

Overall, this was a very helpful experience for WCC Health Services. YCDC made us aware of many things and potential infection risks we were previously unaware of. Similarly, YCDC expressed that it was a helpful experience for them to "see" the challenges that exist in preventing infections in a Correctional Environment, and the limitations that exist to implementing certain public health provisions. This was encouraging, and I believe that if YCDC and WCC are able to maintain open

communication and understanding (particularly a “consensus” based discussion) – it will be mutually beneficial for WCC and YCDC.

YCDC identified multiple deficiencies in WCC COVID-19 prevention protocol, some of which were minor and others which were major. Examples include: Lack of inmate physician distancing (which YCDC was able to see is not always possible), presence and operation of a staff gym, Staff eating meals on the Unit(s), lack of a daily symptom screening system for Staff, lack of Staff schedules only permitting Staff to work on a certain unit/ in a certain area, Inmate cells potentially too small to be shared, etc. While they provided no immediate suggestions or orders to rectify these issues, I was informed that there would be internal discussions within Public Health (which will likely include the Director of Public Health and MOH) on what they will recommend and/or direct us to do going forward. N. Klein and I explained the limitations of our environment and the “correctional reality” to the best of our ability, however we felt our message was not always understood. It was made clear to K. Klein and I that certain things are non-negotiable.

It is my opinion that the level of conversations that need to happen between Justice and YCDC may need to be escalated to the Director level and/or above. There are many things that YCDC may expect us to change or do; which would simply not be possible without major operational disruption and/ or policy modification. While I can advocate and speak for WCC Health Services (and our department policy/ procedures), discussions involving broader WCC/ Justice operational policy/ procedure are outside my scope. For example, a request was made (informally) for a copy of all WCC building blue prints and ventilation maps to be given to YCDC, this is not an appropriate request for me to manage at my level.

I am hopeful that we can all come to a consensus regarding WCC COVIDF-19 procedure, and I am very thankful for YCDC’s assistance – however this is a new experience for both sides, and I anticipate it will not be easy.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke
To: Andrea.Monteiro
Subject: FW: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services
Date: March 22, 2021 14:42:00
Attachments: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services.pdf
image002.png
image003.png
image004.png
image005.png

We had a surprise inspection today of not only the kitchen, which you've seen, but also a COVID site inspection. I'll meet with my team tomorrow to determine which of these are immediately actionable, and then engage the local OSH committee so they're aware. Just FYI at this point.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: Robert.Clarke
Sent: Monday, March 22, 2021 2:41 PM
To: William.Sibold ; Joel.Rogers ; Valerie.Goodkey
Subject: RE: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services

Let's engage the Occupational Safety and health Committee and ensure they are made aware, and it is recorded in the minutes that this report was presented and discussed.
I believe there are some items we can action immediately that make sense, such as cloth chairs.
Let's discuss after morning meeting tomorrow please, on what of these are realistically actionable now so we can inform the OSH committee of what we're doing.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 22, 2021 2:36 PM
To: Joel.Rogers <Joel.Rogers@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: RE: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services

I like this report/ inspection far better…very reasonable… We will see what YCDC says, but C. Kenny seems realistic

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Joel.Rogers <Joel.Rogers@yukon.ca>

Sent: Monday, March 22, 2021 2:29 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>
Subject: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services

Please see the attached Covid inspection report completed by Christopher Kenny who is with the Environment Health Services. He was not aware that WCC had recently gone through a Covid Inspection.

Him and I spoke about waiting to implemented his recommendations until we have also received the recommendations from our other Covid inspection, he had no issues with this.

Please let me know once we receive these other recommendations, and I can assist in implementing any recommendations.

If you have any question please let me know.

Yukon
Joel Rogers
Deputy Superintendent, Operations
Justice | Whitehorse Correctional Centre
T 867-455-2907 | F 867-455-2992

Yukon
Health and Social Services
Santé et Affaires sociales

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Recommendations	
	- Master room should have sanitizer so staff	
	can wipe down their areas after meetings.	
	- Master room should remove cloth chairs.	
	- Alot of chairs were in the master room.	
	distance staff members by having them	
	sit two chairs away from the next staff	
	member.	
	- Staff room should have all areas removed	
	so 2 metres of distance is maintained.	
	- officers should be reminded to sanitize	
	their work station frequently.	
	- Gym needs 2 sanitizing BOTTLES.	
	- Gym does not have equipment distanced	
	- A sign should indicate that only 2 staff	
	are to be inside and they must be	
	distanced at all times.	
	- All areas that staff work should have	
	sanitization solution available.	
	-	

Report Received By • *Rapport fait par*

Joel Rogers	Deputy Sup., operation		2021.03.22
Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

	March 22-2021
Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*
Whitehorse Correctional Centre	March 22/21	12:00pm

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*
25 University Dr. Whitehorse	Joel Rogers	

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Covid-19 Assesment.	
	- All staff were wearing masks at time of inspection	
	- Ecolab Peroxide Multi Surface Disinfectant	
	8.00% Hydrogen peroxide.	
	- Avmor Disinfection. - Cavi wipes	
	- Acid bathroom Cleaner Ecolab.	
	These products were available in	
	both control stations.	
	- Hand sanitizer available throughout	
	facility.	
	- Staff break rooms have around 8 people	
	maximum.	
	- Muster room has 15 chairs around	
	several tables that have been pushed together.	
	6-8 are in the room at a time.	
	A majority of chairs are leather. Some are	
	cloth.	
	- If staff are isolated while 811 is called.	
	811 advises them on what to do. Staff that	
	are IN will be sent home. IN staffs	
	area is then sanitized.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Reymark - De lear Janitorial staff.	
	- Laundry is first thing in the morning	
	- Then all doorknobs and handles are disinfected	
	EPS9 is used on the handles. This happens 2x	
	in the mornings. After lunch the stair railings	
	and doorhandles are all disinfected again.	
	Washrooms are then cleaned.	
	Muster room is disinfected once in the morning.	
	Staff eating areas are disinfected once a day	
	in the morning.	
	All high touch areas are disinfected at least 2x	
	a day. Reception area is sanitized 2x a day	
	once in the morning and once in the evening.	
	Lunch is eaten in the unit or at ✓	
	their station. Some officers eat in the break	
	rooms.	
	Staff stay at their post for a year.	
	When inmates are transferred in a vehicle the	
	officer is in charge of sanitizing the car after.	
	Sanitizing supplies are held at the bay where	
	they park.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées* | Position Title • *Fonction* | Signature • *Signature* | Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu* | Date Signed • *Signé le*

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From: Andrea.Monteiro
To: Jeff.Simons
Subject: Fwd: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services
Date: March 25, 2021 17:53:30
Attachments: image001.png
2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services.pdf
2021.03.25 - Recommendations implemented on 2021.03.25.pdf

FYI...

Andrea

From: Robert.Clarke
Sent: Thursday, March 25, 2021 5:47:24 PM
To: Andrea.Monteiro
Subject: Fwd: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services

FYI

Robert L. Clarke
Superintendent
Justice - Whitehorse Correctional Centre
C 75(1)

From: Joel.Rogers
Sent: Thursday, March 25, 2021 5:46:09 PM
To: Robert.Clarke
Subject: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services

Please see the attached recommendations with my notes on implementing these recommendations. I completed these recommendations with the assistance of CO Singh. Proper signage, cleaning materials, distancing, removal of all cloth chairs have all been put in place as per the recommendations. A note has also been included in the MCS shift report to remind all staff at musters to properly clean their work stations before and after every use.

The only recommendation that was not implemented was to distance gym equipment. This was not able to be completed as I will need additional lifting equipment and staff to complete this. This will be completed tomorrow, once staff and equipment are available.

Please let me know if you have any questions or concerns.

Joel Rogers
Deputy Superintendent, Operations
Justice | Whitehorse Correctional Centre
T 867-455-2907 | F 867-455-2992

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Recommendations	
	- Master room should have sanitizer so staff	
	can wipe down their areas after meetings.	
	- Master room should remove cloth chairs.	
	- Alot of chairs were in the master room.	
	distance staff members by having them	
	sit two chairs away from the next staff	
	member.	
	- Staff room should have all areas removed	
	so 2 metres of distance is maintained.	
	- officers should be reminded to sanitize	
	their work station frequently.	
	- Gym needs 2 sanitizing BOTTLES.	
	- Gym does not have equipment distanced	
	- A sign should indicate that only 2 staff	
	are to be inside and they must be	
	distanced at all times.	
	- All areas that staff work should have	
	sanitization solution available.	
	-	

Report Received By • *Rapport fait par*

Joel Rogers	Deputy Sup., operation		2021.03.22
Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

	March 22-2021
Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*
Whitehorse Correctional Centre	March 22/21	12:00pm

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*
25 University Dr. Whitehorse	Joel Rogers	

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Covid-19 Assesment.	
	- All staff were wearing masks at time of inspection	
	- Ecolab Peroxide Multi Surface Disinfectant	
	8.00% Hydrogen peroxide.	
	- Avmor Disinfection. - Cavi wipes	
	- Acid bathroom Cleaner Ecolab.	
	These products were available in	
	both control stations.	
	- Hand sanitizer available throughout	
	facility.	
	- Staff break rooms have around 8 people	
	maximum.	
	- Muster room has 15 chairs around	
	several tables that have been pushed together.	
	6-8 are in the room at a time.	
	A majority of chairs are leather. Some are	
	cloth.	
	- If staff are isolated while 811 is called.	
	811 advises them on what to do. Staff that	
	are IN will be sent home. IN staffs	
	area is then sanitized.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées* | Position Title • *Fonction* | Signature • *Signature* | Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu* | Date Signed • *Signé le*

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Reymark - De lean Janitorial staff.	
	- Laundry is first thing in the morning	
	- Then all doorknobs and handles are disinfected	
	EPS9 is used on the handles. This happens 2x	
	in the mornings. After lunch the stair railings	
	and doorhandles are all disinfected again.	
	Washrooms are then cleaned.	
	Muster room is disinfected once in the morning.	
	Staff eating areas are disinfected once a day	
	in the morning.	
	All high touch areas are disinfected at least 2x	
	a day. Reception area is sanitized 2x a day	
	once in the morning and once in the evening.	
	Lunch is eaten in the unit or at ✓	
	their station. Some officers eat in the break	
	rooms.	
	Staff stay at their post for a year.	
	When inmates are transferred in a vehicle the	
	officer is in charge of sanitizing the car after.	
	Sanitizing supplies are held at the bay where	
	they park.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Recommendations	
	- Muster room should have sanitizer so staff	
	can wipe down their areas after meetings. ✓	Spray bottles & sanitizer
	- Muster room should remove cloth chairs.	All cloth chairs removed
	- Alot of chairs were in the muster room.	- 4 Chairs removed
	distance staff members by having them	
	sit two chairs away from the next staff	
	member.	
	- Staff room should have all areas removed	- Cloth chairs removed & distancing put in place
	So 2 metres of distance is maintained.	
	- officers should be reminded to sanitize	- placed on mess report for inclusion in staff briefings
	their work station frequently.	
	- Gym needs 2 sanitizing bottles.	- Completed & additional sanitizer in place
	- Gym does not have equipment distanced	
	- A sign should indicate that only 23 staff	- Sign posted on entry & exit
	are to be inside and they must be	
	distanced at all times.	
	- All areas that staff work should have	- all work stations have proper cleaner in place
	sanitization solution available.	
	- All recomendations put on place on	
	2021.03.25 @ 14:30 hrs -	

Report Received By • *Rapport fait par*

Joel Rogers	Deputy Sup., Operation		2021.03.22
Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

	March 22-2021
Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

Do Not Use This Area • *Ne pas écrire dans cette zone*

Personal information is collected under the authority of the *Public Health & Safety Act* for the purpose of safeguarding public health. This information may be accessible under the *Access to Information & Protection of Privacy Act.* Questions regarding the collection of this information should be directed to the Manager, Environment Health Services, at (867) 667-8391.
Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques *en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la* Loi sur l'accès à l'information et la protection des renseignements personnels. *Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygiène du millieu, au (867) 667-8391.*

From: Jeff.Simons
To: Andrea.Monteiro
Subject: RE: WCC Inspection and next steps
Date: March 26, 2021 10:36:36
Attachments: image001.png
image002.png

Andrea,
Let's make sure we use the opportunity of today's re-visit to educate the folks from the other department about how things have been mis-interpreted.
I have already had a conversation with John this morning about the fact that we feel that judgments were made in the absence of appropriate inquiry. I think I have pushed that point with him as far as we can go. However, once he sees the efforts that your staff have put into complying with the inspection recommendations, I will have another go at addressing the ignorance of others outside the corrections specialty.
Thanks for documenting this. Best of luck today with Cathy and her team.
Jeff

From: Andrea.Monteiro
Sent: Friday, March 26, 2021 10:21 AM
To: Jeff.Simons
Subject: FW: WCC Inspection and next steps
Importance: High

Jeff,
This new information below regarding how the March 18, 2021 YCDC "COVID Inspection" was conducted is extremely concerning to me.

Andrea Monteiro
Director, Corrections
Justice | Community Justice and Public Safety
T 867-667-8294 | C 75(1)

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Friday, March 26, 2021 9:44 AM
To: Andrea.Monteiro <Andrea.Monteiro@yukon.ca>
Subject: RE: WCC Inspection and next steps

For your awareness, I've learned that YCDC did not enter living units or cells when they were here for their inspection. They viewed living units from Control, and concerns regarding soap in cells were in relation to APU cells, as those were the only cells they physically inspected. Their observations were done from a distance and failed to take into consideration or ask about processes on the units – such as the fact soap is available to inmates.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: Jeff.Simons
To: Andrea.Monteiro
Subject: RE: WCC Inspection and next steps
Date: March 26, 2021 11:37:25
Attachments: image001.png
image002.png
image003.png
image004.png

Thanks.
Great update – and timely as I need to update John later this afternoon.
I will be very interested in your observations about how this goes. In a parallel line of correspondence I have asked for a meeting with Cathy Stannard to discuss how future YCDC-WCC interactions can be conducted in a more collaborative and constructive manner. Her response indicated that she is receptive to this discussion, once the dust clears after this crazy week.
Please et me know how it goes.
Jeff

From: Andrea.Monteiro
Sent: Friday, March 26, 2021 11:33 AM
To: Jeff.Simons
Subject: RE: WCC Inspection and next steps
Hi Jeff,
I just got off the phone with Jennifer Armstrong from YCDC. We had a great conversation and I will be in attendance and facilitating a tour of WCC for them (Jennifer and Lori) at 1430hrs today.
I took the opportunity to ask Jennifer if this YCDC walkthrough is tied to CMOH approval for the Nunavut transfer and she indicated that she didn't think so. I explained to her that if there is any concern with the CMOH approval being obtained, we would appreciate knowing about is as soon as possible since travel arrangements will need to be altered.
Let me know if you need anything further,

Andrea Monteiro
Director, Corrections
Justice | Community Justice and Public Safety
T 867-667-8294 | C 75(1)

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Friday, March 26, 2021 10:41 AM
To: Andrea.Monteiro <Andrea.Monteiro@yukon.ca>
Subject: RE: WCC Inspection and next steps
Good morning Andrea,
I just left you a voice message. You can call me any time at 455-2817 to connect and make a plan.
Thanks, Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca
I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: Jeff.Simons <Jeff.Simons@yukon ca>
Sent: Thursday, March 25, 2021 5:00 PM
To: Cathy.Stannard <Cathy.Stannard@yukon.ca>
Cc: Carla.Braun <Carla.Braun@yukon.ca>; John.Phelps <John.Phelps@yukon.ca>; Andrea.Monteiro <Andrea.Monteiro@yukon.ca>; Jennifer Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: RE: WCC Inspection and next steps
Cathy,
Andrea Monteiro (Director of Corrections) and I have briefed the WCC leadership about the recommendations that we received today. They will be working to implement recommendations within an accelerated timeline.
Please let us know when you wish to meet, or when you plan to arrive at the facility, and we will make sure arrangements are made to have you met and escorted through the institution.
Regards,
Jeff

Jeff Simons
Acting ADM – Community Justice and Public Safety
Department of Justice
T 867-393-7077 | Yukon.ca

From: John.Phelps <John.Phelps@yukon.ca>
Sent: Thursday, March 25, 2021 4:55 PM
To: Cathy.Stannard <Cathy.Stannard@yukon.ca>; Jeff.Simons <Jeff.Simons@yukon ca>; Andrea.Monteiro <Andrea.Monteiro@yukon.ca>
Cc: Carla.Braun <Carla.Braun@yukon.ca>
Subject: FW: WCC Inspection and next steps
Jeff/Andrea,
Please see the e-mail below. The CMOH identified Jennifer Armstrong as the appropriate person to assist us in responding to the concerns at

WCC. This is subject to Cathy's review as she was not on the call when Jennifer was proposed.
Cathy is included in this e-mail. Please connect with her in order to move on this quickly.
John

From: Stephen.Samis <Stephen Samis@yukon.ca>
Sent: Thursday, March 25, 2021 4:45 PM
To: Cathy.Stannard <Cathy.Stannard@yukon.ca>; John.Phelps <John.Phelps@yukon.ca>
Cc: Kendra.Black <Kendra.Black@yukon.ca>; Dallas Smith <Dallas.Smith@yukon ca>; Stephen.Mills <Stephen.Mills@yukon ca>; Brendan.Hanley <Brendan.Hanley@yukon ca>
Subject: WCC Inspection and next steps

Hi Cathy and John,

As we just discussed on the zoom call, I am connecting you both so we can coordinate having Jennifer Armstrong connected to WCC staff as quickly as possible. The timeliness of this engagement between Jennifer and WCC staff is critical given the urgency to place the Nunavut inmates at WCC as soon as we can.

Thank you.

Stephen

Yukon

Stephen Samis (he/him)
Deputy Minister
Health and Social Services H-1
T 867-667-5770 | F 867-667-3096 | Yukon.ca

I respectfully acknowledge that I work within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: Robert.Clarke
To: Joel.Rogers; Valerie.Goodkey; Zoran.Petrovic; Jennifer.Murray; William.Sibold; Sean.McKenzie
Cc: Andrea.Monteiro
Subject: Well done everyone
Date: March 26, 2021 14:38:33
Attachments: image001.png
corrective actions.xlsx

Please see 100% completion of tasks relating to our inspections.
To say I'm grateful and impressed is an understatement – thank you!

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

RECOMMENDATION
Living Units - No spacing of inmates in common areas
Living Units - No masks on inmates
Living Units - No signage or visual cues for physical distancing, hand washing, hygiene
Living Units - No soap in inmate cells
Living Units - No evidence of handwashing by staff or inmates prior to eating meals
Living Units - Entire group mingles when eating
Living Units - Masks improperly worn by staff
Living Units - High level of tight spacing when meals arrive on unit
Living Units - No evidence of physical distancing at tables when eating
Living Units - Correctional Staff no distancing when eating
Living Units - Staff eating while using computer
Living Units - Staff observed interacting with inmate without mask on
H unit - no spacing for inmates
H unit - poor mask use by inmate
H Unit - No signage or visual cues for physical distancing, hand washing, hygiene
H Unit - inmate access to soap or hand sanitizer
Staff only areas - ensure signage on handwashing, mask use, symptoms.
Staff areas - Ensure communal work spaces (muster room computers, etc) have cleaning equipment to sanitize equipment.
Staff break room - dishes piled in dryer
Staff break room - communal towel in use
Staff gym - signage needed on 1 person at a time
Staff gym - log book needed for entry/exit
Staff gym - cleaning equipment to be placed
Health Services area - High level of clutter in workspace
Health Services area - food shared in area

Health Services area - people eating in common area
Health services area - physical distancing not being practiced
Health Services area - mask don/doffing station
Health Services area - signage for mask use, hygiene, etc.

CORRECTIVE ACTION	Status
Tables can be posted with signage advising only 2 chairs per table	Completed
Inmates have formed their own bubble and many are impacted by psychological conditions or cognitive impairments. Controlling this is not feasable. They have however, been advised masks are availabe if they request, and unit work stations have been equipped. Mask use instrucitons also posted on units.	Completed
Signage is present on the unit, and even graphics for cognitively impaired clients. Units will be inspected and signage replaced as needed. Will be completed by a.m on March 26	Completed
Inmates are issued soap, and officer stations have boxes of soap in addition to other hygiene items available freely for inmates	Completed
Signage is present on the unit regarding handwashing. Soap is available in cells and additional bars of soap on request.	Completed
Inmates have formed their own social bubble due to 14 day intake isolation, no external visits. We are prepared to encourage eating of meals in cells to limit gatherings.	Completed
Staff will be reminded of guidelines. Mask use posters will be posted	Completed
This is a process we will discuss and fine tune	Completed
As indicated above, signage will be posted limiting 2 per table.	Completed
Not possible due to operations and safety related staffing levels.	Not applicable
Staff will be reminded of guidelines.	Completed
Staff will be reminded of guidelines.	Completed
Tables can be posted with signage advising only 2 chairs per table	Completed
Signage advising of correct mask use will be posted.	Completed
Signage is present on the unit, and even graphics for cognitively impaired clients. Units will be inspected and signage replaced as needed. Will be completed by a.m on March 26	Completed
All inmates have access to soap, but due to flammability of hand sanitizer this is not accessible for safety and security reasons.	Completed
Signage will be posted.	Completed
This will be corrected.	Completed
Unknown from report what is required for this action	Unknown
Items will be removed and replaced with paper towels	Completed
This will be addressed morning of March 26	Completed
This will be addressed morning of March 26	Completed
This will be addressed morning of March 26	Completed
	Completed
	Completed

	Completed
	Completed
	Completed
	Completed

Task
Tables limited to 2 per table, with supporting signage.
N/A
MCS Laffin
N/A
N/A
Process for delivery of meals has changed. Inmates will be fed one tier at a time, and single use cups will be utilized for beverages. Two servery stations will be set up on unit, one for meal trays and one for beverages.
E-mail sent March 26, 2021
Meal delivery process changed to allow for staggered food delivery and single use cups.
Signage posted on tables for 2 person limits
N/A
E-mail sent March 26, 2021
E-mail sent March 26, 2021
Tables have received signage.
MCS Laffin
MCS Laffin
N/A
MCS Laffin
Mark Vigneau completed
More information needed here
Paper towels and cleaner have been issued, towels removed
Val - please address
Val - please address
Val - please assign to Reymark
William to address
William to address

William to address
William to address
William to address
William to address

RECOMMENDATION	CORRECTIVE ACTION
Muster Room should have sanitizer so staff can wipe down their areas after meetings	Room equipped with spray bottles and sanitizer
Muster Room should remove cloth chairs	All cloth chairs removed
A lot of chairs in muster room. Staff should be distanced two chairs away from the next staff member	4 chairs removed
Staff room should have all areas remeasured so 2 metres of distance is maintained	Chairs have been removed and distancing in place
Officers should be reminded to sanitize their work station frequently	Managers tasked with including reminder in each shift briefing
Gym needs sanitizing bottles	Additional sanitizer has been put in place.
Gym does not have equipment distanced	Room use has been limited to one person only
Sign should indicate only 2 staff are to be inside and they must be distanced at all times.	Room capacity lessened to 1, and log book implemented for sign in/out
All areas that staff work should have sanitizer solution available	Additional cleaning supplies/sanitizer issued to work stations

Status	Task
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers

From: Robert.Clarke
To: JUS-CJPS-CC-WCC
Subject: Mask use by staff
Date: March 26, 2021 14:41:11
Attachments: image003.png

In my conversations with our partners across the country, it's obvious that WCC is in the best shape compared to other jurisdictions with regards to our COVID handling and response. That is due to the hard work by each of you in keeping our workplace safe and clean. That being said, Public Health conducted an inspection of our facility last week and identified some areas of concern that our teams have been busy trying to correct through signage, additional cleaning and hygiene supplies, physical distancing in break rooms, etc.

During their inspection, they did make some observations relating to our personal habits, that I want to pass on as a reminder for correction:

1. Staff were eating at computers – although I know staff eat on posts and your days are incredibly busy, please make an effort to avoid using the computer during your meal, as it increases the chance at contamination of equipment as a result of chewing, touching your mouth, etc.
2. Staff were observed interacting with clients without a mask on. – Please ensure that masks are worn at all times and that you remind clients to maintain distancing from you when you're having your meals, or in general discussions.
3. Masks were observed being worn improperly by hanging from one ear or below the nose. – Please remember to consult the various posters around the facility or on the YG website on how to properly don and doff your masks. If additional supports or instructions are needed, please let your manager know and we will try to assist.

I do believe these observations were isolated incidents and in no way indicative of the day to day activities; however when observed during an inspection, these items make their way into final reports. I'd appreciate your continued efforts to keep us positioned as a flagship compared to other sites and jurisdictions.

Be safe everyone.

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: Jeff.Simons
To: Andrea.Monteiro
Subject: RE: Well done everyone
Date: March 26, 2021 15:30:42
Attachments: image001.png

I will let John know.
Jeff

From: Andrea.Monteiro
Sent: Friday, March 26, 2021 3:30 PM
To: Jeff.Simons
Subject: Fwd: Well done everyone
Hi Jeff,
Sharing that WCC had addressed all concerns raised by YCDC from their March 18th walkthrough that we're received yesterday afternoon.
Andrea

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Friday, March 26, 2021 2:38 PM
To: Joel.Rogers; Valerie.Goodkey; Zoran.Petrovic; Jennifer.Murray; William.Sibold; Sean.McKenzie
Cc: Andrea.Monteiro
Subject: Well done everyone
Please see 100% completion of tasks relating to our inspections.
To say I'm grateful and impressed is an understatement – thank you!

Yukon
Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: Robert.Clarke
To: Andrea.Monteiro
Subject: Fwd: Infection control measures for health services unit at WCC
Date: March 26, 2021 21:07:03
Attachments: image001.png
image002.png
image003.png
Infection Control Measures WCC_medical unit_25Mar2021.pdf

For your awareness.

Robert L. Clarke
Superintendent
Justice - Whitehorse Correctional Centre
C 75(1)

From: Robert.Clarke
Sent: Friday, March 26, 2021 3:21:04 PM
To: William.Sibold ; Valerie.Goodkey
Cc: Robert.Clarke
Subject: FW: Infection control measures for health services unit at WCC

Please outline an action plan to Val on your response to these recommendations and indicate what we can do to support your actions. The list indicates the need for immediate response, so please work on these and ensure an action plan is received by end of day Monday.
Thank you.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: William.Sibold
Sent: Friday, March 26, 2021 2:34 PM
To: Robert.Clarke
Subject: FW: Infection control measures for health services unit at WCC

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Friday, March 26, 2021 1:03 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Infection control measures for health services unit at WCC

Good afternoon Will,
As discussed, I'm attaching recommended IPAC recommendations specific to the medical unit at

WCC. I've separated the items based on what we observed was present at the time of the visit and then recommendations to implement. Some of the recommendations may have already been implemented, which is great. Just let me know if you have any questions about any of the items listed. We aren't certain as to who else to share this document with , so please share as appropriate within your management team.

A couple resources for you:

1. Setting up a clinic – this document is specific to clinical staff in physician offices, but several pieces (preparing spaces, PPE, environmental cleaning) are relevant to your space: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_clinical_staff_in_family_physician_offices_final_june_4_2020.pdf
2. Setting up a health centre – again this document may have some relevant recommendations for your medical space:

https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_community_health_centres_july_27_final.pdf

3. Donning/doffing posters: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pdf

https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

4. Posters for hand-washing, cleaning, safe six, physical distancing, masking etc.: https://yukon.ca/en/health-and-wellness/covid-19-information/covid-19-resources
   *We recommend you laminate/place in a plastic sleeve and mount in all areas outlined in the attached document.
5. General information on cleaning/disinfection including high touch surfaces: https://yukon.ca/en/health-and-wellness/covid-19-information/industry-operating-guidelines-covid-19/clean-and-disinfect

Thanks so much again for your time.

Talk soon, Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

WCC Health Services Unit– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by cleaning staff. Frequency? Is there a schedule? ☑ Thorough cleaning/disinfection of holding cell in health services area occurs after each inmate. Ensure adequate time has passed between inmates, or that door is left open afterwards to ensure adequate ventilation (as space is small and poorly ventilated). ☑ Thorough cleaning/disinfection of the medical assessment rooms (including all equipment used) and all surfaces within 2 metres of an inmate.	☐ Decrease amount of items on desks of shared spaces to facilitate cleaning. ☐ Staff to store personal items in designated lockers/areas only. ☐ Staff to clean and disinfect staff kitchen and shared eating spaces after use. ☐ Remove shared towels and other items that cannot be cleaned/disinfected regularly. ☐ Remove all unnecessary items in both medical assessment rooms, especially items that are not easily cleaned/disinfected. Place all supplies in covered areas that would not be exposed within 2 metres of an inmate. ☐ Recommend including laminated poster in all rooms identifying if the room is clean or dirty. ☐ Ensure cleaning supplies/wipes are present in all rooms.
Physical Distancing/ Facility Layout		☐ Mount posters/other visual cues to ensure 2 metres separation on the medical unit and nursing station. ☐ Staff to stagger meal breaks and no sharing of utensils or food between staff. ☐ Recommend staff only eat in kitchen/other designated breakroom, not in nursing station.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a medical mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). This is occurring both on the medical unit and when staff go to do an assessment on an inmate unit.	☐ Designate (by floor tape and signage) “clean” and “dirty” areas for staff to don and doff PPE in medical assessment rooms. ☐ Mount posters with steps to don and doff PPE at each donning/doffing station. ☐ All inmates entering the medical unit should wear a medical mask (if medically stable to do so).

Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visit March 18, 2021

WCC Health Services Unit– Infection Control Recommendations

		☐ Reminder to staff to also mask in non-client work areas (e.g. offices)
Hand Hygiene/ Cough Etiquette Supplies	☑ Some hand sanitizer stations present on the medical unit/hand sanitizer available at nursing station.	☐ Include poster with hand hygiene instructions. ☐ Ensure soap and paper towels available in every room with a sink (especially if no hand sanitizer station present) ☐ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette)
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of medical staff working each day/shift ☑ Record kept of all physician/allied health visitors (name, date, time, contact info) to the medical unit.	☐ Is a record kept of name/date/time of all inmates who visit medical unit?
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☐ Will, can you confirm that inmates are screened and tested using the YCDC testing recommendations (including those with mild symptoms?)

From: Robert.Clarke
To: Andrea.Monteiro
Subject: FW: YCDC Health Services Compliance Report
Date: March 29, 2021 13:18:12
Attachments: March 26, 2021 Memo COVID 19.pdf
image001.png
YCDC Walkthrough HS Completed Corrections WS Mar 27.pdf
image003.png

More on this.

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) Yukon.ca

From: William.Sibold
Sent: Saturday, March 27, 2021 2:38 PM
To: Lori.Strudwick ; Jennifer.Armstrong
Cc: Robert.Clarke ; Joel.Rogers ; Valerie.Goodkey
Subject: YCDC Health Services Compliance Report

Hello Ms. Strudwick & Ms. Armstrong,

Please find attached WCC Health Service's response to your March 26, 2021 Inspection Report (and recommendations), specific to the WCC Health Services Department. Please also find attached a copy of the memorandum sent to WCC Health Services Staff, Physicians, and Dental Professionals – as part of the process of implementing your recommendations.

Please do not hesitate to contact me if you have any questions, concerns, or comments.

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

Date: March 26, 2021

To: WCC Health Services Staff, Physicians, Dental Professionals

Re: COVID-19 Prevention – Reminders from YCDC

I have had the opportunity to review a report from YCDC based on their recent walkthrough of WCC on March 18, 2021. Based on this report, I am reminding all WCC Health Services Staff, Physicians, and Dental Professionals of the following:

- Please store your personal items (with the exception of only the most essential personal items) in the Staff Locker Rooms located in the Administration Area of WCC.

- Please only eat/ drink in designated areas (such as the Staff room in the WCC Administration Area, or in the Health Services Staff room).
- Please take the time to clean and disinfect all eating areas after use, with the approved disinfecting/ sanitizing/ cleaning products provided, following the directions that were provided to us by YCDC at the beginning of the COVID-19 Pandemic.
- Please stagger meal break times in the Health Services break room, one at a time, wherever possible.

- Please store all clean medical supplies in the cupboard, and do not leave same on the open counter.

- Remember that a mask is required to be worn by staff at all times while inside WCC.
- Please try to maintain social distancing of six feet while in the Nursing Stations, and take time to disinfect the computer keyboards in between use by different staff.

Thank you for your attention to these items. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

William Sibold RN, MN
Health Services Manager – WCC

Recd: 2021-03-26

Completed: 2021-03-27

WCC Health Services Unit– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by cleaning staff. Frequency? Is there a schedule? – cleaning staff 2hrs ; Nursing to clean in day ☑ Thorough cleaning/disinfection of holding cell in health services area occurs after each inmate. Ensure adequate time has passed between inmates, or that door is left open afterwards to ensure adequate ventilation (as space is small and poorly ventilated). ☑ Thorough cleaning/disinfection of the medical assessment rooms (including all equipment used) and all surfaces within 2 metres of an inmate.	☑ Decrease amount of items on desks of shared spaces to facilitate cleaning. completed 03/26 ☑ Staff to store personal items in designated lockers/areas only. completed 03/26 – memo to staff ☑ Staff to clean and disinfect staff kitchen and shared eating spaces after use. completed 03/26 – Sign & memo to staff ☑ Remove shared towels and other items that cannot be cleaned/disinfected regularly. completed 03/26 (Discard & replace w disposable) ☑ Remove all unnecessary items in both medical assessment rooms, especially items that are not easily cleaned/disinfected. Place all supplies in covered areas that would not be exposed within 2 metres of an inmate. completed & on memo 03/26 ☐ Recommend including laminated poster in all rooms – identifying if the room is clean or dirty. Ø laminator, but ordered signs done 03/26 ☐ Ensure cleaning supplies/wipes are present in all rooms. completed 03/26
Physical Distancing/ Facility Layout		☑ Mount posters/other visual cues to ensure 2 metres separation on the medical unit and nursing station. completed 03/26 ☐ Staff to stagger meal breaks and no sharing of utensils or food between staff. 03/27 – purchase disposables & sent memo ☑ Recommend staff only eat in kitchen/other designated breakroom, not in nursing station. Done – memo 03/27
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a medical mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). This is occurring both on the medical unit and when staff go to do an assessment on an inmate unit.	☑ Designate (by floor tape and signage) "clean" and "dirty" areas for staff to don and doff PPE in medical assessment rooms. 03/26 Don/doff station & poster up – limited space prevents much separation of areas ☐ Mount posters with steps to don and doff PPE at each donning/doffing station. – Done 03/27 ☒ All inmates entering the medical unit should wear a medical mask (if medically stable to do so). (Rejected) Policy requires mask for first 14 days only and if symptomatic

WCC Health Services Unit– Infection Control Recommendations

		☐ Reminder to staff to also mask in non-client work areas (e.g. offices) Done 03/26 & memo 03/26
Hand Hygiene/ Cough Etiquette Supplies	☑ Some hand sanitizer stations present on the medical unit/hand sanitizer available at nursing station.	☐ Include poster with hand hygiene instructions. - completed 03/26 ☐ Ensure soap and paper towels available in every room with a sink (especially if no hand sanitizer station present) - completed 03/26 ☐ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette) - completed 03/26
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of medical staff working each day/shift ☑ Record kept of all physician/allied health visitors (name, date, time, contact info) to the medical unit.	☑ Is a record kept of name/date/time of all inmates who visit medical unit? - Video recordings are constant & stored. Reject log idea.
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☑ Will, can you confirm that inmates are screened and tested using the YCDC testing recommendations (including those with mild symptoms?) - yes, as per YCDC requirements.

Completed 03/27/2021

Health Services Manager - WCC

From: Andrea.Monteiro
To: Jeff.Simons
Cc: Laura.Scott
Subject: FW: Additional IPAC Recommendations
Date: April 1, 2021 10:13:17
Attachments: image001.png
image004.png
image002.png
Infection Control Measures WCC_inmates_31Mar2021.pdf
Infection Control Measures WCC_staff spaces_31Mar2021.pdf
image003.png

Hi Jeff,
This was the latest that came to WCC (at the staff level) from YCDC yesterday afternoon.

Andrea Monteiro
Director, Corrections
Justice | Community Justice and Public Safety
T 867-667-8294 | C 75(1)

From: Robert.Clarke
Sent: Wednesday, March 31, 2021 2:41 PM
To: Andrea.Monteiro
Subject: Fwd: Additional IPAC Recommendations

Robert L. Clarke
Superintendent
Justice - Whitehorse Correctional Centre
C 75(1)

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Wednesday, March 31, 2021 1:49:17 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: FW: Additional IPAC Recommendations
Forwarded to you.

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Wednesday, March 31, 2021 1:47 PM
To: William Sibold <William.Sibold@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Additional IPAC Recommendations
Good afternoon Will and Joel,

In follow-up to the site visits on March 18th and 26th, please see attached infection control recommendations for the inmate units and staff areas. Please let me know if you have any questions or need any clarifications on the items listed.

In follow up to our discussion on the 26th, sharing with you the diagram below outlining the Hierarchy of Controls that is often used when considering workplace safety and is also commonly used in Infection Prevention and Control practices. It really outlines how important it is to have as many interventions in place before there is potential exposure to a risk including training, policies, and procedures.



Options for signage on walls to support cleaning & long term use are:

- Clear packing tape across whole sign
- Binder sleeves with clear packing tape on all 4 sides
- Laminate
- Decals/wall specific
- Stencils

Decals: Staples.ca has wall and floor decals where you can select from exiting or import some of the YG ones. Canadian Tire and Home Hardware have simple number and letter decals that could be applied to tables and walls.

Stencils: are available at Walmart and Staples
In addition:

Printing of COVID-19 related items (in a large bulk request):

If you require COVID-19 distancing circles, arrow floor decals or posters for offices and workplaces, please submit a Print Service Request or email yg.purchasing@gov.yk.ca. For other supplies, visit the ASaP website or online catalogue.

Included here are also the existing YG floor spacing decals & arrows:



Some additional resources/guidelines that you may find useful are:
YG/PSC: Department Operational Plan Tool, COVID-19 Workplace Assessment - Hazard Identification, Risk Assessment & Control
https://yukonnect.gov.yk.ca/employee-info/_layouts/15/WopiFrame.aspx?sourcedoc=/employee-info/Documents/COVID-19%20Workplace%20Assessment%20Tool-%20Final%20-%20After%20PSC%20Comms%20edits.docx&action=default&DefaultItemOpen=1
YG – Posters for offices and workplaces during COVID-19 – there are over 35 that have been developed that can be edited to suit your context
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-Posters.aspx
YG/PSC- COVID-19 Health & Safety
https://yukonnect.gov.yk.ca/employee-info/Pages/Health-and-safety.aspx
YG/PSC- COVID-19 in the workplace
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-in-the-workplace.aspx
This includes work flows of staff who may be diagnosed with COVID-19 https://yukonnect.gov.yk.ca/employee-info/Documents/Flowchart%20for%20Confirmed%20COVID%20in%20the%20workplace.pdf?
YG- GAM
COVID-19 Directive 3 – Health and Safety Measures
Thank you again for your time,
Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca
I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

WCC Inmate Units– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by staff/inmates. ☑ Gym equipment cleaned by each inmate after using the space ☑ Cleaning supplies/wipes are present for all inmates. ☑	☐ Recommend developing written policy of cleaning of inmate units. Include frequency/schedule and include cleaning staff in cleaning of cells when inmates are discharged. ☐ Joel to send WHMIS sheets/other information on cleaning products on all units.
Physical Distancing/ Facility Layout	☑ Mount posters/other visual cues to ensure 2 metres separation. ☑ When staff remove masks to eat on units they must be 2 metres apart at desk. Must not interact with inmates without a mask.	☐ Staff to remind inmates to maintain 2 metres separation. ☐ For symptomatic inmates on medical isolation protocol ensure time out of cell is alone (not cohorted). Staff to maintain 2 metres distance or to wear full contact/droplet PPE if within 2 metres. If unable operationally to keep these individuals separate, notify YCDC for guidance on next steps.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). ☑ Recommend masking signage on all units ☑ Reminder to staff to also mask in non-client work areas (e.g. offices) ☑ Inmates to be regularly offered masks on all units – distributed by staff who perform hand hygiene before handling. Inmates to be instructed on how to use properly. Offered new masks when current mask visibly soiled.	☐ Create donning/doffing station for COs providing care to inmates on medical isolation when required. Include posters with safe donning/doffing technique, posters identifying what precautions are necessary for each inmate.
Hand Hygiene/ Cough Etiquette Supplies	☑ Inmates have sinks with soap in their rooms to perform hand hygiene. ☑ Include poster with hand hygiene instructions.	

WCC Inmate Units– Infection Control Recommendations

	☑ Ensure COs do hand hygiene before eating meals, provide education and guidance enforcing this practice. Hand hygiene should also happen if their meal is interrupted (e.g. answer phone, respond to inmate request, type on computer) ☑ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette)	
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day ☑ Record kept of inmates on each unit daily. ☑ Inmates on medical observation unit and isolation protocol are actively screened for symptoms daily. ☑ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.	☐ Ensure policy/communications in writing to COs to flag any inmates exhibiting symptoms of COVID-19. ☐ Consider screening process to be implemented for all WCC staff to screen for symptoms of COVID-19.
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☐ Will to send isolation protocol to YCDC.

WCC Staff Spaces– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ Cleaning staff x 1 cleans the facility Monday – Friday, and night cleaning done. ☑ High-touch surfaces of corridors, offices, kitchen, and meeting rooms to be cleaned and disinfected by cleaning staff.	☐ Ensure cleaning supplies/wipes are present in all communal staff spaces. ☐ Staff gym – replace wall mounted cleaning instructions and ensure cleaning supplies are readily available.
Physical Distancing/ Facility Layout	☑ 1 staff permitted in gym at a time.	☐ Mount posters/other visual cues to ensure 2 metres separation. ☐ Posters to be implemented in communal spaces outlining maximum # staff permitted (to maintain 2 metres distance). ☐ Remove/tape off chairs in meeting spaces to maintain 2 metres distancing. ☐ Ensure kitchen/eating spaces have posted direction to maintain 2 metres separation. ☐ Include signage and provide direction from management for all staff to not to share/have communal food.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift including staff only areas.	☐ Recommend masking signage in all staff areas.
Hand Hygiene/ Cough Etiquette Supplies	☑ Hand sanitizer stations mounted in some staff areas/corridors.	☐ Include poster with hand hygiene instructions. ☐ Review if any wall mounted hand sanitizer stations in corridors/spaces where staff are opening doors or will have physical contact with shared equipment are needed.
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day	☐ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.

WCC Staff Spaces– Infection Control Recommendations

Testing and Isolation Procedures	☑ Symptomatic staff to remain on isolation at home and get tested by routine process.	☐ WCC to have a protocol on current process if staff come to work symptomatic or become symptomatic while at work.

William.Sibold

From: William.Sibold
Sent: Monday, February 1, 2021 2:37 PM
To: Lori.Strudwick
Subject: COVID docs
Attachments: Isolation Precautions at WCC Memo.pdf; Modified CPR protocols.pdf; 2020.03.26 - Isolation Precautions at WCC Memo - DRAFT.docx

This is what I have so far....

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

Whitehorse Correctional Centre COVID-19 Medical Isolation Precautions

New Admissions

- All newly admitted inmates will be screened for symptoms of COVID-19 during the intake process.
- If a secondary screening by nursing staff indicates a risk, the inmate will be tested as per Yukon Communicable Disease Centre instructions.
- COVID-19 testing will be scheduled Monday-Friday 0700-1500hrs
- Based on operational requirements, the inmate will be housed in H-East or H-West pending test results and will be medically isolated from other inmates.
- Signage indicating droplet and contact precautions will be posted on the exterior of the cell door where the individual is medically isolated.
- Should a COVID-19 medical isolation be required, droplet and contact precautions must be followed by all WCC staff working in the area.
- Baring any behavioural concerns, efforts will be made to provide the inmate with meaningful human interaction.
- Baring any behavioural concerns, leisure activities/materials that can be utilized while in medical isolation (e.g. books, tv, movies, art supplies) should be provided to the inmate.
- The inmate may leave their cell once a day to shower when operations permit. They must wear a mask when going to shower and be provided with a new, dry mask after their shower. All other inmates housed on that unit or in that area must be secured in their cells at this time to minimize contact. The shower area must be disinfected as per regular cleaning procedures once the inmate has finished.
- Roll change will be provided daily. The inmate will be provided with a clear plastic bag to place their dirty linen in. This clear plastic bag will then be hand to the correctional officer. This linen must be put directly into the washing machine. In keeping with contact precautions gloves must be worn when handling the linen.
- All items removed from the cell (books etc.) must be kept separate in a marked bin for 7 days and not re-issued to other inmates.

Current Inmates

- Posters have been placed in the units asking inmates to report symptoms if they start to experience them.
- If screening by nursing staff indicates a risk, the inmate will be tested as per Yukon Communicable Disease Centre instructions.
- COVID-19 testing will be scheduled Monday-Friday 0700-1500hrs

- The inmate will be isolated per the Public Health Act in their current cell.
- The inmate's cell door is to remain closed and secure.
- Signage indicating droplet and contact precautions will be posted on the exterior of the inmate's cell door.
- Should a COVID-19 medical isolation be required, droplet and contact precautions will be followed by all WCC staff working in the area.
- Baring any behavioural concerns, efforts will be made to provide the inmate with meaningful human interaction.
- Baring any behavioural concerns, leisure activities/materials that can be utilized while in medical isolation (e.g. books, tv, movies, art supplies) will be provided to the inmate.
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- All items removed from the cell (books etc.) must be kept separate in a marked bin for 7 days and not re-issued to other inmates.

Yukon

Whitehorse Correctional Centre modified Cardio Pulmonary Resuscitation (CPR) Procedures

Due to the COVID-19 pandemic, modifications are required for the response to a health emergency requiring CPR.

Please note the following when responding

- All staff responding to a health emergency ("code blue") must wear full Personal Protective Equipment (PPE) including mask, gloves, eye protection and gown.
- If responding to a code in a cell or confined space, the Crash Cart DOES NOT enter the cell or confined space. It should be paced near the entry door so as not to contaminate the cart*.
- If responding to a code where there is enough space to allow for physical distancing, the responding Crash Cart must be kept at least two (2) meters away from the patient *
- The AED is taken from the responding crash cart and used as required.
- If required, hands only CPR (chest compressions) is initiated. NO rescue breathing or bag mask device should be use.
- Individuals not participating in resuscitation efforts need to leave the room to allow for appropriate physical distancing and to make space for nursing staff and EMS
- Airway to be established once EMS arrives. If EMS determines that a bag mask device is required, all staff not wearing an N-95 must leave the immediate area to reduce possible exposure of COVID-19.
- If transport to WGH is required, and EMS is using a bag mask device, the escorting officer(s) accompanying the inmate in the ambulance must wear a full-face mask to protect against the possible spread of disease.

* **Crash Cart:** If the crash cart is not kept at least two (2) meters away from the patient, continue to use it for resuscitation of that patient. At the end of the code blue all items must be removed and discarded in the isolation room garbage can. The empty cart and AED must be disinfected and completely restocked with new supplies.

Yukon

Whitehorse Correctional Centre Isolation Precautions

New Admissions

- All newly admitted inmates will be screened for symptoms of COVID-19 during the intake process.
- If a secondary screening by nursing staff indicates a risk the inmate will be tested as per Yukon Communicable Disease Centre instructions
- Testing will be scheduled Monday-Friday 0700-1500
- The inmate will be housed in H-West pending test results
- Signage indicating droplet and contact precautions will be posted
- Droplet and contact precautions will be followed by all WCC staff working in the area
- Efforts will be made to provide the inmate with meaningful contact and entertainment (books, movies)
- The inmate may leave their cell once a day to shower when operations permit. They must wear a mask when going to shower and be provided with a new, dry mask after their shower. All other inmates housed on that unit must be secured in their cells at this time to minimize contact. The shower area must be disinfected as per regular cleaning procedures once inmate has finished.
- Roll change will be provided daily. The inmate will be provided with a clear plastic bag to put dirty linen in and then hand to the officer. This linen must be put directly into the washing machine following contact precaution procedures
- All items removed from the cell (books etc.) must be kept separate in a marked bin for 7 days and not re-issued to other inmates

Current Inmates

- Posters have been placed in the units asking inmates to report symptoms if they start to experience them
- If screening by nursing staff indicates a risk the inmate will be tested as per Yukon Communicable Disease Centre instructions
- Testing will be scheduled Monday-Friday 0700-1500
- The inmate will be isolated per the Public Health Act in their current cell
- The door is to remain closed and secure
- Signage indicating droplet and contact precautions will be posted
- Droplet and contact precautions will be followed by all WCC staff working in the area
- Efforts will be made to provide the inmate with meaningful contact
- The inmate may leave their cell once a day to shower when operations permit. They must wear a mask when going to shower and be provided with a new, dry mask after their shower. All other

inmates housed on that unit must be secured in their cells at this time to minimize contact. The shower area must be disinfected as per regular cleaning procedures once inmate has finished.

- Roll change will be provided daily. The inmate will be provided with a clear plastic bag to put dirty linen in and then hand to the officer. This linen must be put directly into the washing machine following contact precaution procedures
- All items removed from the cell (books etc.) must be kept separate in a marked bin for 7 days and not re-issued to other inmates

William.Sibold

From: William.Sibold
Sent: Wednesday, February 3, 2021 1:13 PM
To: Lori.Strudwick
Subject: FW: WCC Covid Intake Review

Importance: High

Hi Lori,
Can you provide your thoughts on this (see below)... I have advised that eliminating quarantine will place us at risk of liability if we do end up admitting a positive case and it spreads. However, the decision ultimately lies with Correctional Management. I said I'd reach out to get your thoughts.

Please don't reply to the individuals on the below e-mail directly...as I'm sharing this with you confidentially.

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Michael.MacLennan <Michael.MacLennan@yukon.ca>
Sent: Wednesday, February 3, 2021 1:08 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: WCC Covid Intake Review
Importance: High

William,

The Yukon seems to be hovering at 70 cases total with no new cases reported in the past 14+ days. Please reach out to YCDC and assess our intake procedures to possibly eliminate the 14 day isolation policy for any inmate who has not traveled outside the Yukon. This would greatly assist our day to day operations and increase supervision on the other living units. The WCC would then amend our new admit process to include a temperature check and a screening checklist among other changes.

Thank you,

Mike

Michael MacLennan
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | F 867-455-2992 | Yukon.ca

I acknowledge and respect that I live and work within the traditional territory of the Kwanlin Dün First N
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwäch'än.

William.Sibold

From: William.Sibold
Sent: Thursday, February 4, 2021 2:53 PM
To: Michael.MacLennan
Cc: Valerie.Goodkey; Robert.Clarke
Subject: RE: WCC Covid Intake Review

Hello Mr. MacLennan,

I spoke with Lori Strudwick with YCDC in regards to the proposed changes. The short version is that YCDC does not recommend a change and will not support eliminating the 14 day isolation. 74(1)(a) 74(1)(a) . However, the 14 day isolation period at WCC is not legally mandated per any Public Health or MOH orders. The decision to change the protocol and isolation rules can be made by Justice, under whoever's authority that may be.

My thought is that WCC has one of the best COVID-19 prevention strategies I have been aware of, or seen. I think the nursing staff here are more than capable of managing an outbreak, should it occur. I also think the likelihood of an outbreak is fairly low at present, but this could potentially change if the Yukon situation changes. The YCDC will still work with us, no matter what direction we choose to go.

74(1)(a)

At the end of the day, I will support whichever direction you choose to go. WCC Health Services is part of Justice, and we will work within the parameters provided by Justice. I am happy to write up revised protocols for screening, isolation, testing to suit the needs of the Institution.

If isolation is eliminated, we would still need a designated unit space to isolate symptomatic inmates pending COVID-19 test results, and we would still be required to isolate Inmates who were admitted to WCC less than 14 days after entering the Territory (as this is a MOH/ Public Health order).

Let me know you thoughts, and I will work towards what you choose to go with.

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Michael.MacLennan <Michael.MacLennan@yukon.ca>
Sent: Wednesday, February 3, 2021 1:08 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; Robert.Clarke <Robert.Clarke@yukon.ca>
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Thank you,

Mike

Yukon

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William.Sibold

From: William.Sibold
Sent: Thursday, February 4, 2021 3:23 PM
To: Lori.Strudwick
Subject: RE: WCC Covid Intake Review

Thanks so much Lori!

In regards to the questions you have, it appears many of the protocols here were created outside of the Healthcare Department. As such, those directives are part of the security procedures (which I am not part of, in most cases).

I do think we need to work on getting the conversations going again...

Also, did you get a response about another COVID vaccine clinic for WCC?

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Thursday, February 4, 2021 12:25 PM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: WCC Covid Intake Review

Hi Will,

Thank you for the opportunity to review this thread. I have also reviewed the 3 documents you have provided and there do appear to be changes from what YCDC was previously aware of. I'm also not seeing reference to the 3 day intake cohorting which was occurring (based on the last information YCDC & MOH team had). Based on the email below I will assume this is current practice? I'm unsure.

Over the next 3 working days I can provide some comments back per document you provided. YCDC often plays a role in the review and consideration for these types of documents throughout many YG departments as well as for our external partners like Yukon Hospital Corp or NGOs. So we are certainly supportive and is it of huge value for us to understand routine process.

In relation to the e-mail below, there is insufficient information provided surrounding existing practices, policies and procedures so make a wholesome review, for instance I am uncertain what "among other changes" would mean. Is there a details that outlines the current approach and the proposed changes?

This change would need to considered within a whole suit of IPC initiated & safeguards that are currently in place including application of the safe 6 within the corrections, mask use, testing, isolation, and symptom screening practices. Most organizations/units have existing multiple chapter COVID plans that go through these key areas. I have not seen one for WCC, has this been shared?

That being said, even without these additional details there are concerns related to such a change, that would warrant a slow methodical approach and fulsome review.

A few of these include:

- The case count and duration since last case would not be considered an appropriate metrics to apply to such a change. This is more pronounced within your particularly vulnerable population which is highly prone to poor outcomes and significant outbreak activity.
- A s/s check would not be considered a equal option and this process should be routine level of service within any facility. I believe your documents speak to this being existing practice so there is no add and this considered the minimum expectation.
- Testing volume within YT is a flagged area of concern and plays a role in our comfort related to our case counts. I'm unsure what the testing volume is related to WCC. As per existing guidelines, all persons tested for COVID should be reported to YCDC. All information we have is this is very low with WCC. If this is inaccurate perhaps there are some reporting challenges.
- The increasing concerns related to case counts in our neighbouring jurisdiction including the increasing concerns associated with variants of concerns and their identification as what appears to be community transmission within multiple provinces. The concerns is so great that we reviewed if we needed to make changes to case and contact management of all persons Dx with COVID. It is important to notes that we will not know the identification of one of these strains until approx. 3 days post a positive test (so approx. 7 days post date of test). This concern is what has brought increased federal travel restrictions and mandatory testing at multiple points.
- Existing national documents specific to corrections, current practices within similar facilities and existing YG direction for clinical practice for COVID prevention and control may not align with current WCC practices. Currently the iso approach is mitigating these potential gaps, until such time as there was consistent health team within WCC to engage with YCDC/MOH team to discuss, review and provide recommended for safe and effective practice to safeguard both the inmates and your workforce. As this has not started, this change would be inviting additional risk. In addition there is currently there is no COVID outbreak management plan specific to WCC. YCDC has done some preliminary work and we are keen to continue to developed this and re-start this engagement process and provide any supports we can to facilitate these pieces moving ahead.

The concerns above likely result in the risks with this change being significant and not-recommended at this time.

Let me know if you would like to chat further related to anything above.

Take care,
Lori

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Wednesday, February 3, 2021 1:13 PM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: FW: WCC Covid Intake Review
Importance: High

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Please don't reply to the individuals on the below e-mail directly...as I'm sharing this with you confidentially.

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
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Justice | Whitehorse Correctional Centre
T 867-455-2905 | F 867-455-2992 | Yukon.ca
I acknowledge and respect that I live and work within the traditional territory of the Kwanlin Dün First N
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwäch'än.

William.Sibold

From: William.Sibold
Sent: Friday, February 5, 2021 11:01 AM
To: Angela.MacNeil
Cc: Lori.Strudwick
Subject: Greetings

Hi Angela!

I've been meaning to connect with you. I'm Will, the new HC Manager at WCC. I've had a meet & greet with Lori and she informed me you are our Clinical Public Health connection! I'm hoping to meet you and welcome you back to WCC for your weekly clinics, etc.

I will also likely be contacting you (and Lori) for help with Public Health things as they come up. My background is primarily Psych/ MH, so it is likely I'll have many questions!

I look forward to meeting and working with you!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Thursday, February 11, 2021 8:15 AM
To: Lori.Strudwick
Subject: For Discussion
Attachments: COVID Screening Tool Officer.docx; Isolation Memo.docx; WCC PUI Form.docx

Hi Lori!

As promised, see the attached DRAFT protocol proposal... for our discussion tomorrow.

Apparently Correctional Management has an outbreak management plan, but I have yet to see a copy...?..

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

Date/ Time of Assessment: 0056

COVID-19 Screening Tool – WCC

Corrections Staff to Complete on Admission

Question 1: Symptom Screen ASK: Are you experiencing any of the following?		
Fever/ Chills	**YES**	**NO**
Cough	**YES**	**NO**
Shortness of Breath	**YES**	**NO**
Runny Nose	**YES**	**NO**
Sore Throat	**YES**	**NO**
Loss of sense of taste & smell	**YES**	**NO**
Headache	**YES**	**NO**
Fatigue	**YES**	**NO**
Loss of Appetite	**YES**	**NO**
Nausea or Vomiting	**YES**	**NO**
Diarrhea	**YES**	**NO**
Muscle Aches	**YES**	**NO**

Question 2: Contact Screening ASK: In the past 14 days have you had close contact* with someone who is **confirmed** or **suspected** of having COVID-19?	
YES	**NO**

Question 3: Mandatory Orders/ Directives ASK: Are you currently under a Public Health Order/ Directive in **any** jurisdiction requiring you to self-isolate or quarantine?	
YES	**NO**

Question 4: Mandatory Orders/ Directives ASK: Has any Public Health Official **any** jurisdiction told you to self-isolate or quarantine?	
YES	**NO**

Question 5: Mandatory Orders/ Directives ASK: In the past 14 days have you returned from travel to any other locations outside Yukon (including airport transfers)?	
YES	**NO**

Question 6: Facility Exposure ASK: Do you reside in, or have you resided within 14 days in, a facility (prison, shelter, hospital, etc.) where there is a **confirmed** case of COVID-19 (regardless of whether or not you had any contact with the case)?	
YES	**NO**

A close contact is someone who:
- *provided care for the individual, including health care workers, family members or other caregivers, or who had other similar close physical contact without consistent anc appropriate use of personal protective equipment; or*
- *who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious; or*
- *had direct contact with infectious bodily fluids of the person (such as, was coughed or sneezed on) while not wearing recommended personal protective equipment.*

*This includes Correctional Centre / RCMP Transfers from outside Yukon.

If **YES** to **ANY** question; Screening is **POSITIVE**
- *Notify Nursing Staff, Isolate in own cell pending nursing assessment. Inmate to wear mask, gown, gloves if outside cell for any reason.*

If **NO,** Screening is **NEGATIVE,** proceed with standard protocol

creening Result:

POSITIVE

NEGATIVE

ompleted by:

gnature/ Designation:

ate/ Time:

Retain on Inmate Health Record

Whitehorse Correctional Centre Isolation Precautions

(Revised: 2021-February-10)

Intent:

- The intent of this protocol is to prevent the transmission of COVID-19 from the community into WCC, and within WCC. This protocol recognizes the unique Correctional Environment and mandates of the *Corrections Act.* This protocol strives to find the best "middle ground" between potentially conflicting obligations under the *Corrections Act* and Yukon's *Public Health and Safety Act* and/or PHAC, YCDC & Medical Officer of Health (MOH) recommendations/ guidelines.

Activation Criteria:

- This protocol is eligible to be activated during the WHO declared COVID-19 pandemic **when:**
  - There are no confirmed cases of COVID-19 in Yukon, **and/or**
  - There are no confirmed COVID-19 cases present in Whitehorse, Yukon **AND** confirmed COVID-19 cases outside Whitehorse, but within the Yukon, are considered contained/ adequately traced and managed

New Admissions:

All New Admissions

- All newly admitted inmates will be screened by the Intake Correctional Officer for COVID-19 symptoms and risk factors as per Appendix 'A' – ***COVID-19 Screening Tool WCC***
  - Correctional Officer's / Staff shall notify Nursing Staff of any "Positive" screenings as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** as soon as possible.
  - Pending the secondary Nursing intake assessment, all Inmates with a "Positive" screening as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** must be isolated in their own intake cell, and must wear a gown, gloves, and mask (contact/ droplet isolation protocol) if they need to exit same for any reason.
- Newly admitted Inmates who screen "Negative" as per Appendix 'A' – ***Admission Screening Tool WCC*** may be managed as per usual policy/ guidelines. This includes standard placement decisions.

"Positive" Screen Admissions – Secondary Nursing Assessment & Placement Pending Results

- If the secondary screening by nursing staff confirms the "Positive" screening result, Nursing will take one of three actions.
  - Place the Inmate on a 14 day quarantine or isolation in compliance with Territorial, Federal, or Public Health mandates (mandatory isolation/ quarantine imposed by law per enacted provisions under the *Quarantine Act* (Federal), or *Public Health and Safety Act* (Yukon)).

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- Inmate will be housed in H-West and receive daily nursing COVID-19 health checks for the full 14 days.

- Perform a COVID-19 nasopharyngeal swab and place the Inmate in isolation pending negative results **and** resolution of symptoms x 24 hours.
  - Testing will be completed as soon as possible, using the standard nasopharyngeal swab method as per YCDC.
  - The inmate will be housed in H-West pending test results
  - Nursing will perform daily COVID-19 health checks until 24 hours have lapsed since symptoms have fully resolved **and** the results of the COVID-19 testing are resulted as negative.
  - Once laboratory testing rules out COVID-19, **and** the Inmate's symptoms have resolved for at least 24 hours, the Inmate may return to standard placement and activities.
  - Nursing will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all persons tested for COVID-19.
- Consult with YCDC, Supervisor, Health Services, and/or Institutional Physician for direction.

Currently Admitted Inmates:

- Posters have been placed in the units asking inmates to report symptoms if they start to experience them.
- Any Staff member who becomes aware of an ill or suspected ill Inmate, shall refer that Inmate for assessment by Nursing Staff (eg: Inmate does not attend work due to reported illness, etc.).
- If assessment by nursing staff confirms:
  - Symptoms potentially consistent with COVID-19 (that are not explained by another/ pre-existing medical condition) **AND/ OR**
  - Other indications for testing or concern for suspected COVID-19 (as per Professional Judgment)

  Nursing will perform a COVID-19 nasopharyngeal swab and place the Inmate in isolation (H-West) pending negative results **and** resolution of symptoms x 24 hours.
  - Nursing will perform daily COVID-19 health checks until 24 hours have lapsed since symptoms have fully resolved **and** the results of the COVID-19 testing are resulted as negative.
  - Nursing will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all persons tested for COVID-19
- Once laboratory testing rules out COVID-19, **and** the Inmate's symptoms have resolved for at least 24 hours, the Inmate may return to standard placement and activities. Nursing staff may discontinue daily COVID-19 health checks 24 hours after symptoms resolve.

Yukon

H-West Unit Health Considerations

- Staff working on H-West will operate under droplet and contact isolation precautions.
- If an Inmate is required to leave H-West for any reason, they must wear a gown, gloves, and mask while elsewhere in WCC (as per droplet and contact isolation procedures).
- All efforts will be made to single house all H-West inmates, as permitted by operational capacity.
- Efforts will be made to provide the inmate with meaningful contact and entertainment (books, movies) while on H-West.
- The inmate may leave their cell on H-West at designated times (as determined by Correctional Officer's/ Staff), preferably alone.
    - In order to adhere to obligations under the *Corrections Act,* it may not be possible to facilitate each individual Inmate having sufficient out-of-cell time alone/ individually. If not, Inmates must be Instructed to follow the "Safe-Six" rule (staying six feet apart), and must wear a mask.
- Cleaning/ sanitation of H-West common area is required in between Inmate/ Inmate cohort use, with an approved sanitizing/ disinfecting product.
- Roll change will be provided daily. The inmate will be provided with a clear plastic bag to put dirty linen in and then hand to the officer. This linen must be put directly into the washing machine following contact precaution procedures
- All items removed from the cell (books etc.) must be kept separate in a marked bin until lab testing is confirmed to be negative, or 7 days (whichever occurs first).

Mandatory Protocol Review

- This protocol and any associated documents MUST be reviewed and potentially revised within 1 business day of the following:
    - Yukon reports a positive case of COVID-19 in the Territory **AND/OR**
    - Community transmission is suspected or confirmed within the Yukon **AND/OR**
    - New orders are made under Yukon's *Public Health and Safety Act* **AND/OR**
    - New guidelines/ requirements are issued at the Federal level specific to COVID-19

Positive Test Result, Outbreak:

- Nursing Staff will **immediately** respond to a POSITIVE COVID-19 test result as follows:
    - Verify Inmate is isolated as per protocol. Inmate to remain in cell, alone pending further direction from YCDC, MOH, Institutional Physician, or Supervisor – Health Services.
    - Notify, without delay:
        - Institutional Physician
        - Supervisor, Health Services
        - MCS on Duty
        - Inmate Affected
        - YCDC & Medical Officer of Health
        - Superintendent, Deputy Superintendent, Director - Corrections
        - H-West Unit Officer(s)
- WCC leadership will arrange an outbreak management meeting as soon as possible.

Yukon

- Supervisor, Health Services will work with WCC management, YCDC and the MOH to determine next steps and orders.

Yukon

WCC – COVID-19 Person Under Investigation (PUI) Form

Demographic Information	
Name:	
DOB:	
YT HCP # *(If Known):*	
Address/ Town of Residence *(if Known):*	
Date of Admission to WCC:	
Vaccination Status:	☐ Vaccinated x 1 Dose (Moderna) ☐ Vaccinated x 2 Doses (Moderna) ☐ Vaccinated – Other Vaccine *Specify:*_____ ☐ Unvaccinated

Indication for COVID-19 Testing *(Check One):*		
☐ **Presents with Symptoms of COVID-19**	*Date of Symptom Onset:*	
	List Symptoms Experienced:	
☐ **Close contact with a <u>confirmed</u> case of COVID-19 and/or Close contact with a <u>suspected</u> case of COVID-19**	*Date of Contact or Estimated date of Contact:*	
	Nature of Contact (Roommate, co-worker, etc.):	
☐ **Other** *(MD ordered, Admit from Facility with confirmed COVID-19, etc.)*	*Reason:*	
	Any other pertinent information:	

Testing Details:	
Date/ Time Test Collected:	
Signature/ Designation:	

Distribution:
Send Copy by Fax or E-mail to YCDC
Retain Original on Inmate Health Record

Send COVID-19 Swab Result by Fax or E-Mail to YCDC once Received
Retain Original Laboratory COVID-19 Swab Result on Inmate Health Record

William.Sibold

From: William.Sibold
Sent: Monday, February 8, 2021 9:01 AM
To: Lori.Strudwick
Subject: Accepted: YCDC & WCC

William.Sibold

From: William.Sibold
Sent: Monday, February 15, 2021 9:46 AM
To: Lori.Strudwick
Subject: YCDC Tour
Attachments: Site Access Form 2021.pdf

Hi Lori!

Attached is the WCC site access documents to be completed in order to do a walk-through at WCC. These will need to be completed by whomever would be attending. I would only be able to accommodate a maximum of 2, and am still waiting for final approval.

When do you think you may be looking to do this?

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

Corrections Branch - Adult Custody Division
Whitehorse Correctional Centre

0064

Site Access - Visitors, Contractors or Volunteers

Email: WCC-Reception@gov.yk.ca Phone: 867-455-2900 Fax: 867-455-2992

PLEASE READ CAREFULLY

Answer all questions and sign in the applicable spaces. Send your completed application to the address above. NOTE: Failure to complete the form will result in delays in the Visitor Approval process. Providing false information is sufficient cause to deny access to the Centre.

Yukon Access to Information and Protection of Privacy Act Statement

Personal information about you is collected under the authority of the Yukon Correctional Act solely to review your suitability for visiting privileges at Whitehorse Correctional Centre. This information is collected with no obligation on your part; however, your refusal to comply could result in the denial of visiting privileges. This information cannot be disclosed to other persons without your consent except where disclosure would be justified pursuant to the Yukon Access to Information and Protection of Privacy Act.

1. Applicant Information - Personal Information

Surname: _____ Given Name(s) _____

Date of Birth: _____ (YY/MM/DD) Place of Birth: _____ ☐ Male ☐ Female (as stated on your government issued photo ID)

Height: _____ Weight: _____ Hair Colour: _____ Eye Colour: _____

Present Address: _____ City: _____ Prov/Terr: _____ Postal Code: _____

Gov't Photo ID and ID Number: _____ Phone Number: _____

Email Address: _____

Are there any present outstanding charges against you? ☐ Yes ☐ No

If Yes, please explain: _____

Please check one: ☐ Personal Visitor (please continue to section **2a**) ☐ Professional Visitor (please continue to section **2b**)

2a. Applicant Information - Relationship to Inmate / Persons Under 19

Which inmate are you visiting? _____ What is your relationship to the inmate? _____

Persons under the age of 19 years must be accompanied by a parent or legal guardian.
List here the names and ages of your children (19 years and under) for whom you wish visiting privileges:

Name and Relationship to Applicant	Date of Birth	ID Type and Number

2b. Applicant Information - Company/Organization Affiliation

Please check one: ☐ New ☐ Renewal

Company: _____ Purpose of Visit: _____

Supervisor's Name: _____ Supervisor's Number(s): _____

Acknowledgment and Consent

I understand that the Whitehorse Correctional Centre has the sole right to determine my suitability as an inmate's professional or personal visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a criminal record name check and I hereby give my consent to the Whitehorse Correctional Centre to use the information provided on this form to conduct such a check. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge, and I agree to notify Centre authorities immediately should there be any changes to that information. I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period. Finally, I agree to observe all rules, regulations and policies while visiting this Centre and understand that the failure to do so may likewise result in suspension of my visiting privileges for an indefinite period.

I understand that following the granting of visiting privileges, I could be asked to submit to a search before each visit, as per the Whitehorse Correctional Centre Policies and Procedures. Furthermore, I understand that if I refuse to be searched, I may be denied access to the Centre.

In consideration of my child or ward being granted visiting privileges, I consent to a search of his/her person by a walk-through scanner or hand-held scanning device, and to a search of his/her personal property. I understand that the Centre may consider it necessary that my child or ward submit to thorough searches.

Signature of Applicant: _____ Date: _____

William.Sibold

From: William.Sibold
Sent: Tuesday, February 16, 2021 1:06 PM
To: Lori.Strudwick
Subject: Out of Territory Admissions WCC

Hi Lori,

Please see the below information from our Admissions & Discharge Officer regarding out-of-Territory admissions to WCC. I removed the confidential information...

Hi William,

In the last two weeks we have not admitted anyone who claimed to have traveled outside the Territory.

3 names that have come up within the last 90days are:

INMATE 1 who was supposed to be isolating after 70(1)

INMATE 2 who had travelled to 70(1)

INMATE 3 who was in 70(1) *before being admitted on* 70(1)
70(1)

A&D has no way of verifying this information though, if it's not disclosed upon intake.

Hopefully this helps,

Christopher St-George
A/MCS of Sentence Administration
Justice | Whitehorse Correctional Centre
T 867-455-2925 | F 867-455-2990 | Christopher.St-George@yukon.ca

Kind regards,

Yukon

Whitehorse Correctional Centre
COVID-19 Pandemic Plan

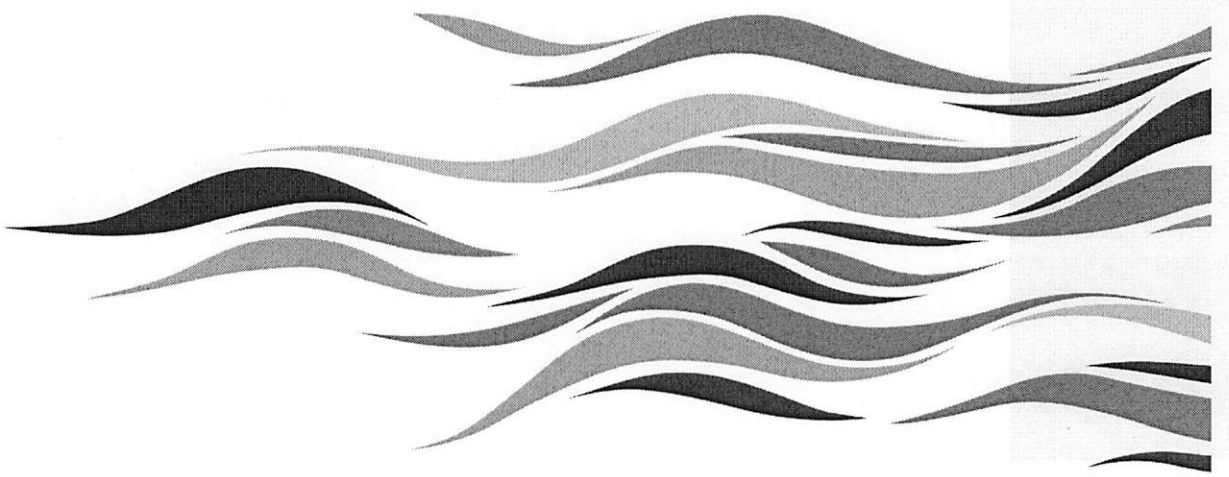


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DRAFT

1.0 Overview

The Department of Justice has adapted this document from the "Justice & Public Safety Correctional FACILITIES COVID-19 Outbreak Management Strategy" of Newfoundland jointly written by Ann Marie Norman of Eastern Health and Heather Yetman of the Department and Health and Community Services. We thank them for their permission to use their strategy as a guiding document for our own.

On March 12, 2020, The World Health Organization (WHO) declared the novel coronavirus (COVID-19) pandemic. The Public Health Agency of Canada (PHAC), the territorial Chief Medical Officer of Health (CMOH) will be closely monitoring the effects within the country, and the territory.

The Association for Professionals in Infection Control and Epidemiology (APIC) explains that a pandemic occurs when a disease outbreak becomes global (2014). Advancement of an outbreak from an epidemic to a pandemic means that it:

- Has spread to a wider geographical area, often worldwide.
- Affects larger numbers of people than an epidemic.
- Is often caused by a new virus or a strain of virus that either has not circulated among people for a long time or has not previously infected humans.
- Is a virus that humans have little to no immunity against
- Is a virus that spreads quickly from person-to-person worldwide
- Causes much higher numbers of deaths than epidemics.
- Often creates social disruption, economic loss, and general hardship.

People deprived of liberty, such as people in prisons and other places of detention are likely to be more vulnerable to the coronavirus (COVID-19) outbreak than the general population because of the confined conditions in which they live together for prolonged periods of time. Even though this document is intended to address the COVID-19 pandemic in correctional facilities, it can continue to serve as guidance in the event of future pandemics with adjustments and updates to capture the specific type of pandemic illness at that time. Throughout this document, the terms COVID-19 and pandemic illness will be referenced. For ongoing information regarding COVID-19, please check yukon.ca/COVID-19

The purpose of this plan is to provide guidelines for the response of Corrections to a pandemic illness. It focuses on identifying priority services/programs, issues to consider when there is pandemic illness activity in the community/region and the control measures that will be necessary to manage pandemic illness within the correctional facilities.

Objectives of this plan include guiding the design and implementation of adequate preparedness plans for the correctional centre to deal with COVID-19 outbreak situations, presenting effective preventive and response mechanisms and outlining appropriate approaches to dovetailing the prison health system and the national and local health and emergency planning system. The plan shall provide mechanisms to protect the health and well-being of people detained in correctional facilities, those who

work there and those who visit as well as supporting the continued safe operation of the correctional facilities. It should reduce the risk of outbreaks within correctional facilities, and outline preventative measures including hand hygiene, disease surveillance and disease identification and treatment.

Prevention and Protection from infection is the responsibility of all persons within the correctional facility. It is not limited to times of pandemic threat. Heightened awareness of all persons, coupled with diligence and compliance with existing Infection Control Policies and Procedures will assist in prevention of facility COVID-19 outbreaks and rapid containment, when required. Early identification of a potential or confirmed case/outbreak of COVID-19 is critical to controlling the diseases and preventing further transmission.

Proper hand hygiene remains the single most important practice in preventing COVID-19 transmission.

Signs and posters teaching good hand washing techniques shall be posted near all sinks and alcohol based hand rub (ABHR) stations.

Transmission of the pandemic illness can be significantly reduced by the consistent use of routine practices for all inmates and the use of additional precautions for inmates with suspected or confirmed pandemic illness.

Important Notice on Infection Prevention and Control

Hand Hygiene: Make available accessible hand hygiene stations and signs advising inmates, visitors, staff and volunteers to wash their hands.

Respiratory Etiquette: Inmates, visitors, staff and volunteers should be encouraged to minimize potential COVID-19 transmission through good hygiene measures:

- Use disposable, one-use tissues for wiping noses
- Cover the nose and mouth when coughing or sneezing. Cough or sneeze into a tissue or the bend of your arm, not your hand
- Dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
- Keeping hands away from the mucous membranes of the eyes and nose to prevent self-contamination with pathogens

2.0 Personal Protective Equipment (PPE)

The following employees should use PPE:

- Correctional staff assigned to care for the inmates with suspected or confirmed COVID-19
- All physicians, nurse practitioners, nurses and health care workers who provide direct inmate care to COVID-19 cases.
- All support staff including, cleaners, escort staff, and laundry staff.

- Affected inmates must wear a mask when other inmates/staff are within a 2-meter distance.
- Admission staff while processing new arrivals (during high level of COVID-19 activity) and conducting video court of inmates with suspected or confirmed COVID-19

PPE is available in inventory, on-site.

PPE includes:

- Masks and face shield
- Respirators (N95)
- Procedural masks
- Gloves
- Gowns or Coveralls
- Protective Eyewear (goggle) in event that face shields are unavailable

Discard PPE immediately after use when interacting with clients who have or are suspected of having COVID-19 to prevent transmission. Where appropriate, place in garbage disposal or disinfect and perform hand hygiene.

3.0 Admissions

All Correctional Officers who have direct contact with newly admitted inmates must wear appropriate PPE. Appropriate PPE will be determined by the Superintendent as per guidance from Yukon's Chief Medical Officer of Health (CMOH) or Yukon's Communicable Disease Control (YCDC).

Upon admission, Admission/Escort staff will administer a basic screening tool, to assess all inmate symptoms. (Appendix A) If new admissions are suspected to have COVID-19, they will be provided with a surgical procedure mask and inmate will be isolated until he/she can be assessed by a Health Care professional.

It is the responsibility of the Admission's Officer to share, with the Manager of Correctional Services (MCS) and Health Care staff any reports from inmates who are suspected to have COVID-19. When possible, Health Care must assess the inmate at the first opportunity.

All inmates, upon admission who answer yes to any of the screening criteria for COVID-19 must be placed in isolation with droplet precautions including use of gloves, gown, mask with eye protection and appropriate hand hygiene until assessed by health care. Upon assessment, if the inmate is symptomatic, health staff will complete a naso-pharyngeal (NP) swab for confirmatory testing.

See http://www.hss.gov.yk.ca/health_professionals_guidelines.php for the most up to date recommendations for health care providers

4.0 Inmate Care

Inmates infected with COVID-19 will be safely managed in the facility unless experiencing significant complications requiring hospitalization. Inmates exhibiting signs of COVID-19 will be isolated with droplet precautions, provided with increased fluids and monitored closely. Critically ill inmates requiring respiratory/ventilation support will be transported to the hospital under direction of the Officer in Charge, in consultation with the medical unit.

Where possible, single cell accommodation is recommended for ill inmates.

If the number of affected inmates exceeds cell availability or where staffing constraints dictate for the purposes of care, then ill inmates will be required to share cell accommodations with other ill inmates.

The Person in Charge in collaboration with WCC Health Services will direct that certain areas in the Institution be converted to isolation units.

To minimize the spread of infection, movement of infected inmates must be restricted. Supports and services need to be brought to the inmate when possible. If they are required to move through the facility or be escorted outside of the facility (i.e. – to attend court) they must wear a mask and perform hand hygiene.

Except in extenuating circumstances, every effort will be made to maintain separation of specific inmate groups who mitigate the risk of spread between newly admitted inmates and those who have been in custody for longer periods of time (i.e. more than 14-days).

The Person in Charge or designate in collaboration with WCC Health Services, shall assess the impact of movement in, out and within the facility. Where necessary, based on the situation within Yukon and globally, movement control and enhanced screening strategies will be implemented to minimize the transmission of the virus within the correctional centre.

5.0 Isolation of Symptomatic Inmates

Symptomatic inmates, where possible, will be placed in a single locked cell and droplet/contact precautions implemented. Isolated inmates must be permitted to shower and use the phone. When an inmate is in the living area he/she/they will wear a surgical procedure mask. Telephones must be cleaned with disinfectant wipes after each use. (See Appendix B) Inmates are responsible for advising their family, friends and attorney via telephone and advise them that visiting is not permitted.

Staff members are reminded to wear appropriate PPE when they are within 2 meters of a symptomatic inmate.

Symptomatic inmates must be isolated as soon as possible to prevent the risk of transmission to others.

The goal is to have minimal disruption to programs and operations, however, during an outbreak, small and large group activities must be cancelled. Where programs or operations are disrupted, every effort will be made to return to normal scheduling as soon as it is safe to do so.

6.0 Critically Ill Inmates

Critically ill inmates requiring respiratory/ventilation support will be transported to the hospital via Emergency Medical Services (EMS). This will be directed by the MCS in consultation with Health Services Staff. ***Appropriate PPE must be worn by any and all escorting officers this may include the use of a properly fitted N95, eye protection, gloves and disposable gowns depending on the treatment being provided within the ambulance.

Commented [A1]: Mike – there is a memo about this. Can you please find it and update the wording in this section if needed.

Commented [J2R1]: ***N95 masks require a fit test. Only healthcare workers have been fit tested on the N95 masks*** CO will wear the N95 masks with a symptomatic inmate as well as eye protection, gloves and disposable gowns. The N95 mask does offer greater protection over the surgical masks.

Commented [A3R1]: From what I understand, some of our officers have been properly fitted for N95s. Certainly they all haven't been fit tested recently but some have.

7.0 Nursing Services

Care will be directed toward maintaining comfort, preserving functional status, limiting complications, and limiting transmission to non-infectious inmates. The Manager of Health Services and/or Person in Charge will work closely with Yukon Communicable Disease Control (YCDC) and the Office of the Chief Medical Officer of health (CMOH)

Guidelines for nursing services during a pandemic:

- Surveillance of inmates for pandemic illness should be carried out each shift. Ongoing surveillance is necessary to identify new cases and update the status of ill inmates and staff. Once the pandemic strain is identified in the correctional facility, all subsequent cases of suspected pandemic illness with similar symptoms will be treated as such until diagnosis is confirmed. Surveillance will continue throughout the pandemic and must include the following information:
    - New cases of pandemic illness among inmates and staff
    - Status of ill inmates and staff
    - Inmates who have recovered
    - ~~Staff who have recovered and their return to work date~~
    - Transfers to acute care hospitals
    - Deaths

Commented [A4]: Is it appropriate for the Health Services Supervisor to be privy to the medical information of staff?

Commented [J5R4]: Removed, this would get reported up via YCDC and WCC admin would have these details

- Specimen collection for diagnoses of pandemic illness should continue until direction is given that no further specimens are necessary. For information about specimen collection, please see:

    Guidelines for Health Professionals
    - *https://yukon.ca/en/node/11808*

- Treatment for ill inmates will be initiated according to physician/nurse practitioner orders
- Nursing staff must follow routine infection control practices at all times and initiate droplet/contact precautions as necessary for ill inmates, including posting appropriate signage
- Notify the YCDC of suspected or confirmed cases of pandemic illness to obtain direction regarding declaring an outbreak and implementation of control measures.

8.0 Pharmacy Services

Pharmacy services must continue and medication delivery shall be maintained. In exceptional circumstances, there may be considerations for alterations to lengthening the length of cycle fills, decreased points of exposure during medication delivery (e.g. delivering to one specified area rather than unit specific areas) etc. Any pharmacy services that are able to be provided remotely without impacting normal service provision should be completed off site.

9.0 Documentation

Clinical documentation during a pandemic is of utmost importance for early identification of new cases of illness, ongoing assessment, care planning, monitoring and treatment of current residents, and timely identification of signs of deterioration. Documentation of care ensures continuity of care and demonstrates the standard of care provided during the pandemic. Sites are to continue with their usual clinical documentation process.

10.0 Food Services

Dietary staff must follow food safety and sanitation guidelines at all times. There will be no interruption in meal services. Communal dining services may have to be discontinued and disposable dishes will be used if required. These practices may be different in different parts of the correctional facility. Any changes to daily practices will be made in the best interest of mitigating against the spread of the virus.

Extra fluids to assist with hydration must be made available to inmates who have tested positive or are awaiting the results of testing. Non-perishable snacks for infected inmates should also be provided as determined by Health Services.

11.0 Cleaning Services

In addition to routine cleaning, additional cleaning practices and the use of additional PPE is required in correctional settings under special circumstances such as Droplet/ Contact Precautions.

High touch surfaces including but not limited to telephones and key control areas require enhanced cleaning with facility approved cleaners and must be disinfected after each use.

12.0 Laundry

Inmate clothing and linens from infected areas within the institution should be kept separate from non contaminated laundry. Items coming from inmates in isolation are to be placed in a clear plastic bag and are separately washed using the regular laundry tag process. Contaminated clothing and linens should be washed in hot water with facility approved detergent. The use of appropriate PPE is recommended when handling contaminated laundry.

13.0 Response to Telephone Enquiries Regarding Inmates

Staff may be unable to regularly respond to enquiries from family members regarding an inmate during a COVID-19 outbreak. The Person in Charge will identify non-nursing staff to appropriately receive and respond to family/lawyer calls regarding an inmate's health.

14.0 Programming

Programming for inmates may be cancelled, reduced or modified as a mitigating strategy to prevent the introduction of COVID-19 into the correctional centre. In the case of an institutional outbreak within the correctional centre, programming and personal visits are likely to be cancelled. It will be the responsibility of the Deputy Superintendent of Programs or designate to ensure appropriate notifications are made to all participants.

15.0 Inmate Work Assignments

Any inmates who are symptomatic are not permitted to work. Inmates selected for work detail must wear appropriate PPE and perform hand hygiene.

16.0 Professional Visitors

Access to professional visits including legal counsel may be modified depending on the risk of infection presented to the inmate population. Lawyers may be asked to consult with their clients in a manner other than direct contact visits. Options include by telephone, video conference or secure visits.

17.0 Shipping and Receiving (Delivery)

To minimize the introduction of infection inside the facility, all deliveries may be made at a designated entry point. Delivery persons must still follow security protocols and attend Reception and then proceed to the Receiving area.

18.0 Release Planning including Caring for Intermittent Inmates

In the event of an institutional outbreak, all intermittent offenders will be issued a Temporary Absence permit. In keeping with the principle of least restrictive measures, a variety of release programs will be considered for all inmates who may be eligible and benefit from a Temporary Absence. Each case will be assessed by the Temporary Absence panel.

19.0 Transfers

Where feasible, inmate transfers to or from other correctional facilities must be restricted.

In the event that symptomatic inmates are moved between facilities, every effort must be made to keep the inmate comfortable during transport. After placing the symptomatic inmate in the escort vehicle hand hygiene must be performed by transport staff. Similarly, after the inmate disembarks, staff must perform hand hygiene. During

movement to and from the vehicle, the symptomatic inmate must wear a surgical procedure mask and staff must wear appropriate PPE, including gloves, surgical mask, eye protection and gowns.

Once transport has been completed, the vehicle must be disinfected with facility-approved disinfectant.

20.0 Release from Custody

Inmate releases shall continue as per scheduled. If a symptomatic inmate has no housing upon release, the Case Management team must work with the inmate to find an appropriate option.

21.0 In-Person Court Appearances

Corrections will work with Court Services to limit the number of in-person court appearances. Where possible, arrangements will be made for a video conference appearance or postponement.

Inmates going to court will be screened for symptoms of COVID-19. If symptoms are present, the appropriate Court will be notified and alternative Court appearances will be explored. In the event that the inmate must attend Court, precautions including PPE shall be implemented.

In an effort to minimize movement into the community, the Manager Admissions and Discharge/Arrest Processing Unit or designate will contact the Courts and Crown Attorney's office to discuss alternative measures for all court appearances.

Any inmate leaving the institution who is housed with others while outside of the institution will be required to be place on the medical intake unit for a 14-day period.

22.0 Communication

The objectives of communicating are to:

- Provide clear, accurate messaging to internal (staff) and external (suppliers, agencies) stakeholders during the outbreak.
- Allow staff to understand their role during the outbreak.
- Ensures staff know how to protect themselves, and inmates.
- Provides accurate information regarding the outbreak.
- Addresses concerns in a timely manner.
- Provides instructions for suppliers and agencies should any disruption of services occur.

Understanding of infection prevention and control policy and procedure and how it relates to operations during an outbreak is mandatory for all employees having contact with inmates.

Communication will be critical to an effective response to the outbreak. The MCS or designate, will ensure rapid and efficient communication with all employees utilizing a

variety of communication methods, including but not limited to muster meetings, email, phone calls, intranet and internal mail.

Staff education sessions will focus on having staff prepare themselves and this is completed with the assumption that staff will be more comfortable in reporting to work.

Signage will be posted in all staff/inmate areas indicating symptoms of COVID-19 including staff washrooms, lunchrooms, locker rooms and in all entrances to the facility. These signs will provide information on hygiene, COVID-19 symptoms, use of PPE, cancellation of programs etc. Important information will be posted on bulletin boards and staff members will be briefed on a daily basis of any procedural changes or updates.

The MCS must communicate with inmates and staff regarding the status and impact of the outbreak in the facility. This will ensure the delivery of timely and accurate information.

The Chief Medical Officer of Health and Yukon Communicable Disease Control will make specific recommendations about the measures recommended for use territory wide. This will help to ensure that the types of public health measures implemented are consistent.

23.0 Employee Assistance Program

The impact of COVID-19 on staff has the potential to be psychologically difficult. Many of our inmate population come into custody with pre-existing medical problems, leaving them vulnerable to illnesses like COVID-19. Staff members working directly with the inmates may witness extreme illness. All staff have access to services offered under the Employee and family Assistance Program (EFAP) and are encouraged to make contact if required. https://yukonnect.gov.yk.ca/employee-info/Pages/efap.aspx

24.0 Staff Education/ Intranet Information Sharing

During a pandemic, the Government of Yukon will post information regarding COVID-19 on the intranet https://yukonnect.gov.yk.ca/Pages/default.aspx or share information via email to employees. Staff are encouraged to obtain updates by searching important information available at World Health Organization https://www.who.int/ and Public Health Agency of Canada (PHAC) https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.

25.0 Self-screening for Staff and Programs/Professional Visits

Staff, volunteers and visitors will self-screen for symptoms of COVID-19 prior to entering the Correctional facility. A sign detailing the symptoms of COVID -19 will be posted at the entrance point of the correctional institution. All visitors are required to answer COVID related questions prior to entering the secure area of the building

Correctional Staff, in consultation with the MCS may deny visits or entry into the Institution to members of the public who are displaying COVID-19 like symptoms.

If an employee is showing symptoms of COVID-19 he/she/they should contact his/her/their manager, leave the work place immediately and contact a health professional.

26.0 Staff /Deployments Assignments

The MCS must consider the rate of staff absenteeism on any given shift. Should numbers fall below full staffing, discretionary programming will be curtailed. Staff members, who would normally be assigned to these areas, will be redeployed as directed.

Ideally, limits will be placed on having officers rotate posts, again limiting the risk of cross contamination.

The exact level of service will be based upon a day-to-day availability of staffing. The assumption is that operations are not business as usual during a pandemic.

Critical functions in the facility must continue. This includes inmate supervision, health care, laundry, food services, record administration and court appearances.

Ongoing consultation between the Bargaining Unit and Management will occur to ensure that issues related to staffing, pay and other matters are worked out in a cooperative manner. Given the nature of the pandemic, some items, where agreeable, may be worked out at a later agreed upon time.

27.0 Administration Staff – Shared Offices

To increase "physical distancing", some employees in shared offices may be asked to change their hours of work, facilitating only one person at a time being in the office.

28.0 Self-Isolation and Process for Employees Reporting PPE Breach/Work-Related Unprotected Exposure

In the event that an employee has an exposure to COVID-19 during the delivery of care, the employee should:

- Immediately remove PPE in designated doffing area and perform hand hygiene
- Self-isolate
- Report exposure to MCS
- Seek direction from MCS
- OH&S will investigate the unprotected exposure or PPE breach.

If the OHS&S determines that an employee has an unprotected exposure or PPE breach, the employee will be required to self-isolate and monitor symptoms for 14 days. As long as employee is not displaying symptoms, they can remain at home.

If the employee becomes symptomatic, they must complete the online assessment tool before calling 811, https://www.811healthline.ca/covid-19-self-assessment/. The employee may then notify the OH&S who will communicate to the employee's manager so that the employee may use sick leave or other leave as per collective agreements.

29.0 Workplace Health, Safety and Compensation Commission

If employees become symptomatic and believe there is a link to workplace exposure, they may choose to complete an Employee Injury/Incident Report Form or appropriate documentation, which facilitates the process to report to Yukon Workers Compensation Health and Safety Board, and will determine the merits of each case. While Yukon Workers Compensation Health and Safety Board is adjudicating their claim, employees will continue to use sick leave or other leave as per collective agreements.

If Yukon Workers Compensation Health and Safety Board determines that the onset of the employee's COVID-19 symptoms is due to **work-related exposure**, and if there is a confirmed diagnosis of COVID-19, then the employee may be deemed eligible to receive worker's compensation benefits. If an employee is diagnosed with COVID-19 that is deemed to be a result of **non-work-related exposure (i.e., community exposure)**, or is diagnosed with an illness that is not COVID-19, they may continue to use sick leave or other leave as per collective agreement

Commented [A6]: Double check this with HR to ensure that it is accurate

Commented [J7R6]: This is accurate

30.0 Process for Returning to Work After Self-Isolation with No Signs or Symptoms of COVID-19

All employees who are required to self-isolate will do so for 14 days regardless of negative test results. The incubation period of the virus means that the virus may not be detected during initial testing. Additional testing will be conducted if the employee becomes symptomatic during the 14 days.

Employees who test negative for COVID-19 and who have not experienced signs or symptoms of COVID-19 during the entire 14-day self-isolation period may return to work upon the conclusion of the 14-day self-isolation period.

See https://yukonnect.gov.yk.ca/employee-info/Pages/Leave.aspx for COVID- 19 related leave.

31.0 Process for Employees Experiencing Signs or Symptoms of COVID-19 at Work or at Home

If an employee experiences signs or symptoms of COVID-19 at work, the employee must follow self-isolation procedures, mask and perform hand hygiene; and report signs or symptoms to their manager/supervisor who will then report to the Person in Charge.

If an employee displays symptoms while at home, they must contact their manager /supervisor immediately and must call 811 for further direction from a health professional.

If an employee is symptomatic, they may use sick leave or other leave as per collective agreements. If the employee does not have sufficient sick leave, they may request an advance of sick leave. If this is also exhausted, as a YEU or CON employee or manager the employee may request vacation leave, long service leave, comp leave/manager's leave to cover off your absence. NOTE: As sick leave is non-discretionary, the LWOP

Commented [A8]: Double check this with HR

Policy does not apply, an employee may, if requested, utilize LWOP when their sick leave is depleted (and if necessary, access Federal EI benefits).

See https://yukonnect.gov.yk.ca/employee-info/Pages/Leave.aspx and for COVID- 19 related leave.

32.0 Returning to Work after COVID-19 Diagnosis

For employees who test positive for COVID-19, once symptoms diminish, two negative tests, taken 24 hours apart by the public health nurse, will be required to confirm that the individual no longer has COVID-19. Public health nurses who are tracking the confirmed cases of COVID-19 will notify the employee who shall then contact the MCS.

See https://yukonnect.gov.yk.ca/employee-info/Pages/Leave.aspx for COVID- 19 related leave.

33.0 Emergency Scheduling

During a pandemic, work schedules may have to be changed. In planning for these changes, the facility must consider the implications of:

- Shift changes
- Changes to hours of work
- Compensation and scheduling of overtime
- The need to assign the most qualified employees to specific tasks
- Training employees for newly assigned work
- Provision of food to employees
- Scheduling of breaks
- Temporary Assignments

The current collective agreement, may not adequately address these issues. The Department of Justice will negotiate solutions to these issues so that emergency response plans can be implemented effectively and efficiently.

34.0 Accommodating Staff

In the event of severe staff shortages, staff members may be required to work extended shifts. They may be required to remain on-site for extended periods of time. A common rest area for staff will be considered.

Where possible, this area will be equipped with:

- Water dispenser/bottled water
- Temporary sleeping – air mattresses
- Washroom, shower and laundry
- Dining area

Commented [J9]: Added from Yukonnect.gov.yk.ca/department/psc/communications

The following information was provided by Yukon Worker's Compensation Health and Safety Board and is applicable to Yukon employers. Source: https://www.wcb.yk.ca/newsandupdates/COVID19/Q0314.aspx Maybe. When a worker contracts COVID-19 as a direct result of their employment, they are entitled to compensation if the following conditions are met: • There is a causal connection between the conditions of the work required to be performed and the resulting injury. • The injury is linked to a worker's employment in terms of time, place and activity consistent with the obligations and expectations of that employment. Here's a work-related example of a situation where a worker would likely be covered: • An acute care hospital worker has patients coming in for treatment of COVID-19. They are at a greater risk than the general public of contracting the disease. Here's a non-work-related example of a situation where a worker may be covered: • A hospital cafeteria worker's job is not directly related to looking after sick people even if workers sometimes come in contact with them, but they may be covered if they contract COVID-19. • A grocery store clerk's job puts them in contact with many people but not specifically with sick people. They may be covered if they contract COVID-19. In every case, YWCHSB adjudicate work-relatedness and benefit entitlement based on the specific and unique circumstances of each case.

Commented [A10]: Check this with HR

Commented [J11R10]: Verified through:

75(1)

During a pandemic wave of illness, work schedules may be modified to enhance social distancing and business continuity. The provisions of the collective agreement regarding changes in work schedule will be applied.

During a pandemic wave of illness, employees may be assigned to other work units or to perform other work provided the employee is trained and the work presents no undue hazard to the employee. Employees who unreasonably refuse available work that is not part of their regular duties may have to take leave. Employees who refuse to perform their regular duties (excluding for OH&S reasons) may be placed on unauthorized leave

No employee will take a loss in regular pay or benefits as a result of a reassignment during a pandemic wave of illness. If an employee acts in a higher level position in their home department, the acting pay process and provisions of the collective agreement will apply. In the same circumstances across departments, a temp ... [1]

35.0 References

Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance (2020, March 13). World Health Organization. WHO reference number: WHO/2019-nCoV/clinical/2020.4

Summary of Assumptions Specific to the COVID-19 (retrieved March 14, 2020 from https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/assumptions.html)

World Health Organization Preparedness, Prevention and Control of COVID-19 in Prisons and Other Places of Detention 15 March 2020. Retrieved in www.euro.who.int

Pandemic Preparedness Plan Long Term Care Facilities Eastern Health March 17, 2020

Horizon Health COVID-19 Screening Tool March 18, 2020

36.0 Appendix A

Yukon



Whitehorse Correctional Centre **COVID-19 SCREENING FORM**		**Place form on inmate file when complete** Inmate Number (if possible): Family name: Given name(s): Date of birth:
Region:	Institution:	Date Completed:

A. Is the person presenting with:		
□Yes □No	Fever and/or chills	Date of symptom onset (YYYY/MM/DD)
□Yes □No	New onset of cough (or exacerbation of chronic cough)	Date of symptom onset (YYYY/MM/DD)
□Yes □No	Difficulty breathing	Date of symptom onset (YYYY/MM/DD)

B. If yes to any of the above → In the 14 days before onset of illness, has the patient:		
□Yes □No	Traveled to any place outside the Yukon.	Date of travel (YYYY/MM/DD) Date of return (YYYY/MM/DD)
□Yes □No	Had close, prolonged contact (lived with or provided care to) with a confirmed case or case under investigation of COVID- 19	Date of contact (YYYY/MM/DD)
□Yes □No	Had close contact with a person with acute respiratory illness who has traveled outside the Yukon within 14 days prior to their illness onset	Date of contact (YYYY/MM/DD)
□Yes □No	Had laboratory exposure to biological material known to contain COVID-19 (for example, testing specimens in a laboratory setting)	Date of exposure (YYYY/MM/DD)

□Yes • Place inmate in a single room or cell • Call Health Services for a secondary assessment	**□No** • Proceed with regular intake processes

This form is a modified version of the Correctional Services of Canada screening form and has been changed to reflect the Yukon context
Last updated April 27th 2020

37.0 Appendix B

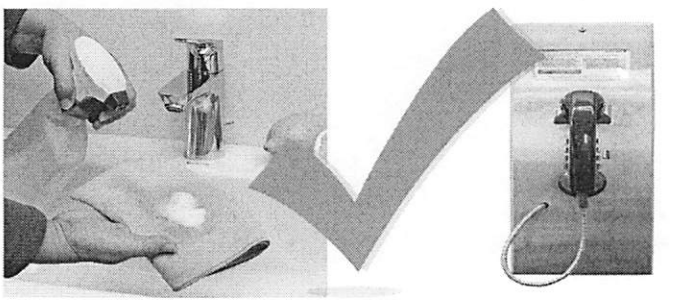
SYNERGY INMATE PHONE SYSTEM

There has been a number of phone calls regarding keypads sticking, earpiece failures, and mouthpiece failures.

REMINDER

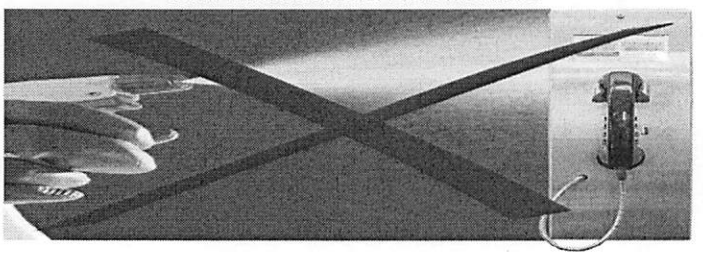
Spray Cleaner onto a Cloth

Then Wipe Down Phone



DO NOT

SPRAY CLEANER DIRECTLY ONTO THE PHONE



Disinfection Protocol for Inmate Telephones

1. Inmates will be permitted to use telephones as requested and approved by Corrections Officers on duty as per normal operations.
2. All inmate telephones must be disinfected after each inmate use to prevent the risk of transmission of any infectious agents.
3. Facility approved disinfectants must be used to disinfect telephones appropriately. (Spray disinfectant or wipes are both acceptable methods).
4. In the event that Corrections staff at the Lock up (and other corrections facilities) clean or move the phone, he/ she must wear appropriate personal protective equipment (PPE) during the disinfection process. Gloves must be worn; and in the absence of disinfectant wipes, cleaner can be sprayed directly on a paper towel that can then be used to disinfect the phone.
5. PPE must be removed and hand hygiene performed before the disposal of contaminated PPE in a covered foot pedal operated disposal container.

38.0 Resources:

Employee Resources

https://yukon.ca/en/covid-19-information

https://yukonnect.gov.yk.ca/Pages/default.aspx

https://yukonnect.gov.yk.ca/employee-info/Pages/efap.aspx

DRAFT

Page 15: [1] Commented [J11R10]	Michael.MacLennan	2021-01-12 2:43:00 PM

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During a pandemic wave of illness, work schedules may be modified to enhance social distancing and business continuity. The provisions of the collective agreement regarding changes in work schedule will be applied.

During a pandemic wave of illness, employees may be assigned to other work units or to perform other work provided the employee is trained and the work presents no undue hazard to the employee. Employees who unreasonably refuse available work that is not part of their regular duties may have to take leave. Employees who refuse to perform their regular duties (excluding for OH&S reasons) may be placed on unauthorized leave

No employee will take a loss in regular pay or benefits as a result of a reassignment during a pandemic wave of illness. If an employee acts in a higher level position in their home department, the acting pay process and provisions of the collective agreement will apply. In the same circumstances across departments, a temporary assignment agreement would be required (normal process).

William.Sibold

From: William.Sibold
Sent: Tuesday, March 9, 2021 2:08 PM
To: Lori.Strudwick; Marija.Pavkovic
Subject: RE: immunization + WCC

Hello Marija!

Yes – it's a simple vaccine goal I have...to be able to have a small supply of Td vaccine to give when an Inmate get a cut/ wound and is due for tetanus (instead of having to send to ER)... we are ok to pay for our own vaccine...but the staff need to be certified (this is my understanding of how it works in Yukon), and we need a form to send to be input into Panorama...

Very workable I hope...

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Tuesday, March 9, 2021 2:01 PM
To: William.Sibold <William.Sibold@yukon.ca>; Marija.Pavkovic <Marija.Pavkovic@yukon.ca>
Subject: immunization + WCC

Hi Will & Marija,

I just wanted to connect the two of you.

Marija is the a/manager for Yukon's Vaccine Program, and would be the point for discussions surrounding immunization by WCC nursing staff on inmates. Things are a bit odd these days with the point for the COVID clinics being within Community Nursing (ie Brenda & Jane) but routine, pandemic aside, this is consistently Marija.

Will is the new Supervisor for clinical care within WCC and took over after a fair gap in time, when Sara left this position, and it sat vacant.

Will was interested in discussions about future options to support immunization within WCC, by WCC staff and what that could look like. So I will leave this for the two of you!

As I am sometime unsure of who knows what...it's good to mention that all imms in YT are either provide & documented live into panorama (vast majority & is consider routine process), however there are a few situations where this is done by paper (ie initial pandemic imms, WGH ER). This is a shared instance of this application with BC, that include multiple

large legal agreements between YT & BC. The way the agreements are written is for Health & Social Services, so there are a few additional legal pieces that would need to be worked thorough for WCC, as they sit under justice. Not insurmountable at all, but will require legal consultation and engagement if the clinical plan is to move in this direction, so I just wanted to flag that nuance.

Take care,
Lori

Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 10, 2021 11:33 AM
To: Lori.Strudwick
Subject: RE: I have it

Thank you very much. No idea why N95 is referenced over surgical mask. My understanding is Andrea created this document last year, and it has not been reviewed by anyone yet.

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Wednesday, March 10, 2021 11:31 AM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: I have it

Hi Will,

Thanks so much!

I have requested Jennifer to do a detailed review.

Most of it is non-clinical, but there appears to be some recommendations/edits that we would put forward. We would provide comment in a track changes/comment for your review. I would then look to you to define how to best move ahead with incorporation or a discussion if this is preferred/required. Do you have any understanding why there is ongoing reference to N95 versus a surgical/procedure mask??

Now that we know what this looks like, we will also move ahead with WCC OB document that is much more clinical in context and would be used to compliment this document. For you a general idea on what may be included and what it may look like this is the one for LTC https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/ltc_covid_19_outbreak_guidelines_final_file_july_2020.pdf

I have asked Jennifer to connect with you directly on the walk through dates/times that will work for everyone, happy to hear this will move ahead.

Take care,
Lori

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Tuesday, March 9, 2021 1:22 PM

To: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: I have it

Hi Lori,

I finally got a copy of Andrea's COVID outbreak plan. I haven't read it in detail, but wanted you to have a copy ASAP.

Regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Thursday, March 11, 2021 11:49 AM
To: Jennifer.Armstrong; Lori.Strudwick
Subject: RE: WCC Walkthrough

Hello!

Yes – let's do 1430 on Thursday March 18, 2021. Please send me your completed access forms (I think you had sent them before, but I cannot find them). There will be restrictions on certain areas of the facility for the purposes of the walk-through, but we will do our absolute best!!

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Thursday, March 11, 2021 10:00 AM
To: William.Sibold <William.Sibold@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: RE: WCC Walkthrough

Good morning Will,

Nice to e-meet you! Connecting to figure out a time to come do the walk-through at WCC with myself and Lori. Would 2:30pm on Thursday March 18th work, or any time the afternoon of Friday March 19th?

Thanks and looking forward to meeting you,

Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, March 5, 2021 10:09 AM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>; Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: WCC Walkthrough

Hi Lori!

I got confirmation we are good to go for you and Jennifer to come for a walk-through of WCC. When were you thinking? Want to set something up next week?

Let me know ☺

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

Date: 2021-February-9

To: WCC Nursing Team

Re: COVID Screening & Clearance

Hello Nursing Team,

In order to support Institution Operations, please ensure the daily COVID-19 temperature & symptom checks for Inmates during the 14 day quarantine period are completed in the **morning** after medication rounds.

Operations requires the medical clearance to move Inmates out of quarantine as soon as practical in the morning.

Please send your medical clearance by e-mail to WCC Nursing, Case Managers, MCS on Duty, and any other relevant parties as soon as practical each morning.

Please let me know if you have any questions or concerns.

Sincerely,

William Sibold RN, MN
Supervisor, Health Services - WCC

cc:
WCC Staff

Yukon

MEMO

Date: 2021-02-12

To: All WCC Staff & Justice Staff who Received COVID-19 vaccination at WCC

RE: COVID-19 Vaccination – Upcoming Dose #2 Clinic & Possible Future COVID-19 Clinics

I have had several productive discussions with YCDC, and am pleased to announce the plan for COVID-19 vaccination clinics at WCC going forward:

For Individuals who **received** Dose 1 of the COVID-19 vaccination at WCC on January 21, 2021 (Inmates and Staff), YCDC will be returning to WCC on **February 24, 2021** between **0900** and **1200** to offer you your second dose of vaccine. The vaccination clinic will take place in the Gathering Space/ Room. In order to streamline the process, I have implemented an appointment based system. Walk-In's will still be accepted, however you may need to wait. 10 minute appointments are available (on the 10's) starting at 0900 (first) and ending at 1150 (last).**Please e-mail me 2 preferred time slots** (eg: 0920 & 1040), and I will reply to you with your appointment time. If you have already picked up your COVID-19 vaccination card, **please bring this card to your appointment.** If you have not yet picked up your vaccination card, it will be waiting for you at the clinic on February 24, 2021.

For WCC Staff (and Inmates) who have **not yet received** dose 1 of the COVID-19 vaccination, I regret to inform you that YCDC does not currently have adequate supply to conduct any further Dose 1 vaccinations at WCC (this applies to both Staff **and** Inmates). However, YCDC has tentatively agreed to return to WCC for another Dose 1 COVID-19 Vaccination Clinic when adequate supply is available. **Correctional Officer's and all WCC staff are now considered to be a priority/ essential group** as per YCDC. This means, we are being prioritized for vaccine access. I will hopefully have further information regarding this potential on-site Dose 1 COVID-19 Vaccination Clinic in the coming weeks.

Please let me know if you have any questions or concerns.

Sincerely,

William Sibold RN, MN
Supervisor, Health Services - WCC

Yukon

MEMO

Date: 2021-02-18

To: All WCC Staff, Contractors, Volunteers, and Justice Staff Partners who conduct business at or out of WCC

RE: COVID-19 Vaccination – Upcoming WCC Clinic **IMPORTANT UPDATE**

This memo is a follow-up to my previous memo sent on February 12, 2021, entitled *"COVID-19 Vaccination – Upcoming Dose #2 Clinic & Possible Future COVID-19 Clinics"*.

I am very pleased to announce that there has been a change in the COVID-19 vaccine supply for Yukon. As such, YCDC now has sufficient vaccine supply to open the planned February 24, 2021 COVID-19 Vaccination Clinic at WCC to **any and all WCC Inmates, Staff, Officer's, Contractors, Volunteers, & Department of Justice Partners who conduct business at or out of WCC.** Dose 1 will be offered to those who are previously unvaccinated, and Dose 2 will be offered to those who have already received Dose 1.

YCDC will be at WCC on **February 24, 2021** between **0900** and **1630** to offer you your vaccine. The vaccination clinic will take place in the Gathering Space/ Room. In order to streamline the process, I have implemented an appointment based system. Walk-In's will still be accepted, however you may need to wait. 10 minute appointments are available (on the 10's) starting at 0900 (first) and ending at 1630 (last).**Please e-mail me 2 preferred time slots** (eg: 0920 & 1040), and I will reply to you with your appointment time. If you have already booked an appointment, there is no need to contact me again as your appointment time is secured already.

For those of you who have already received Dose 1, please bring your COVID-19 vaccination card/ record with you to your Dose 2 appointment. If you have not yet picked up your vaccination card, it will be waiting for you at the clinic on February 24, 2021.

Please let me know if you have any questions or concerns.

Sincerely,

William Sibold RN, MN
Supervisor, Health Services - WCC

Yukon

MEMORANDUM

To: All WCC Officer's, Staff, Contractors, & Volunteers

Date: March 1, 2021

Re: WCC COVID-19 Vaccination – Dose 2 (Officer's, Staff, Contractors, Volunteers)

This MEMO is to clarify the process for all WCC Officer's, Staff, Contractors, & Volunteers requiring Dose 2 of the Moderna COVID-19 vaccination, which is due 28-35 days after Dose 1.

As you know, YCDC was at WCC on February 24, 2021 administering COVID-19 vaccinations, many of which were Dose 1 vaccinations. YCDC **will not** be returning to WCC to give you Dose 2 of the vaccination. This is because COVID-19 vaccination clinics are now open to all eligible Yukon Residents (18+) and all YCDC resources and staff are needed to successfully operate these public clinics.

Therefore, you will need to access the YCDC Public COVID-19 Vaccination Clinic(s) to receive dose 2 of your vaccine **28-35 days after** dose 1(between March 24 and 31, 2021). You can contact 811 to book your appointment, or you can book online by visiting **yukon.ca/this-is-our-shot**. Please note that booking for March 24-31, 2021 has not yet opened, but will shortly.

When you attend your Dose 2 appointment, try to remember to bring your official vaccination record (vaccine card) for updating. This card is very valuable, so please do not lose it! I recommend taking a picture with your phone or keeping a photocopy in a safe place. It is possible this record/ card will be required for travel and border crossing purposes in the coming months.

COVID-19 Vaccination Dose 2 arrangements for Inmates are still in the works, and more information will be shared as it becomes available.

Please let me know if you have any questions or concerns,

Sincerely,

William Sibold RN, MN
Supervisor, Health Services – WCC

Yukon

Date: 2021-March-16

To: All WCC Staff, Inmates
From: W. Sibold – Supervisor, Health Services - WCC

RE: Inmate COVID-19 Vaccinations at WCC

I am pleased to announce that an agreement has been made between WCC and YCDC/ Public Health for the ongoing COVID-19 vaccination opportunities for WCC Inmates.

Health Services will keep a list of Inmates who are interested in receiving the COVID-19 vaccine, and/or who are due to receive their second dose of COVID-19 vaccine. When the list hits 10 people, YCDC/ Public Health will send a Public Health Nurse to give the vaccinations at WCC.

The first date will be March 24, 2021. Inmates are encouraged to submit a request form if interested in receiving the vaccination, or if interested in learning more about the vaccine from one of the WCC Nurses.

Staff interested in receiving dose or dose 2 of the vaccination are directed to book an appointment online at the Public Vaccination Clinics, by following this link: **yukon.ca/this-is-our-shot**

Please let me know if any questions or concerns:

Sincerely,

William Sibold RN,MN
Supervisor, Health Services - WCC

Yukon

Date: March 26, 2021

To: WCC Health Services Staff, Physicians, Dental Professionals

Re: COVID-19 Prevention – Reminders from YCDC

I have had the opportunity to review a report from YCDC based on their recent walkthrough of WCC on March 18, 2021. Based on this report, I am reminding all WCC Health Services Staff, Physicians, and Dental Professionals of the following:

- Please store your personal items (with the exception of only the most essential personal items) in the Staff Locker Rooms located in the Administration Area of WCC.

- Please only eat/ drink in designated areas (such as the Staff room in the WCC Administration Area, or in the Health Services Staff room).
- Please take the time to clean and disinfect all eating areas after use, with the approved disinfecting/ sanitizing/ cleaning products provided, following the directions that were provided to us by YCDC at the beginning of the COVID-19 Pandemic.
- Please stagger meal break times in the Health Services break room, one at a time, wherever possible.

- Please store all clean medical supplies in the cupboard, and do not leave same on the open counter.

- Remember that a mask is required to be worn by staff at all times while inside WCC.
- Please try to maintain social distancing of six feet while in the Nursing Stations, and take time to disinfect the computer keyboards in between use by different staff.

Thank you for your attention to these items. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

William Sibold RN, MN
Health Services Manager – WCC

Yukon

MEMORANDUM

Date: 2021-04-15

To: WCC Health Services Staff

RE: Alcohol Based Hand Sanitizer

As a result of recent incidents in which Inmates have been caught consuming alcohol based hand sanitizer obtained from the Health Services Area; we must **remove** all alcohol based hand sanitizer from any Inmate accessible areas in the Health Services Centre.

Alcohol based hand sanitizer can still be used by staff in staff-only areas.

If an Inmate needs to perform hand hygiene, please direct him or her to the sink in the Inmate washroom where they may use soap and water.

Any incidents of hand sanitizer theft or misuse by Inmates must be reported (via information report) to myself and the MCS on shift.

Sincerely,

William Sibold RN, MN
Manager, Health Services – WCC

Cc:
DPO
DSO
Superintendent
MCS

William.Sibold

From: William.Sibold
Sent: Friday, February 19, 2021 9:31 AM
To: Natasha.Klein
Subject: FW: COVID provider update #18
Attachments: 21-02 COVID provider update #18.pdf; Moderna_Symptom_One_Sheet_Feb_18.pdf

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Friday, February 19, 2021 9:30 AM
To: Benton.Foster <Benton.Foster@yukon.ca>; Cathy.Stannard <Cathy.Stannard@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>; YukonMOHs <YukonMOHs@yukon.ca>; hss-ycdc-staff <hss-ycdc-staff@yukon.ca>; 'maczim@northwestel.net' <maczim@northwestel.net>; Marija.Pavkovic <Marija.Pavkovic@yukon.ca>; Su.Omura <Su.Omura@yukon.ca>; Sherry.Kobelak <Sherry.Kobelak@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>; Brenda.Dedon <Brenda.Dedon@yukon.ca>; Sheila.Thompson <Sheila.Thompson@yukon.ca>; Melanie.Kaiser <Melanie.Kaiser@yukon.ca>; Sharon.Hamilton <Sharon.Hamilton@yukon.ca>; Jeffrey.Hiltz <Jeffrey.Hiltz@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>; Keith.Welch <Keith.Welch@wgh.yk.ca>; Stephanie.Gionet <Stephanie.Gionet@wgh.yk.ca>; Gregory.Shaw <Gregory.Shaw@yukonhospitals.ca>; Alicia.McDougall <Alicia.McDougall@gov.yk.ca>; InfectionControl <InfectionControl@yukonhospitals.ca>; Lara.Murphy <Lara.Murphy@wgh.yk.ca>; Prev.Naidoo <Prev.Naidoo@wgh.yk.ca>; Carol.Chiasson <Carol.Chiasson@wgh.yk.ca>; Zoe.Faloon <Zoe.Faloon@yukon.ca>; Angela.Cable <Angela.Cable@yukon.ca>; Samantha.Stewart - HSS <Samantha.Stewart@yukon.ca>; Barbara.Adel <Barbara.Adel@yukon.ca>; Sheryl-ann.Wasson <Sheryl-Ann.Wasson@yukon.ca>; Megan.Lee <Megan.Lee@yukon.ca>; 'amy-lynn.mccann@kdfn.net' <amy-lynn.mccann@kdfn.net>; 'Amy.Genier@kdfn.net' <Amy.Genier@kdfn.net>; HSS-DawsonMedical <dawsonmedicalclinic@yukon.ca>; Anne.Aram <Anne.Aram@yukon.ca>; Gerard.Dinn <Gerard.Dinn@yukon.ca>; Ryan.Soucy <ryan.soucy@yukon.ca>
Cc: 'Romney, Dr. Marc [PH]" <MRomney@providencehealth.bc.ca>; 'Ostry, Avi [PH' <AJOstry@providencehealth.bc.ca>; 'Jang, Willson [PH' <WLJang@providencehealth.bc.ca>
Subject: COVID provider update #18

Hello everyone,

As COVID-19 immunization continues and dates have been announced for the public clinics, please see information attached on testing reminders for COVID-19 and the interplay between COVID-19 infection and possible side effects of COVID-19 immunization.

Thank you all for your continued hard work,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

Yukon

Yukon Communicable Disease Control
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8

Memorandum

Date: **2021-02-19** **21-02**

To: **All Health Care Providers**

From: **Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)**

Subject: **COVID-19 provider update # 18 - Testing reminders**

Dear Colleagues:

As we see the increase of presence of variants of concern (VOC) in Canada and ongoing COVID-19 immunization clinics in Yukon, we wanted to provide some reminders about the importance of testing when COVID-19 is a possibility.

COVID-19 Immunization expected reaction versus COVID-19 infection

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but can last longer.

Common expected side effects **within a day or two** after getting a vaccine include the following:

> LOCAL SIDE EFFECTS: These include pain, swelling, or redness at the injection site. In some cases, local reactions may appear a week later with redness and swelling around the injection site.
>
> GENERAL SIDE EFFECTS: These symptoms may include fever, fatigue, headache, chills, muscle or joint soreness, nausea and vomiting.

There is an obvious overlap between some of the side effects of the vaccine and COVID-19 infection. Therefore, it is important not to assume that all symptoms are due to vaccine. **Please continue to apply existing testing recommendations (Whitehorse, Rural, and saline gargle) and the corresponding decision support tools.**

Considerations that support testing for COVID-19 post-vaccine include:

- presence of COVID-19 exposure risk factors (known contact or recent travel outside Yukon)
- presence of cough, sore throat or other respiratory symptoms that are not side effects of the vaccine
- presence of "red" symptoms, irrespective of duration or onset timelines: particularly cough, shortness of breath or difficulty breathing and/or loss of taste or smell
- multiple or progressive symptoms
- onset of symptoms greater than 48 hours post immunization
- duration of symptoms for greater than 48 hours post immunization

Please note that although vaccine side effects are common, we are also in a time of increased vigilance for COVID-19 variants and relatively low population testing rates. If you are asked to advise on testing for a patient post vaccine, consider the above criteria. Where there is uncertainty, err on the side of caution and test. This is especially important for all travellers or contacts, health care workers, persons living or working in congregate settings, rural YT or those with complex medical histories. Please see public information sheet that will be accompanying COVID-19 immunization attached.

COVID-19 immunization history and testing

At this time, there is no change in testing recommendations for persons who have been immunized either partially or fully against COVID-19. Test as per existing testing recommendations.

Thank you for your continued cooperation and support,

Brendan E. Hanley MD CCFP(EM) MPH
Chief Medical Officer of Health for Yukon
Cell: 75(1)

Catherine Elliott MD MHSc FRCPC
Deputy Chief Medical Officer of Health for Yukon
Cell. 75(1)

Lori Strudwick MN RN
Clinical Manager, YCDC
#4 Hospital Rd, Whitehorse, YT
Ph (867) 667 8178
Fax. (867) 667-8349

Symptoms after the Moderna vaccine: When should I get tested for COVID-19?

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but sometimes they can last longer. See the Moderna Vaccine After-Care sheet for advice on how to manage your symptoms.

The following is a guide on how to know whether the side effects are due to the vaccine, or are symptoms of a COVID-19 or other infection.

Commonly expected side effects **during the first day or two** after getting a vaccine include the following:

> **LOCAL SIDE EFFECTS**: These include pain, swelling, or redness where the vaccine was given. In some cases, local reactions may appear a week later with redness, swelling and itching around the injection site. Placing a cool, damp cloth or wrapped ice pack on the spot where the vaccine was given may help.
>
> **GENERAL SIDE EFFECTS**: These symptoms may include tiredness, headache, fever, chills, muscle or joint soreness, nausea and vomiting.

Most of the time, vaccine-related side effects will go away on their own after a day or two.

Some of the side effects of the vaccine are similar to symptoms of COVID-19 infection, while others are not. For example, cough or other respiratory symptoms are not side effects of the vaccine and are more likely to be due to a respiratory infection like COVID-19. Therefore, it is important not to assume that all symptoms are due to the vaccine.

If you received the Moderna vaccine and experience symptoms, AND you are a contact of someone with COVID-19 or have returned from out-of-Yukon travel in the last 14 days, it is very important that you self-isolate and arrange for COVID-19 testing as soon as possible.

Use the COVID-19 Self-Assessment Tool available at service.yukon.ca/en/covid-19-self-assessment/ or call 811 if you experience any symptoms of COVID-19 infection (apart from local injection-site reactions), especially respiratory symptoms such as cough, runny nose, sore throat, or shortness of breath.

Government of Yukon • February 2021

Yukon

William.Sibold

From: William.Sibold
Sent: Saturday, February 20, 2021 5:47 PM
To: Lori.Strudwick
Subject: Re: PUI form

Thanks so much!! :-)

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick
Sent: Friday, February 19, 2021 4:58 PM
To: William.Sibold
Subject: PUI form

Hi Will,

Sorry about the delay. I will have the other 2 docs to you Monday I just need to review them for a final time.

As discussed I have provided some small edits to the PUI doc and added a few examples from some of our other partners. As you can see the style is quite different depending on the location so it needs to be what works for your group with core info heading to us (demographics, testing, s/s, exposure risk) as well as tested or not.

Thanks so much,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, February 23, 2021 2:57 PM
To: Lori.Strudwick
Subject: Declined: Public Health and Clinical Meeting COVID-19 - Monthly

Unfortunately, I will need to miss this one...as the COVID-19 vaccine clinic is tomorrow at WCC...

William.Sibold

From: William.Sibold
Sent: Monday, March 1, 2021 10:42 AM
To: Lori.Strudwick
Cc: Jennifer.Armstrong
Subject: RE: WCC-YCDC

Hi Lori...

I am very disappointed to say that I just received word this morning that Justice will no longer be pursuing any changes to the current protocol, for reasons which I cannot discuss here...

As such, all of the work we have done so far is...overruled. I am disappointed as we have been working very hard on this...

Do you have time for a call tomorrow to discuss in detail? I am so so sorry. I feel like I have wasted a HUGE amount of everybody's time...including mine...

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Monday, March 1, 2021 10:21 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: WCC-YCDC

Hi Will,

Sorry about the delay. Please see edits within. I have removed the track changes on the iso doc, as there are heavy edits to this document and a few pieces outstanding. Jennifer has linked the legislation into the screening tool to support fluctuations as pieces change, so there is a better understanding of what authority pieces are falling under, what pieces may/will change in the future as well a provided a WCC specific testing recommendations so there is clarity.

The information and clinical direction within these documents is reflective of existing basic standard of care for clinical best practice, ethical and legal requirements/recommendations associated with COVID care & management.

From my perspective this doc is still in a state of us sorting out language & approach and as a way of helping to ensure we are all on the same page. So please identify any pieces here that we may have in interpreted or misrepresented or items for change. Once we are good with this, then I can move to MOH review.

I can flag that we will need to bring a group together to discuss WCC's request to stop cohorting & isolating all new intakes. Like everything in COVID, nothing is straight forward and multiple decisions have an impact of the risk assessment for the facility as a whole. So it's hard to start this conversation without the clarity that we are both trying to get to on the screening, testing & ICP pieces. To facilitate this next phase of discussion, I would ask if WCC could also bring some background of the current decisions to not recommend masking for inmates as well as some thoughts on the interest and feasibility of a "screening program" for COVID on all inmates entering the facility.

I have include the signed forms for Jennifer & my access, we would be keen to proceed when ever you are. Ideally we would like the site visit to occur prior to a conversation about the stopping cohorting as a being able to physically see the layout & process are very helpful for these complex decisions. Please note I'm sure I have old access ones on file (maybe the most recent was 3 years ago?, not sure), but I seem to recall that these were annuals, so I check "new" on my form.

Please give me a call if you have Qs or concerns.

Thank you very much, for all the work you have put into clarify current process and finding a path forward.

Take care,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

Subject:	WCC YCDC Protocol Chat
Location:	Telephone (I will call you at your Office)
Start:	Tue 3/2/2021 1:00 PM
End:	Tue 3/2/2021 1:30 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	William.Sibold
Required Attendees:	Lori.Strudwick

William.Sibold

From: William.Sibold
Sent: Monday, March 1, 2021 11:12 AM
To: Lori.Strudwick
Subject: RE: WCC-YCDC

I think so... I will let you know the story tomorrow.

I do apologize, because you have been wonderful to me and invested a lot of time into this project – which I appreciate very much.

Talk soon,

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Monday, March 1, 2021 10:55 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: RE: WCC-YCDC

Hi Will,

No need to apologies at all! Yes, of course happy to chat further. I have some time between 12:30 though 14:00 is anything works there.

Likely the director for the Public Health COVID response and the CCMOH will need to engage at a different level within YG.

Take care,
Lori

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 1, 2021 10:42 AM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Cc: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: RE: WCC-YCDC

Hi Lori...

I am very disappointed to say that I just received word this morning that Justice will no longer be pursuing any changes to the current protocol, for reasons which I cannot discuss here...

As such, all of the work we have done so far is...overruled. I am disappointed as we have been working very hard on this...

Do you have time for a call tomorrow to discuss in detail? I am so so sorry. 70(1)

70(1)

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Monday, March 1, 2021 10:21 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: WCC-YCDC

Hi Will,

Sorry about the delay. Please see edits within. I have removed the track changes on the iso doc, as there are heavy edits to this document and a few pieces outstanding. Jennifer has linked the legislation into the screening tool to support fluctuations as pieces change, so there is a better understanding of what authority pieces are falling under, what pieces may/will change in the future as well a provided a WCC specific testing recommendations so there is clarity.

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From my perspective this doc is still in a state of us sorting out language & approach and as a way of helping to ensure we are all on the same page. So please identify any pieces here that we may have in interpreted or misrepresented or items for change. Once we are good with this, then I can move to MOH review.

I can flag that we will need to bring a group together to discuss WCC's request to stop cohorting & isolating all new intakes. Like everything in COVID, nothing is straight forward and multiple decisions have an impact of the risk assessment for the facility as a whole. So it's hard to start this conversation without the clarity that we are both trying to get to on the screening, testing & ICP pieces. To facilitate this next phase of discussion, I would ask if WCC could also bring some background of the current decisions to not recommend masking for inmates as well as some thoughts on the interest and feasibility of a "screening program" for COVID on all inmates entering the facility.

I have include the signed forms for Jennifer & my access, we would be keen to proceed when ever you are. Ideally we would like the site visit to occur prior to a conversation about the stopping cohorting as a being able to physically see the layout & process are very helpful for these complex decisions. Please note I'm sure I have old access ones on file (maybe the most recent was 3 years ago?, not sure), but I seem to recall that these were annuals, so I check "new" on my form.

Please give me a call if you have Qs or concerns.

Thank you very much, for all the work you have put into clarify current process and finding a path forward.

Take care,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 2, 2021 8:20 AM
To: Brenda.Dedon; Jane.Boutette
Cc: Lori.Strudwick
Subject: WCC COVID 19 Clinic

Hi Brenda & Jane,

THANK YOU so much for supporting WCC in delivering a very successful COVID-19 vaccination clinic last week. I thank you for allocating the resources and support, and wish you good luck in your mission to vaccinate the Territory!

I have informed all Staff that they will need to book Dose 2 via the Public Clinic – and have provided them with Instructions for how to do so (when booking opens). Staff are aware that there will be no further Staff clinics at WCC.

At some point, I do need to discuss a plan for vaccinating future Inmates with you guys , but recognize you have a lot going on right now – so this can wait. I was thinking that when the supply stabilizes, it may be possible to set up an arrangement where our YCDC RN (Angie) (who comes weekly to do Public Health vaccine catch up/ STD/ etc) could administer a vial when we have 10 confirmed Inmates? Not sure if this would ever be possible... Probably not now...but maybe in the future? I'm open to any suggestions you may have.

I had a National Corrections Health teleconference last week, and the Canadian Territories are the only jurisdictions that have vaccinated Inmates so far – the Provinces haven't even vaccinated one Inmate yet! We are doing great – and I thank you for your support in making this possible.

Again – thanks for the excellent work of you and your teams.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, March 5, 2021 10:09 AM
To: Lori.Strudwick; Jennifer.Armstrong
Subject: WCC Walkthrough

Hi Lori!

I got confirmation we are good to go for you and Jennifer to come for a walk-through of WCC. When were you thinking? Want to set something up next week?

Let me know ☺

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 9, 2021 1:22 PM
To: Lori.Strudwick
Subject: I have it
Attachments: 2020_11_02 - WCC COVID-19 Outbreak Plan - DRAFT AM.docx

Hi Lori,

I finally got a copy of Andrea's COVID outbreak plan. I haven't read it in detail, but wanted you to have a copy ASAP.

Regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: William.Sibold
Sent: Monday, March 1, 2021 11:26 AM
To: JUS-WCC-NUR
Subject: NEW COVID Testing YCDC Recommendations WCC
Attachments: WCC COVID-19 COVID-19 testing recommendations 2021-02-23 V2.pdf

Hi All,

Please see attached YCDC document outlining COVID-19 testing at WCC in light of the change to using the GeneExpert rapid tests. A copy is also on the COVID-19 clip-board.

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Monday, February 22, 2021 9:40 AM
To: Valerie.Goodkey
Subject: RE: COVID clinic

OK! Thank you!

From: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Sent: Monday, February 22, 2021 9:37 AM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: COVID clinic

Hi Natasha,

I looked on their Care Plan and if they had an address this is the one I provided. If they did not then I used WCC address

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Monday, February 22, 2021 9:14 AM
To: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: COVID clinic

Hey Val,

Just wondering if when you were filling out the imms records for the last batch of inmates if you just put their address as WCC ? Im filling them out today!

Yukon

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta'an Kwäch'än

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Yukon Communicable Disease Control
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8

Memorandum

Date: 2021-02-19 **21-02**

To: All Health Care Providers

From: Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)

Subject: COVID-19 provider update # 18 - Testing reminders

Dear Colleagues:

As we see the increase of presence of variants of concern (VOC) in Canada and ongoing COVID-19 immunization clinics in Yukon, we wanted to provide some reminders about the importance of testing when COVID-19 is a possibility.

COVID-19 Immunization expected reaction versus COVID-19 infection

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but can last longer.

Common expected side effects **within a day or two** after getting a vaccine include the following:

> LOCAL SIDE EFFECTS: These include pain, swelling, or redness at the injection site. In some cases, local reactions may appear a week later with redness and swelling around the injection site.
>
> GENERAL SIDE EFFECTS: These symptoms may include fever, fatigue, headache, chills, muscle or joint soreness, nausea and vomiting.

There is an obvious overlap between some of the side effects of the vaccine and COVID-19 infection. Therefore, it is important not to assume that all symptoms are due to vaccine. **Please continue to apply existing testing recommendations (Whitehorse, Rural, and saline gargle) and the corresponding decision support tools.**

Considerations that support testing for COVID-19 post-vaccine include:

- presence of COVID-19 exposure risk factors (known contact or recent travel outside Yukon)
- presence of cough, sore throat or other respiratory symptoms that are not side effects of the vaccine
- presence of "red" symptoms, irrespective of duration or onset timelines: particularly cough, shortness of breath or difficulty breathing and/or loss of taste or smell
- multiple or progressive symptoms
- onset of symptoms greater than 48 hours post immunization
- duration of symptoms for greater than 48 hours post immunization

Please note that although vaccine side effects are common, we are also in a time of increased vigilance for COVID-19 variants and relatively low population testing rates. If you are asked to advise on testing for a patient post vaccine, consider the above criteria. Where there is uncertainty, err on the side of caution and test. This is especially important for all travellers or contacts, health care workers, persons living or working in congregate settings, rural YT or those with complex medical histories. Please see public information sheet that will be accompanying COVID-19 immunization attached.

COVID-19 immunization history and testing

At this time, there is no change in testing recommendations for persons who have been immunized either partially or fully against COVID-19. Test as per existing testing recommendations.

Thank you for your continued cooperation and support,

Brendan E. Hanley MD CCFP(EM) MPH
Chief Medical Officer of Health for Yukon
Cell: 75(1)

Catherine Elliott MD MHSc FRCPC
Deputy Chief Medical Officer of Health for Yukon
Cell. 75(1)

Lori Strudwick MN RN
Clinical Manager, YCDC
#4 Hospital Rd, Whitehorse, YT
Ph (867) 667 8178
Fax. (867) 667-8349

When should I get tested for COVID-19?

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but sometimes they can last longer. See the Moderna Vaccine After-Care sheet for advice on how to manage your symptoms.

The following is a guide on how to know whether the side effects are due to the vaccine, or are symptoms of a COVID-19 or other infection.

Commonly expected side effects **during the first day or two** after getting a vaccine include the following:

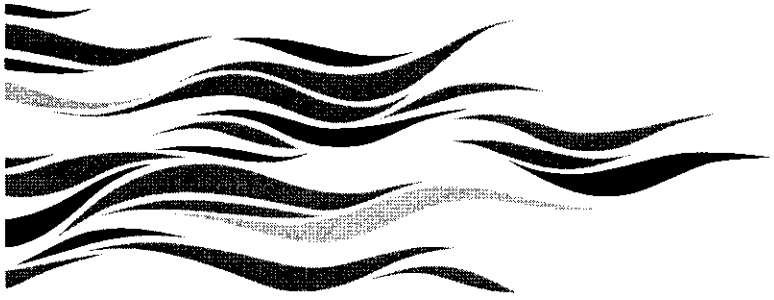
> **LOCAL SIDE EFFECTS**: These include pain, swelling, or redness where the vaccine was given. In some cases, local reactions may appear a week later with redness, swelling and itching around the injection site. Placing a cool, damp cloth or wrapped ice pack on the spot where the vaccine was given may help.
>
> **GENERAL SIDE EFFECTS**: These symptoms may include tiredness, headache, fever, chills, muscle or joint soreness, nausea and vomiting.

Most of the time, vaccine-related side effects will go away on their own after a day or two.

Some of the side effects of the vaccine are similar to symptoms of COVID-19 infection, while others are not. For example, cough or other respiratory symptoms are not side effects of the vaccine and are more likely to be due to a respiratory infection like COVID-19. Therefore, it is important not to assume that all symptoms are due to the vaccine.

If you received the Moderna vaccine and experience symptoms, AND you are a contact of someone with COVID-19 or have returned from out-of-Yukon travel in the last 14 days, it is very important that you self-isolate and arrange for COVID-19 testing as soon as possible.

Use the COVID-19 Self-Assessment Tool available at service.yukon.ca/en/covid-19-self-assessment/ or call 811 if you experience any symptoms of COVID-19 infection (apart from local injection-site reactions), especially respiratory symptoms such as cough, runny nose, sore throat, or shortness of breath.



Government of Yukon • February 2021

Yukon

Natasha.Klein

From: William.Sibold
Sent: Friday, February 19, 2021 9:31 AM
To: Natasha.Klein
Subject: FW: COVID provider update #18
Attachments: 21-02 COVID provider update #18.pdf; Moderna_Symptom_One_Sheet_Feb_18.pdf

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Friday, February 19, 2021 9:30 AM
To: Benton.Foster <Benton.Foster@yukon.ca>; Cathy.Stannard <Cathy.Stannard@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>; YukonMOHs <YukonMOHs@yukon.ca>; hss-ycdc-staff <hss-ycdc-staff@yukon.ca>; 'maczim@northwestel.net' <maczim@northwestel.net>; Marija.Pavkovic <Marija.Pavkovic@yukon.ca>; Su.Omura <Su.Omura@yukon.ca>; Sherry.Kobelak <Sherry.Kobelak@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>; Brenda.Dedon <Brenda.Dedon@yukon.ca>; Sheila.Thompson <Sheila.Thompson@yukon.ca>; Melanie.Kaiser <Melanie.Kaiser@yukon.ca>; Sharon.Hamilton <Sharon.Hamilton@yukon.ca>; Jeffrey.Hiltz <Jeffrey.Hiltz@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>; Keith.Welch <Keith.Welch@wgh.yk.ca>; Stephanie.Gionet <Stephanie.Gionet@wgh.yk.ca>; Gregory.Shaw <Gregory.Shaw@yukonhospitals.ca>; Alicia.McDougall <Alicia.McDougall@gov.yk.ca>; InfectionControl <InfectionControl@yukonhospitals.ca>; Lara.Murphy <Lara.Murphy@wgh.yk.ca>; Prev.Naidoo <Prev.Naidoo@wgh.yk.ca>; Carol.Chiasson <Carol.Chiasson@wgh.yk.ca>; Zoe.Faloon <Zoe.Faloon@yukon.ca>; Angela.Cable <Angela.Cable@yukon.ca>; Samantha.Stewart - HSS <Samantha.Stewart@yukon.ca>; Barbara.Adel <Barbara.Adel@yukon.ca>; Sheryl-ann.Wasson <Sheryl-Ann.Wasson@yukon.ca>; Megan.Lee <Megan.Lee@yukon.ca>; 'amy-lynn.mccann@kdfn.net' <amy-lynn.mccann@kdfn.net>; 'Amy.Genier@kdfn.net' <Amy.Genier@kdfn.net>; HSS-DawsonMedical <dawsonmedicalclinic@yukon.ca>; Anne.Aram <Anne.Aram@yukon.ca>; Gerard.Dinn <Gerard.Dinn@yukon.ca>; Ryan.Soucy <ryan.soucy@yukon.ca>
Cc: 'Romney, Dr. Marc [PH]" <MRomney@providencehealth.bc.ca>; 'Ostry, Avi [PH' <AJOstry@providencehealth.bc.ca>; 'Jang, Willson [PH' <WLJang@providencehealth.bc.ca>
Subject: COVID provider update #18

Hello everyone,

As COVID-19 immunization continues and dates have been announced for the public clinics, please see information attached on testing reminders for COVID-19 and the interplay between COVID-19 infection and possible side effects of COVID-19 immunization.

Thank you all for your continued hard work,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Thursday, February 18, 2021 4:21 PM
To: Angela.MacNeil
Subject: RE: COVID

LOL! I love it!

I think it will go over well ☺

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Thursday, February 18, 2021 1:41 PM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: COVID

HI!

Here are some links with good info. NACI is long- more for you and good knowledge base. My favorite is the vaccine pdf. That is all you have to tell them!LOL.
Angie

https://yukon.ca/en/health-and-wellness/covid-19-information/your-health-covid-19/covid-19-vaccine-strategy

https://yukon.ca/en/moderna-vaccine-information

https://yukon.ca/en/moderna-covid-19-vaccine-after-care-information

https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html?hq_e=el&hq_m=2175645&hq_l=1&hq_v=2c7f6836b5

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Thursday, February 18, 2021 11:56 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: COVID

Hi Angie!

I am supposed to give a presentation to the inmates on the Fun facts of COVID 19 and why they should get the vaccine to help increase numbers. I remember there was an email that circulated awhile ago, I believe, from YCDC on simple vaccine in regards to vaccines and how to address questions. Do you have access to this ? Im really trying to keep the language simple and exact to that is being told directly from public health.

Thank you!
Tash

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta'an Kwäch'än

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Natasha.Klein

From: Natasha.Klein
Sent: Thursday, February 18, 2021 2:55 PM
To: Angela.MacNeil
Subject: RE: COVID

Thank you so much this is very helpful!

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Thursday, February 18, 2021 2:30 PM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: COVID

American but some good slide in this

https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-TipsForHCTeams_508.pdf

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Thursday, February 18, 2021 11:56 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: COVID

Hi Angie!

I am supposed to give a presentation to the inmates on the Fun facts of COVID 19 and why they should get the vaccine to help increase numbers. I remember there was an email that circulated awhile ago, I believe, from YCDC on simple vaccine in regards to vaccines and how to address questions. Do you have access to this ? Im really trying to keep the language simple and exact to that is being told directly from public health.

Thank you!
Tash

Yukon

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

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Natasha.Klein

From: Natasha.Klein
Sent: Thursday, February 18, 2021 2:37 PM
To: Brenda.Dedon; William.Sibold
Subject: RE: WCC COVID Clinic

Hi Brenda!
Just want to clarify. Do I need to fill out a form for clients that are getting vaccine number two ?

From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Thursday, February 18, 2021 2:32 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: WCC COVID Clinic

Will, CORRECTOION – Lindsay Raftis will be the lead for this clinic not Shilo. Thanks.

Yukon

Brenda Dedon, RN, BScN, IBCLC, CCHN(C)
Manager, Public Health
Health & Social Services | Community Nursing
T 867-667-8966| C 867-334-7567| F 867-667-8338 | Yukon.ca

I respectfully acknowledge that I work within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Thursday, February 18, 2021 2:08 PM
To: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Cc: Natasha.Klein <Natasha.Klein@yukon.ca>; Shilo.Ouellette <Shilo.Ouellette@yukon.ca>
Subject: RE: WCC COVID Clinic

Great! We will make this work! ☺

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Thursday, February 18, 2021 1:43 PM
To: William.Sibold <William.Sibold@yukon.ca>

Cc: Natasha.Klein <Natasha.Klein@yukon.ca>; Shilo.Ouellette <Shilo.Ouellette@yukon.ca>
Subject: RE: WCC COVID Clinic

Thanks so much for your assistance. Please make sure the schedule starts at 0915 and ends at 1600, however. We will need an hour to thaw the vaccine once it arrives at WCC at 0800 plus an additional 15 minutes to make sure it is at room temperature. Our nursing staff are only scheduled to work until 1630. Thanks. Sorry if that will create some work rescheduling people.
If your nursing staff can manage the check in, that would be great. Essentially the check in would be required to help us complete the top portion of the documentation form (I've attached here) or you may want to provide the form to people to fill out prior to their arrival and to bring with them.
There isn't a consent form. We obtain consent verbally from the clients. However, I've attached the vaccine information sheet and the aftercare sheet which may be helpful in discussing the vaccine with the clients.
I am cc'ing Shilo Oulette since she will be the clinic lead.

Yukon

Brenda Dedon, RN, BScN, IBCLC, CCHN(C)
Manager, Public Health
Health & Social Services | Community Nursing
T 867-667-8966| C 867-334-7567| F 867-667-8338 | Yukon.ca



I respectfully acknowledge that I work within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Thursday, February 18, 2021 1:25 PM
To: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Cc: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: WCC COVID Clinic

Hi Brenda,

We are working away at planning the upcoming Clinic.

We have reserved the large multi-purpose/ gathering space from 0800 to 1700. Natasha and I will set the Clinic up the evening before, with the supplies you requested. We will set up 3 vaccine stations, a consent/ check-in station, and a post-vaccine waiting area. In addition to your Staff, I will assign one of our Nurses to be present and help out however needed.

We have arranged a schedule with 10 minute appointments, and scheduled breaks. We will book the Inmates in clusters based on their living unit – to streamline and speed up the process. Staff and Inmates are already booking appointment slots. Education sessions are being delivered by Nursing to Inmates over the coming days. I have requested the Kitchen prepare meal service/ snacks for your Staff (if desired).

Natasha was wondering if you could send us a copy of the consent form, as we thought it might be helpful to review same with Inmates prior to the Clinic.

Let me know if I am forgetting something or you have any other needs. I will let you know the final numbers on February 23, 2021.

Kind regards,

Natasha.Klein

From: Natasha.Klein
Sent: Monday, February 15, 2021 1:09 PM
To: Valerie.Goodkey
Cc: William.Sibold
Subject: RE: Covid information - Units

Medical. I put up the signs from the Yukon government in regards to symptoms and hygiene in the units and nursing did education with inmates and CO's

From: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Sent: Monday, February 15, 2021 1:02 PM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Cc: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: Covid information - Units

Signage such as Wash your hands, sanitize areas you touch etc

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Monday, February 15, 2021 1:01 PM
To: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Cc: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: Covid information - Units

Do you mean COVID education to them?

From: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Sent: Monday, February 15, 2021 12:59 PM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Cc: William.Sibold <William.Sibold@yukon.ca>
Subject: Covid information - Units

Hi Natasha,

Can you help me. I am trying to remember who was responsible for information for the inmates or units in the beginning of COVID. Was it operations or medical??

Yukon

Valerie Goodkey
Deputy Superintendent Programs
Justice | Whitehorse Correctional Centre
T 867-455-2900 | F 867-455-2992 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Monday, February 15, 2021 8:33 AM
To: Sarah.Gau
Subject: RE: Scientists create new way to detect COVID-19 proteins and antibodies and more | February 11, 2021

Oh Awesome!

Thank you!
Hope you are staying warm out there!!

From: Sarah.Gau <Sarah.Gau@yukon.ca>
Sent: Thursday, February 11, 2021 10:15 AM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: FW: Scientists create new way to detect COVID-19 proteins and antibodies and more | February 11, 2021

There are some interesting articles here.

Cheers,

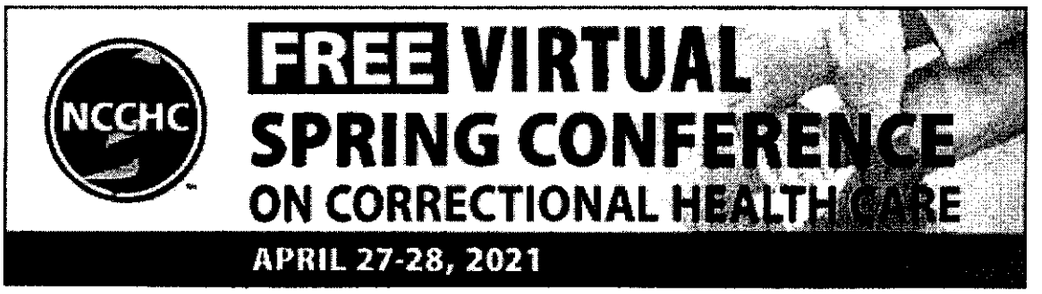
Yukon

Sarah Gau, RN BScN (she/her)
Accommodation and Return to Work Services
T 867-667-3474 | F 867-456-3977 | Yukon.ca

From: NCCHC CorrectCare Extra <info@ncchc.org>
Sent: Thursday, February 11, 2021 10:00 AM
To: Sarah.Gau <Sarah.Gau@yukon.ca>
Subject: Scientists create new way to detect COVID-19 proteins and antibodies and more | February 11, 2021

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CorrectCare® Extra
A publication of the National Commission on Correctional Health Care



MOVE FROM CRISIS TO CONFIDENCE

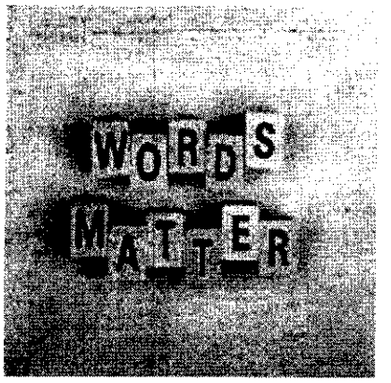


NCCHC Blog

When a jail is ill-prepared, avoidable medical catastrophes, even deaths, can occur. Consider these four elements to move from crisis to confidence: assessment, education, certification, and accreditation. By Jim Martin, MPSA, CCHP

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USE OF HUMANIZING LANGUAGE IN CORRECTIONAL HEALTH CARE

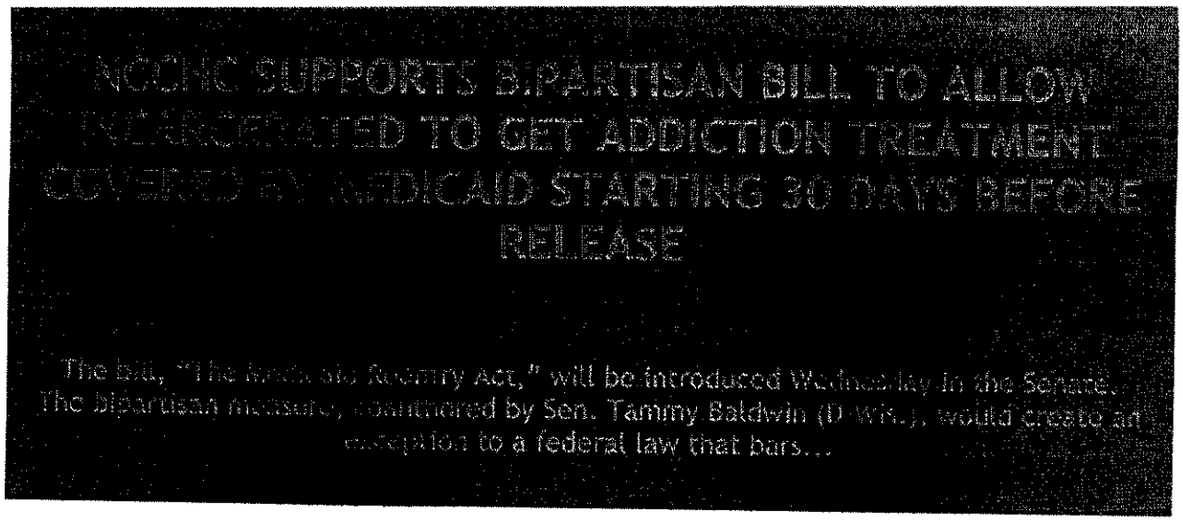


NCCHC Position Statement

A new NCCHC position statement recommends that people who work in correctional facilities and those who interact with or convey information about people experiencing incarceration use respectful, person-centered language.

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DON'T WAIT! SUBMIT PRESENTATION PROPOSALS BY FEB. 19



NCCHC News

Deadline: February 19! Submit proposals on research, innovations, and best practices for presentation at the Correctional Mental Health Care Conference. Topics can span the spectrum of mental health issues, plus those related to COVID.

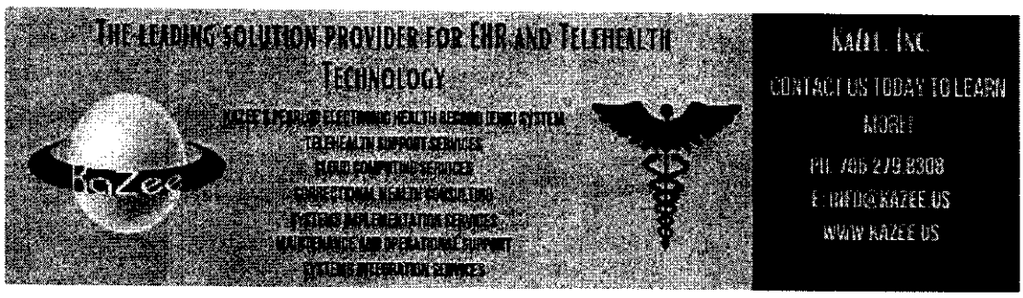
Read More

WEBINAR: UPDATES ON OPIOID WITHDRAWAL MANAGEMENT

NCCHC Events

2/25 at 1 pm CST with Todd Wilcox, MD, MBA, CCHP-P, CCHP-A, 1 hour CE. Webinar explores new techniques to manage opioid withdrawal, best practices for matching withdrawal acuity with treatment protocols, and a legally defensible assessment tool.

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NCCHC FOUNDATION BOARD WELCOMES NEW CHAIR, MEMBERS

NCCHC News

The NCCHC Foundation's mission is to champion the correctional health care field and serve the public by supporting research, professional education, scholarships, and patient reentry into the community.

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SCIENTISTS CREATE NEW WAY TO DETECT COVID-19 PROTEINS AND ANTIBODIES



The Medical News

Scientists have created a new way to detect the proteins that make up the pandemic coronavirus, as well as antibodies against it. They designed protein-based biosensors that glow when mixed with components of the virus or specific COVID-19 antibodies.

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GIVING IT OUR BEST SHOT: STATEWIDE VACCINATION PLANS

Google News

This chart provides links to state agency websites, vaccine allocation plans, and other guidance related to the rollout of COVID-19 vaccines, as well as basic vaccination plan phases.

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WHEN A MENTAL HEALTH CRISIS LANDS YOU IN JAIL



The Atlantic

When they arrived, she told the police that Carlos had been off his medication for weeks and refusing to come inside. "He doesn't do anything because he wants to do it," she remembers telling them. "He's doing that because he's sick."

Read More

RATE OF BLACK AMERICANS RECEIVING COVID VACCINES LAGS BEHIND GENERAL POPULATION



Associated Press

A racial gap has opened up in the nation's COVID-19 vaccination drive, with Black Americans in many places lagging behind whites in receiving shots, an AP analysis shows. Among the reasons given: deep mistrust of the medical establishment because of a history of discriminatory treatment.

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CORRECTIONAL NURSE INTERVIEW PREP GUIDE PART I

Correctional Nurse

So, you are thinking about correctional nursing and even have an interview set up at a local facility. How should you prepare for your interview and what questions should you ask?

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HOW 'US AGAINST THEM' CAUSES CORRECTIONS FATIGUE



Corrections One

It is possible to be humane toward offenders while focusing on maintaining safety, leading to increased career satisfaction

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National Conference on Correctional Health Care
October 30 – November 3 • Chicago
Call for Proposals **Due March 29**

National Commission on Correctional Health Care
1145 W. Diversey Parkway, Chicago, IL 60614 I 773-880-1460 @NCCHC info@ncchc.org
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represented and expressed in a variety of media sources that bear a relationship to correctional health care. Advertising is not necessarily an endorsement by NCCHC. Any relationship between content and products or services advertised is coincidental.



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To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: COVID cards : 70(1)

Do you have an updated address for 70(1)
Thx

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Friday, February 5, 2021 12:11 PM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: RE: COVID cards : 70(1)

Thank you so much!

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council

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From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Friday, February 5, 2021 12:08 PM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: COVID cards 70(1)

I will send you 70(1) Panorama record which will have his covid vaccine on it. For the cards, I would contact community nursing again. I forget her name I told you before or Joie Mcbryan at WHC. She may know- acting manager.

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Friday, February 5, 2021 10:44 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Cc: William.Sibold <William.Sibold@yukon.ca>
Subject: COVID cards 70(1)

Natasha.Klein

From: Natasha.Klein
Sent: Friday, February 5, 2021 2:54 PM
To: Angela.MacNeil
Subject: RE: COVID cards 70(1)

70(1) goes between 70(1) pending work

Contact:
Email: 70(1)

70(1)

Cheers!

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council

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If you are the intended addressee, please be aware that the contents of this e-mail may be disclosed under the Access to Information and Protection of Privacy Act.

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Friday, February 5, 2021 1:18 PM

Hi Angie!
We have an inmate 70(1) that received a COVID 19 vaccination in our clinic. He is being released 0138
to 70(1) anyway day now. We have not yet received the vaccination cards for our inmates and our not getting a response on when we will be. Is there any record or card we can give him so that he can have it when he returns home? Do you know who I could contact directly to get these cards for both staff and inmates?

Thank you!!

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council

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If you are the intended addressee, please be aware that the contents of this e-mail may be disclosed under the Access to Information and Protection of Privacy Act.

William.Sibold

From: William.Sibold
Sent: Thursday, March 11, 2021 11:54 AM
To: Jennifer.Armstrong
Cc: Lori.Strudwick
Subject: RE: WCC-YCDC site access forms

Thanks very much! You can meet me at the reception desk. Just ask for me, and the receptionist will make sure I am called to come greet you!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Thursday, March 11, 2021 11:52 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: WCC-YCDC site access forms

Hi Will,

Resending the site access forms. Looking forward to meeting you next week.

Thanks, Jennifer

Yukon

Corrections Branch - Adult Custody Division
Whitehorse Correctional Centre

Site Access - Visitors, Contractors or Volunteers

Email: WCC-Reception@gov.yk.ca Phone: 867-455-2900 Fax: 867-455-2992

PLEASE READ CAREFULLY

Answer all questions and sign in the applicable spaces. Send your completed application to the address above. NOTE: Failure to complete the form will result in delays in the Visitor Approval process. Providing false information is sufficient cause to deny access to the Centre.

Yukon Access to Information and Protection of Privacy Act Statement

Personal information about you is collected under the authority of the Yukon Correctional Act solely to review your suitability for visiting privileges at Whitehorse Correctional Centre. This information is collected with no obligation on your part; however, your refusal to comply could result in the denial of visiting privileges. This information cannot be disclosed to other persons without your consent except where disclosure would be justified pursuant to the Yukon Access to Information and Protection of Privacy Act.

1. Applicant Information - Personal Information

Surname: Strudwick 70(1) Given Name(s) Laureen Jane (aka Lori) 70(1) 70(1)

Date of Birth: YY/MM/DD 70(1) Place of Birth: 70(1) 70(1) (as stated on your government issued photo ID) 70(1)

Height: Weight: Hair Colou.. Eye Colour:

Present Address. 70(1) City: 70(1) Prov/Terr: YT Postal Code: 70(1)

Gov't Photo ID and ID Number. 70(1) Phone Number: 867-667-8178

Email Address: lori.strudwick@yukon.ca

Are there any present outstanding charges against you? ☐ Yes ■ No

If Yes, please explain:

Please check one: ☐ Personal Visitor (please continue to section 2a) ■ Professional Visitor (please continue to section 2b)

2a. Applicant Information - Relationship to Inmate / Persons Under 19

Which inmate are you visiting? What is your relationship to the inmate?

Persons under the age of 19 years must be accompanied by a parent or legal guardian.
List here the names and ages of your children (19 years and under) for whom you wish visiting privileges:

Name and Relationship to Applicant	Date of Birth	ID Type and Number

2b. Applicant Information - Company/Organization Affiliation

Company: YG-HSS-YCDC Please check one: ■ New ☐ Renewal

Purpose of Visit: COVID site visit for ICP review

Supervisor's Name: Benton Foster Supervisor's Number(s): 667-8340

Acknowledgment and Consent

I understand that the Whitehorse Correctional Centre has the sole right to determine my suitability as an inmate's professional or personal visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a criminal record name check and I hereby give my consent to the Whitehorse Correctional Centre to use the information provided on this form to conduct such a check. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge, and I agree to notify Centre authorities immediately should there be any changes to that information. I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period. Finally, I agree to observe all rules, regulations and policies while visiting this Centre and understand that the failure to do so may likewise result in suspension of my visiting privileges for an indefinite period.

I understand that following the granting of visiting privileges, I could be asked to submit to a search before each visit, as per the Whitehorse Correctional Centre Policies and Procedures. Furthermore, I understand that if I refuse to be searched, I may be denied access to the Centre.

In consideration of my child or ward being granted visiting privileges, I consent to a search of his/her person by a walk-through scanner or hand-held scanning device, and to a search of his/her personal property. I understand that the Centre may consider it necessary that my child or ward submit to thorough searches.

Signature of Applicant: Date: 2021-03-01

Yukon

Corrections Branch - Adult Custody Division
Whitehorse Correctional Centre

Site Access - Visitors, Contractors or Volunteers

Email: WCC-Reception@gov.yk.ca Phone: 867-455-2900 Fax: 867-455-2992

PLEASE READ CAREFULLY

Answer all questions and sign in the applicable spaces. Send your completed application to the address above. NOTE: Failure to complete the form will result in delays in the Visitor Approval process. Providing false information is sufficient cause to deny access to the Centre.

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1. Applicant Information - Personal Information

Surname: Armstrong Given Name(s) Jennifer Leah

Date of Birth YY/MM/DD 70(1) Place of Birth: 70(1) (as stated on your government issued photo ID) 70(1)

Height: 70(1) Weight: 70(1) Hair Colour: 70(1) Eye Colour: 70(1)

Present Address 70(1) City: 70(1) Prov/Terr: YT Postal Code: 70(1)

Gov't Photo ID and ID Number: 70(1) Phone Number: 70(1)

Email Address: jennifer.armstrong@yukon.ca

Are there any present outstanding charges against you? ☐ Yes ■ No

If Yes, please explain: _____

Please check one: ☐ Personal Visitor (please continue to section 2a) ■ Professional Visitor (please continue to section 2b)

2a. Applicant Information - Relationship to Inmate / Persons Under 19

Which inmate are you visiting? _____ What is your relationship to the inmate? _____

Persons under the age of 19 years must be accompanied by a parent or legal guardian.
List here the names and ages of your children (19 years and under) for whom you wish visiting privileges:

Name and Relationship to Applicant	Date of Birth	ID Type and Number

2b. Applicant Information - Company/Organization Affiliation

Company: Yukon Government Please check one: ■ New ☐ Renewal

Purpose of Visit: COVID site visit for ICP review

Supervisor's Name: Lori Strudwick Supervisor's Number(s): 667-8178

Acknowledgment and Consent

I understand that the Whitehorse Correctional Centre has the sole right to determine my suitability as an inmate's professional or personal visitor. I further understand that approval of visiting privileges is conditional upon satisfactory results of a criminal record name check and I hereby give my consent to the Whitehorse Correctional Centre to use the information provided on this form to conduct such a check. To this end, I certify that the information I have submitted is true and accurate to the best of my knowledge, and I agree to notify Centre authorities immediately should there be any changes to that information. I acknowledge that the submission of false or misleading information or the failure to advise of changes may result in denial or suspension of my visiting privileges for an indefinite period. Finally, I agree to observe all rules, regulations and policies while visiting this Centre and understand that the failure to do so may likewise result in suspension of my visiting privileges for an indefinite period.

I understand that following the granting of visiting privileges, I could be asked to submit to a search before each visit, as per the Whitehorse Correctional Centre Policies and Procedures. Furthermore, I understand that if I refuse to be searched, I may be denied access to the Centre.

In consideration of my child or ward being granted visiting privileges, I consent to a search of his/her person by a walk-through scanner or hand-held scanning device, and to a search of his/her personal property. I understand that the Centre may consider it necessary that my child or ward submit to thorough searches.

Signature of Applicant: _____ Date: March 1, 2021

William.Sibold

From: William.Sibold
Sent: Thursday, March 11, 2021 11:56 AM
To: Valerie.Goodkey
Cc: Robert.Clarke; WCC-Reception
Subject: FW: WCC-YCDC site access forms
Attachments: WCC- site access - YCDC- 2021- March - LJS.pdf; WCC- site access YCDC 2021- March - JLA.pdf

These are for the YCDC walkthrough RE: COVID, which will take place next week on Thursday March 18, 2021 at 1430.

Let me know if any concerns or if there is anything else I need to do ☺.

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Thursday, March 11, 2021 11:52 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: WCC-YCDC site access forms

Hi Will,

Resending the site access forms. Looking forward to meeting you next week.

Thanks, Jennifer

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Prisoner/ Inmate Name:

Prisoner/ Inmate DOB:

Date/ Time of Arrival to WCC:

COVID-19 Screening Tool – WCC

A&D Corrections Officer to Complete on all Prisoner & WCC Inmate Arrivals to WCC

Pre-Screening: Ability to Participate Is Prisoner/ WCC Inmate willing & able to participate in this screening at present?	
YES	**NO** (Deferred)
↓	*Reason:* *Date/ Time:*

If Prisoner/ Inmate is unable/ unwilling to participate in this screening at time of arrival at WCC (eg: due to severe intoxication) – Prisoner/ Inmate is to be considered a **POSITIVE** screening until such time that the screening can be completed.

Question 1: Symptom Screen ASK: Are you experiencing any of the following?		
Fever/ Chills	**YES**	**NO**
Cough	**YES**	**NO**
Shortness of Breath	**YES**	**NO**
Runny Nose	**YES**	**NO**
Sore Throat	**YES**	**NO**
Loss of sense of taste & smell	**YES**	**NO**
Headache	**YES**	**NO**
Fatigue	**YES**	**NO**
Loss of Appetite	**YES**	**NO**
Nausea or Vomiting	**YES**	**NO**
Diarrhea	**YES**	**NO**
Muscle Aches	**YES**	**NO**

Question 2: Contact Screening ASK: In the past 14 days have you had close contact* with someone who is **confirmed** or **suspected** of having COVID-19?	
YES	**NO**

A close contact is someone who:
- *provided care for the individual, including health care workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or*
- *who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious; or*
- *had direct contact with infectious bodily fluids of the person (such as, was coughed or sneezed on) while not wearing recommended personal protective equipment.*

Question 3: Mandatory Orders/ Directives ASK: Are you currently under a Public Health Order/ Directive in any jurisdiction requiring you to self-isolate or quarantine?	
YES	**NO**

Question 4: Mandatory Orders/ Directives ASK: Has any Public Health Official **any** jurisdiction told you to self-isolate or quarantine?	
YES	**NO**

*This includes Correctional Centre / RCMP Transfers from outside Yukon.

Question 5: Mandatory Orders/ Directives ASK: In the past 14 days have you returned from travel to any other locations outside Yukon (including airport transfers)?	
YES	**NO**

Question 6: Facility Exposure ASK: Do you reside in, or have you resided within 14 days in, a facility (prison, shelter, etc.) where there is a **confirmed** case of COVID-19 (regardless of whether or not you had any contact with the case)?	
YES	**NO**

If **YES** to **ANY** question; Screening is **POSITIVE**
- *Isolate in own A&D cell.*
- *Prisoner/ Inmate to wear mask if outside A&D cell for any reason.*
- *Notify WCC Nursing Staff ASAP for priority secondary nursing admission assessment *(For WCC Inmate Admissions ONLY)*

If **NO**, Screening is **NEGATIVE**
- *Prisoner/ Inmate may share cell (if necessary).*
- *Prisoner/ Inmate to wear mask if outside cell for any reason.*
- *To see WCC Nursing for secondary nursing admission assessment on a routine basis *(For WCC Inmate Admissions ONLY)*

Screening Result:
POSITIVE ☐
NEGATIVE ☐
Signature/ Designation: _____
Date/ Time: _____

Reviewed by WCC Nursing (WCC Inmate Admissions ONLY):
Screening Result Confirmed ☐
Screening Result Changed ☐ *Reason:* _____
Signature/ Designation: _____
Date/ Time: _____

Distribution:
-Retain on Inmate Health Record (WCC Inmate Admissions ONLY)
- Retain on APU Prisoner File (Prisoners ONLY)

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Whitehorse Correctional Centre COVID-19 Isolation Protocol

(Effective Date: 2021-March-12)

Intent:

- The intent of this protocol is to prevent the transmission of COVID-19 from the community into WCC, and within WCC. This protocol recognizes the unique Correctional Environment and mandates of the *Corrections Act*. This protocol strives to find the best "middle ground" between potentially conflicting obligations under the *Corrections Act* and Yukon's *Public Health and Safety Act* and/or Public Health Agency of Canada (PHAC), Yukon Communicable Disease Control (YCDC) & Medical Officer of Health (MOH) recommendations/ guidelines.

New RCMP Prisoners:

*All New RCMP Prisoners – **APU Process***

- All newly arrived RCMP prisoners will be screened by the Arrest and Processing Correctional Officer for COVID-19 symptoms and risk factors as per Appendix 'A' – ***COVID-19 Screening Tool WCC***
- All RCMP Prisoners with a "Positive" screening as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** **must** be isolated in their own APU cell and **must** wear a mask if they need to exit same for any reason.
- RCMP prisoners who are unwilling or unable to participate in the screening process on arrival (eg: A prisoner with severe intoxication, etc.) shall be treated as a "Positive" screening until such time as they are able to complete the screening process.
    - If the RCMP prisoner is unable to complete the screening due to a disability or language barrier, appropriate accommodations will be made to facilitate the inmate in completing the screening to the greatest extent they are able.
    - If the RCMP prisoner is unable to complete the screening process, the Arrest and Processing Correctional Officer will gather as much information as possible from the admitting RCMP member.
- RCMP prisoners who screen "Negative" as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** may share an APU cell (if required). The use of a **mask** when outside the APU cell is still required for "Negative" screen RCMP Prisoners.
- WCC Nursing Staff **do not** provide medical care, nursing services, or medications to RCMP prisoners.
    - If an RCMP prisoner requires further medical assessment or intervention, Emergency Medical Services (EMS) and the RCMP Watch Commander are to be called.

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New WCC Inmate Admissions:

*All New WCC Inmate Admissions – **APU Process***

- All newly admitted WCC inmates will be screened by the Admission & Discharge (A&D) Correctional Officer for COVID-19 symptoms and risk factors as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** (If not already completed).
- The A&D Correctional Officer shall notify WCC Nursing Staff of any "Positive" screenings as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** as soon as possible.
    - WCC Nursing Staff will arrange to see any "Positive" screen WCC inmates for WCC secondary Nursing admission assessment on a priority basis.
    - Pending the WCC secondary Nursing admission assessment, all WCC inmates with a "Positive" screening as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** **must** be isolated in their own A&D cell and **must** wear a mask if they need to exit same for any reason.
- WCC inmates who are unwilling or unable to participate in the screening process on admission (such as a WCC inmate with severe intoxication, etc.) shall be treated as a "Positive" screening until such time as they are able to complete the screening process.
    - If the WCC inmate is unable to complete the screening due to a disability or language barrier, appropriate accommodations will be made to facilitate the WCC inmate in completing the screening to the greatest extent they are able.
- Newly admitted WCC inmates who screen "Negative" as per Appendix 'A' – ***Admission Screening Tool WCC*** will also receive the WCC secondary Nursing admission assessment (as per routine practice & priority) prior to being cleared to leave the WCC A&D area. However, they may share an A&D cell (if required). The use of a **mask** when outside the A&D cell is still required for "Negative" screen admissions being admitted into WCC.

*"Positive" Screen WCC Inmate Admissions – **WCC Secondary Nursing Admission Assessment***

- If the WCC secondary nursing admission assessment confirms the "Positive" screening result, WCC Nursing will begin COVID-19 investigations with the WCC Inmate as required/ appropriate based on professional assessment and judgment. Action taken may include (but is not limited to):
    - Performing a COVID-19 nasopharyngeal swab to test for COVID-19.
        - Testing will be completed as soon as possible, using the standard nasopharyngeal swab method as per YCDC.
        - WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
    - WCC Nursing may consult with YCDC, Supervisor, Health Services, and/or institutional Physician for direction.
- If the WCC secondary nursing admission assessment determines the "Positive" screening is a "False Positive" (based on additional assessment data), WCC Nursing will inform the A&D Correctional Officer that the WCC inmate's screening status has changed to reflect a "Negative" screening result.

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*All New WCC Inmate Admissions – **Post A&D Process***

- All newly admitted WCC inmates (regardless of screening result) shall wear a mask when outside their cell for the first 14 days after admission into WCC.
- All newly admitted WCC inmates (regardless of screening result) **must** spend their first 14 days at WCC on the Designated Medical Observation Unit(s).
    - This protocol recognizes that the physical location of the Designated Medical Observation Unit(s) may be subject to change based on operational capacity and requirements.
    - WCC Nursing Staff will inform the A&D Correctional Officer and Designated Medical Observation Unit(s) Correctional Officer if a newly admitted WCC inmate's condition on admission requires a single cell, and for how long this may be required. This protocol recognizes this may not be operationally feasible, and if not, WCC Nursing Staff will provide a recommended course of action.
    - For the purposes of cell assignment and out-of-cell time "rotations", all efforts will be made to group WCC inmates in cohorts based on admission date/time to WCC (in 72-hour blocks). This protocol recognizes this may not always be operationally feasible, and if not, Correctional Officer's/ Staff are encouraged to contact WCC Nursing Staff for a recommended course of action.
- All inmates on the Designated Medical Observation Unit(s) will receive daily COVID-19 health checks conducted by WCC Nursing Staff.
    - If these daily health checks indicate a new concern for possible COVID-19 (such as a fever, symptoms, etc.). WCC Nursing will begin investigations for COVID-19, as required/ appropriate based on professional assessment and judgment. Action taken may include (but is not limited to):
        - Performing a COVID-19 nasopharyngeal swab to test for COVID-19.
            - Testing will be completed as soon as possible, using the standard nasopharyngeal swab method as per YCDC.
            - WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
        - WCC Nursing may consult with YCDC, Supervisor, Health Services, and/or the Institutional Physician for direction.

Currently Admitted WCC Inmates:

- Posters have been placed in the units asking inmates to report symptoms if they start to experience them.
- Any staff member who becomes aware of an ill or suspected ill inmate, **must** refer that inmate for assessment by WCC nursing staff (e.g.: inmate does not attend work due to reported illness, etc.).
- If any assessment by WCC nursing staff and/or WCC Medical Contractors confirms: **1)** symptoms potentially consistent with COVID-19 (that are not explained by another/ pre-existing medical condition) **AND/ OR 2)** Other concern for suspected COVID-19 (as per professional

assessment & judgment); WCC nursing staff will begin investigations for COVID-19, as required/ appropriate based on professional assessment and judgment.

- WCC nursing staff will offer to perform a nasopharyngeal swab for COVID-19 using the standard nasopharyngeal swab method as per YCDC.
- WCC nursing staff will **transfer** the inmate into isolation (on the Designated Medical Observation Unit) pending negative results **and** resolution of symptoms x 24 hours.
  - Should the inmate refuse COVID-19 testing, the inmate will be **transferred** to the Designated Medical Observation Unit on isolation protocols for a minimum period of 10 days (starting the date that symptoms first began and ending 24 hours after symptoms have resolved).
  - WCC nursing staff will inform the Officer in Charge and Designated Medical Observation Unit Officer if the condition of an inmate **transferred** into the unit requires a single cell, and for how long this may be required. This protocol recognizes this may not be operationally feasible, and if not, Nursing Staff will provide a recommended course of action.
  - Efforts will be made to assign cells and cohort (for rotation/ out-of-cell time) WCC inmates **transferred** into the Designated Medical Observation Unit(s) separately from the WCC inmates on the Medical Observation Unit(S) who are completing their mandatory 14-day admission observation. This protocol recognizes this may not always be operationally feasible, and if not, Correctional Officer's/ Staff are encouraged to contact Nursing Staff for a recommended course of action.
- WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC Inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
- WCC nursing staff will perform daily COVID-19 health checks for all inmates on the Medical Observation Intake Unit(s).
- Once laboratory testing rules out COVID-19, **and** the WCC inmate's symptoms have resolved for at least 24 hours, the WCC inmate may return to standard placement and activities.
  - For WCC inmates who **refused** COVID-19 testing, they may return to standard placement and activities after 10 days have lapsed since symptoms first began **and** symptoms have fully resolved x 24 hours.

Medical Observation Unit(s) Health Considerations

- Staff working on a unit with WCC inmates on COVID-19 protocols will operate with an informed and enhanced awareness of risk, shall always wear a medical mask (provided to staff by WCC), and perform excellent hand hygiene.
- WCC inmates on this/these units must wear a mask anytime they are outside of their cell and should only leave the unit if necessary, for medical care or other mandatory activities that cannot be accommodated on the unit.
- Unless restricted for health or imminent security reasons, all WCC inmates under medical observations will be provided entertainment (books, movies) and access to programming and services consistent with the principle of least restrictive measures.
- The WCC inmate may leave their cell at designated times (as determined by Correctional Officer's/ Staff), in their assigned cohort.

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- WCC inmates must be instructed to follow the "Safe-Six" rule (staying six feet apart) and must wear a mask when outside of their cell, or off unit.

- Cleaning/ sanitation of the unit's common area housing individuals under COVID medical observation is required in between inmate/ inmate cohort use, with an approved sanitizing/ disinfecting product supplied by WCC.
  - A sufficient supply of approved sanitizing/ disinfecting product must always be available.
- WCC inmate clothing roll change on the Medical Observation Unit(s) will be provided every three (3) days. The WCC inmate will be provided with a clear plastic bag to put dirty linen in and then hand to the designated correctional staff. This linen must be put directly into the washing machine following contact precaution procedures (use of gloves).

- If a cell search is required for an inmate in a Medical Observation Unit(s) or on medical isolation, staff must wear a mask, and wear gloves (which need not be medical gloves but may be puncture proof gloves). Gloves (if reusable) should be sanitized after use with an approved sanitizing product.

Mandatory Protocol Review

- This protocol and any associated documents **must** be reviewed and potentially revised within 1 business day of the following:
  - A confirmed positive case of COVID-19 is detected at WCC **AND/OR**
  - Community transmission of COVID-19 is suspected or confirmed within the Yukon **AND/OR**
  - New orders are made under Yukon's *Public Health and Safety Act* **AND/OR**
  - New guidelines/ requirements are issued at the Federal level specific to COVID-19

Positive Test Result, Outbreak:

- WCC nursing staff will **immediately** respond to a POSITIVE COVID-19 test result as follows:
  - Verify WCC inmate is isolated as per protocol. WCC inmate to remain in cell, alone pending further direction from YCDC, MOH, institutional Physician, or Supervisor, Health Services (WCC).
  - Notify, without delay:
    - Institutional Physician
    - Supervisor, Health Services (WCC)
    - Officer in Charge
    - Inmate Affected
    - YCDC & Medical Officer of Health
    - Superintendent, Deputy Superintendent(s), Director of Corrections
    - Designated Medical Observation Intake Unit Officer(s) where inmate is located
- Organize an outbreak management meeting as soon as possible, including all relevant parties.
- Supervisor, WCC Health Services will work with The Person in Charge, Officer in Charge, & Director of Corrections, YCDC and the MOH to determine next steps and orders.
- Deputy Superintendent – Operations, Deputy Superintendent – Programs to conduct a contract tracing investigation via video, with assistance from Supervisor, Health Services in accordance

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with the contact tracing investigation procedure published by the Public Health Agency of Canada (PHAC).

This protocol was developed in consultation with YCDC, and the Office of the MOH in Yukon.

Protocol Effective March 12, 2021.

X

William Sibold RN, MN
Supervisor, Health Services - WCC

X

Michael MacLennan
Superintendant, WCC

Appendices:
Appendix 'A' - ***COVID-19 Screening Tool WCC***
Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form***

William.Sibold

From: William.Sibold
Sent: Thursday, March 11, 2021 2:40 PM
To: Lori.Strudwick; Jennifer.Armstrong
Subject: Policy Effective March 12
Attachments: COVID Screening Tool Officer WCC March 2021.pdf; WCC COVID 19 Protocol March 2021.pdf; WCC PUI Form Feb 25.pdf

Here is what got approved to be effective tomorrow... Best consensus we could achieve through many rounds of revisions...

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

WCC – COVID-19 Person Under Investigation (PUI) Form

*Nursing to Complete for **ALL** Inmates being investigated/ tested for COVID-19 at WCC*

***Note:** Inmates completing the standard 14 day admission quarantine as per WCC COVID-19 Protocol, are not considered "Person(s) Under Investigation", unless symptomatic, known to have been exposed to suspected/ confirmed COVID-19, or otherwise specified)*

Demographic Information	
***Legal Name** (and Alias, if applicable):*	
DOB:	
***YT HCP #** (If Known):*	
***Address/ Town of Residence** (if Known):*	
Date of Admission to WCC:	
Vaccination Status:	☐ Vaccinated x 1 Dose (through YCDC/ Yukon) ☐ Vaccinated x 2 Doses (through YCDC/ Yukon) ☐ Vaccinated – Other Vaccine/ Outside Yukon *Specify:*_____ *# of Doses:*_____ ☐ Unvaccinated
Indication for COVID-19 Testing/ Investigation *(Check All That Apply)*:	
☐ **Presents with Symptoms of COVID-19**	*Date of Symptom Onset:*
	Symptoms Experienced: ☐Fever/ Chills ☐Cough ☐Shortness of Breath ☐Runny Nose ☐Sore Throat ☐Loss of Sense of Taste and Smell ☐Headache ☐Fatigue ☐Loss of Appetite ☐Nausea/ Vomiting ☐Diarrhea ☐Muscle Aches
☐ **Close contact with a <u>confirmed</u> case of COVID-19 and/or Close contact with a <u>suspected</u> case of COVID-19**	*Name of Contact (if known):*
	Nature of Contact (Roommate, co-worker, etc.):
	Date of Contact or Estimated date of Contact:
☐ **Other** *(Specify):*	*Reason:*
	Any other pertinent information:
Actions Taken *(Check All That Apply)*:	
☐ **Tested for COVID-19**	*Date/ Time Test Collected:*
☐ **Refused Testing**	*Reason (if known):*
☐ **Admitted/ Transferred to Isolation Unit**	☐ *Pending negative test result AND resolution of symptoms x 24 hours* ☐ *For 10 days (starting on day 1 of symptom onset), if testing refused* ☐ *For 14 days to complete admission quarantine per WCC Policy* ☐ *For ___ days to complete admission quarantine per WCC Policy* ☐ *Other length of stay (Specify):*_____
Signature/ Designation:	
Date/ Time:	

Distribution:
Send Copy by Fax or E-mail to YCDC
Retain Original on Inmate Health Record

WCC Health Services Unit– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by cleaning staff. Frequency? Is there a schedule? ☑ Thorough cleaning/disinfection of holding cell in health services area occurs after each inmate. Ensure adequate time has passed between inmates, or that door is left open afterwards to ensure adequate ventilation (as space is small and poorly ventilated). ☑ Thorough cleaning/disinfection of the medical assessment rooms (including all equipment used) and all surfaces within 2 metres of an inmate.	☐ Decrease amount of items on desks of shared spaces to facilitate cleaning. ☐ Staff to store personal items in designated lockers/areas only. ☐ Staff to clean and disinfect staff kitchen and shared eating spaces after use. ☐ Remove shared towels and other items that cannot be cleaned/disinfected regularly. ☐ Remove all unnecessary items in both medical assessment rooms, especially items that are not easily cleaned/disinfected. Place all supplies in covered areas that would not be exposed within 2 metres of an inmate. ☐ Recommend including laminated poster in all rooms identifying if the room is clean or dirty. ☐ Ensure cleaning supplies/wipes are present in all rooms.
Physical Distancing/ Facility Layout		☐ Mount posters/other visual cues to ensure 2 metres separation on the medical unit and nursing station. ☐ Staff to stagger meal breaks and no sharing of utensils or food between staff. ☐ Recommend staff only eat in kitchen/other designated breakroom, not in nursing station.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a medical mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). This is occurring both on the medical unit and when staff go to do an assessment on an inmate unit.	☐ Designate (by floor tape and signage) "clean" and "dirty" areas for staff to don and doff PPE in medical assessment rooms. ☐ Mount posters with steps to don and doff PPE at each donning/doffing station. ☐ All inmates entering the medical unit should wear a medical mask (if medically stable to do so).

Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visit March 18, 2021

WCC Health Services Unit– Infection Control Recommendations

		☐ Reminder to staff to also mask in non-client work areas (e.g. offices)
Hand Hygiene/ Cough Etiquette Supplies	☑ Some hand sanitizer stations present on the medical unit/hand sanitizer available at nursing station.	☐ Include poster with hand hygiene instructions. ☐ Ensure soap and paper towels available in every room with a sink (especially if no hand sanitizer station present) ☐ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette)
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of medical staff working each day/shift ☑ Record kept of all physician/allied health visitors (name, date, time, contact info) to the medical unit.	☐ Is a record kept of name/date/time of all inmates who visit medical unit?
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☐ Will, can you confirm that inmates are screened and tested using the YCDC testing recommendations (including those with mild symptoms?)

William.Sibold

From: William.Sibold
Sent: Monday, March 15, 2021 3:52 PM
To: Brenda.Dedon; Jane.Boutette
Cc: Lori.Strudwick
Subject: WCC COVID 19 Vaccine

Hi Brenda & Jane,

I hope you are both well!

I am writing to see if you had any time to consider options for delivering ongoing COVID-19 vaccinations to WCC Inmates... We are keeping a list of Inmates who are due/ coming up due for dose 2 vaccines (having received the first in a Community or at WCC), and a few who have expressed interest in their first vaccine. We are legally obligated to offer an option to get the vaccine, so I'm hoping we can make an arrangement that works for both of us...

My ideas:

- No more mass vaccine clinics for COVID-19 at WCC; Staff have been directed to the Public Clinic, it is only Inmates we need to worry about
- What about arranging for one of your CHN's to come (when our list of Inmates waiting for vaccine hits 10) to quickly administer 1 vial? Would likely only need to do this monthly, and would require minimal nursing resources?
- The same idea as above, but having Angie from YCDC do the vaccinations instead of one of your CHN staff (as she is here every week anyways)?

Anyways, I hope we can work something out!

I hope to hear from you!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 16, 2021 11:26 AM
To: Angela.MacNeil
Cc: Lori.Strudwick; Natasha.Klein
Subject: WCC

Hi Angela!

Was just wondering when the next time you are at WCC is... there are a few people requesting to see Public Health (now that they know you are back!).

Also, Brenda & Jane informed me that they will come to WCC on March 25, 2021 to do COVID-19 vaccines for Inmates interested. They told me they are checking with Lori, but they were going to offer to train you at that time to do same...for ongoing COVID-19 vaccination at WCC. I hope you'd be interested! ☺

Look forward to hearing from you,

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 16, 2021 11:44 AM
To: Angela.MacNeil
Subject: RE: WCC

Hi Angie,

So sorry you did not get the e-mail that you were supposed to. The requests just came in today, but we can manage them.

The Nurses list is:
Me
Natasha
Sasha
Aldous
Jerson Dianna
Bethany McIntyre
Liza Mannen

Maybe connect with Brenda and Jane about the training...they seem to be fully supportive of giving you access to supply ☺

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Tuesday, March 16, 2021 11:35 AM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: WCC

Hi Will

I called yesterday at lunch time as I had not received an email list of inmates that wanted to be seen. When I called I was told there was no one on the list so I did not come!!
Glad Covid vaccine follow ups are going to be done. I am off March 25 but I can easily go to the convention centre to do some training. I already have done the online course. So happy to do future follow ups after March 25.
I won't be there next Monday due to a YCDC event going on here but after that I am scheduled for all Mondays. I usually receive a list prior to arrival of clients that wish to be seen. I should also get an updated list of WCC nurses as the only ones I know are Aldous, Tasha at Sasha. I will make a WCC RN group email.
Talk soon

Angie

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Tuesday, March 16, 2021 11:26 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>; Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: WCC

Hi Angela!

Was just wondering when the next time you are at WCC is... there are a few people requesting to see Public Health (now that they know you are back!).

Also, Brenda & Jane informed me that they will come to WCC on March 25, 2021 to do COVID-19 vaccines for Inmates interested. They told me they are checking with Lori, but they were going to offer to train you at that time to do same...for ongoing COVID-19 vaccination at WCC. I hope you'd be interested! ☺

Look forward to hearing from you,

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, March 19, 2021 10:30 AM
To: Lori.Strudwick
Cc: Jennifer.Armstrong
Subject: Walkthrough

Hi Lori & Jennifer,

Thank you for your time and input yesterday at WCC. It was very eye opening, and also somewhat anxiety provoking ☺. It looks like we have a lot of work to do, and I am very thankful for your support. You have been exceptional in assisting me navigate the complicated world of Public Health.

A few thoughts and follow-up points:

- The scope of my authority as Health Services Supervisor/ Manager is essentially limited to health services department policy, procedure, and services. This is part of the reason the job title was changed to "Supervisor" from "Manager" after Sarah Gau departed (despite the job description and union exempt status remaining the same). Therefore, while I have full control of our nursing procedures for COVID 19 testing, ordering isolation, etc – I have no official authority as it related to Correctional Officer staffing, procedures, training, etc. Similarly, Inmate placement within the facility, movement, access to supplies/ items, etc – are outside my scope. I am consulted to give recommendations and opinions, however the choice to follow these is outside my control. Therefore, I feel that we should look to include Mr. Robert Clarke (Superintendent) in all future discussions that involve COVID-19 policy/ procedure at WCC. It may help if he hears YCDC concerns and recommendations directly, and not through me.

- I inquired about access to building layout maps/ blue prints for YCDC. This is a "hard no". Secure Correctional Facilities hold these documents in extremely strict confidence, due to the fact they can be used for Inmate escape plans, breaches of security by criminal/ terrorist groups, foreign adversaries.

- The Staff gym must stay open and operational at all times. This is due to the requirement for Peace Officer's to maintain a measureable standard of fitness required for employment and occupational health/ safety. We will continue to ensure it is a single use gym with appropriate cleaning solution. We would prefer to rely upon our stored video surveillance data for gym contact tracing, if possible. We do not expect good compliance with a paper log, and feel the camera system is more accurate (data is stored long term).

- Mr. Robert Clarke and I wondered about whether you'd be producing and providing us with a deficiency report/ walkthrough report identifying all the noted deficiencies/ concerns. We are hopeful we could get such a document to use in improving our protocol in the future.

Thanks again for coming. While the relationship between YCDC and WCC has not always been great, yesterday's walkthrough was a huge step forward – and I truly appreciate it.

Talk soon,

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Monday, March 22, 2021 2:23 PM
To: Brenda.Dedon; Jane.Boutette
Subject: RE: WCC COVID 19 Vaccine

Hello!
All good on our end:

Current numbers (will e-mail again on Wednesday with the FINAL numbers):
12 x dose 2
4 x dose 1

Let me know when you know who will be attending, so I can update the Reception to expect their arrival ☺

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Monday, March 22, 2021 12:58 PM
To: William.Sibold <William.Sibold@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Subject: RE: WCC COVID 19 Vaccine

Will,
I wanted to confirm our plans for visiting WCC for another round of COVID19 vaccines. The plan is to have 2 nurses from Whitehorse Health Centre come on Thursday, March 25 from 1300-1530. I believe there are 10 inmates due for dose #2. Do you also have a number of inmates requesting dose #1?
Is this all still good on your end?

Yukon

Brenda Dedon, RN, BScN, IBCLC, CCHN(C)
Manager, Public Health
Health & Social Services | Community Nursing
T 867-667-8966| C 867-334-7567| F 867-667-8338 | Yukon.ca

I respectfully acknowledge that I work within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 15, 2021 3:52 PM
To: Brenda.Dedon <Brenda.Dedon@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: WCC COVID 19 Vaccine

Hi Brenda & Jane,

I hope you are both well!

I am writing to see if you had any time to consider options for delivering ongoing COVID-19 vaccinations to WCC Inmates... We are keeping a list of Inmates who are due/ coming up due for dose 2 vaccines (having received the first in a Community or at WCC), and a few who have expressed interest in their first vaccine. We are legally obligated to offer an option to get the vaccine, so I'm hoping we can make an arrangement that works for both of us...

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Anyways, I hope we can work something out!

I hope to hear from you!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Monday, March 22, 2021 2:37 PM
To: Lori.Strudwick; Jennifer.Armstrong
Subject: WCC COVID Inspection
Attachments: 2021.03.22 - Covid Inspection Report from Christopher Kenny - Environment Health Services.pdf

Hello,

See attached Inspection report from Environmental Health. We will wait for your feedback/ report and reconcile/ assess recommendations.

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 23, 2021 8:56 AM
To: Lucy-Anne.Kay
Cc: Valerie.Goodkey
Subject: RE: COVID Vaccine

Oh Dear. Lets keep working on it!

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lucy-Anne.Kay <Lucy-Anne.Kay@yukon.ca>
Sent: Tuesday, March 23, 2021 8:27 AM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: RE: COVID Vaccine

Morning,

The Covid response coordinator did respond; HS&S did not – sounds like they were a little short staffed this week.

Lucy-Anne

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 22, 2021 6:22 PM
To: Lucy-Anne.Kay <Lucy-Anne.Kay@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: COVID Vaccine

Hi Lucy-Ann,

Did you ever hear from CYFN vaccine team about coming in for some education? The team will be here on the 25th to deliver vaccinations, and I'll need the final numbers by the 24th (mid-day).

If they can't make it before, that is OK. We will be offering the vaccine at least monthly going forward, so they can come anytime :-).

WS

William.Sibold

From: William.Sibold
Sent: Monday, April 26, 2021 9:32 AM
To: Robert.Clarke
Subject: COVID Response Call

Hi Robert,

I don't have any meaningful updated STATs to report. We will need to re-do our STATs here shortly (due to people coming/ going).

The call was mostly regarding our plan for ongoing vaccination services, which is to have Community Nursing come monthly to complete any requested/ outstanding Dose 1 & Dose 2 Inmates requesting service. There is a plan to transition this to YCDC eventually, through our weekly Public Health Nurse (Angela MacNeil). CYFN was invited, multiple time, to attend for education sessions. Val had assigned Lucy Ann to arrange this. To date, despite multiple requests and prompts from Lucy Ann, they have not made any arrangement to attend to give education sessions to WCC Inmates.

Kind regards.

Yukon

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: Valerie.Goodkey
Sent: Wednesday, February 10, 2021 2:31 PM
To: William.Sibold
Cc: Natasha.Klein
Subject: FW: Vaccine - client list

Hi Will,

Here is the list for the clients who received their first vaccine. I asked from the Vaccine group the names of the staff who attended and they were unable to provide this info to me.

From: Valerie.Goodkey
Sent: Monday, January 25, 2021 1:17 PM
To: Sasha.Kallos <Sasha.Kallos@yukon.ca>
Cc: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: Vaccine - client list

Hi Natasha,

Here is the list of inmates that accepted the vaccine on January 21st.

70(1)

43 Total
14 inmates
29 Staff
1 New Staff

Valerie Goodkey
Deputy Superintendent Programs
Justice | Whitehorse Correctional Centre
T 867-455-2900 | F 867-455-2992 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Thursday, February 25, 2021 10:34 AM
To: William.Sibold; JUS-WCC-NUR
Cc: Valerie.Goodkey
Subject: COVID 19 clinic

Hi All,

Received COVID 19 Vaccine
Inmates:
1st Dose : 5

2nd Dose: 14

Staff:
1St Dose: 29

2nd Dose: 22

All inmates vaccination cards have copies on their charts and originals in personals. They were notified of this as they signed into clinic yesterday. I have place an instruction sheet on how to get an appointment for their second vaccine if needed in the envelope for those who require it. I will also be posting this on the units as well as the vaccone availability schedule.

Cheers,
Natasha

Yukon

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta'an Kwäch'än

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COVID-19 VACCINATION CLINIC – WCC **February 24, 2021 0900-1700 – Gathering Room**

SIGN-UP SHEET/ SCHEDULE

TIME	VACCINE NURSE 1 (INMATES ONLY)	VACCINE NURSE 2	VACCINE NURSE 3	VACCINE NURSE 4
0900				
0910				
0920				
0930				
0940				
0950				
1000				
1010				
1020				
1030				
1040				
1050				
1100				
1110				
1120				
1130				
1140				
1150				

70(1)

70(1)

(19) inmates brew 1st dose. & 51 CO's

[redacted]

COVID-19 VACCINATION CLINIC – WCC **February 24, 2021 0900-1700 – Gathering Room**

SIGN-UP SHEET/ SCHEDULE

TIME	VACCINE NURSE 1 (INMATES ONLY)	VACCINE NURSE 2	VACCINE NURSE 3	VACCINE NURSE 4
1200	Blocked - Lunch			
1210				
1220				
1230				
1240				
1250				
1300				
1310				
1320				
1330				
1340				
1350				
1400				Blocked - Lunch
1410				
1420				
1430				
1440				
1450				

70(1)

COVID-19 VACCINATION CLINIC – WCC

February 24, 2021 0900-1700 – Gathering Room

SIGN-UP SHEET/ SCHEDULE

TIME	VACCINE NURSE 1 (INMATES ONLY)	VACCINE NURSE 2	VACCINE NURSE 3	VACCINE NURSE 4
1500				
1510				
1520				
1530				
1540				
1550				
1600				
1610				
1620				
1630				

70(1)

70(1)

Natasha.Klein

From: Natasha.Klein
Sent: Friday, April 30, 2021 9:26 AM
To: William.Sibold; Mark.Bursey
Subject: RE: COVID Vaccines

Mark!
I have the consent form we can fill them out. We have all the information required!
Thanks!

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, April 30, 2021 9:13 AM
To: Mark.Bursey <Mark.Bursey@yukon.ca>; Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: COVID Vaccines

Hi Mark,

Community Nursing will be at WCC on May 6, 2021 at 1300 to give COVID-19 vaccines. I understand a few of the BCC guys want in (6 so far). Can you go through the list of BCC guys this weekend and make sure we have all the documentation that Yukon Community Nursing will need on those Inmates:

- Name
- DOB
- Nunavut Healthcare Number
- COVID-19 Vaccination Status (Unvaccinated, Dose 1, or Dose 2)
    - If they are to receive dose 2 from us, we will need the record from Nunavut showing dose 1 and the date it was given
    - Nothing further is needed for the guys receiving their first dose from us

Let Natasha and I know when/ where you've set this aside and we will make sure the COVID-19 vaccine team gets the information!

WS

Yukon

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: William.Sibold
Sent: Friday, April 30, 2021 9:13 AM
To: Mark.Bursey; Natasha.Klein
Subject: COVID Vaccines

Hi Mark,

Community Nursing will be at WCC on May 6, 2021 at 1300 to give COVID-19 vaccines. I understand a few of the BCC guys want in (6 so far). Can you go through the list of BCC guys this weekend and make sure we have all the documentation that Yukon Community Nursing will need on those Inmates:

- Name
- DOB
- Nunavut Healthcare Number
- COVID-19 Vaccination Status (Unvaccinated, Dose 1, or Dose 2)
    - If they are to receive dose 2 from us, we will need the record from Nunavut showing dose 1 and the date it was given
    - Nothing further is needed for the guys receiving their first dose from us

Let Natasha and I know when/ where you've set this aside and we will make sure the COVID-19 vaccine team gets the information!

WS

Yukon

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: William.Sibold
Sent: Friday, April 30, 2021 8:26 AM
To: Natasha.Klein
Subject: FW: COVID 19 Vaccines
Attachments: melinda arnett.pdf

FYI

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: William.Sibold
Sent: Friday, April 30, 2021 8:25 AM
To: Joel.Rogers <Joel.Rogers@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>; WCC-Reception <WCC-Reception@yukon.ca>
Subject: COVID 19 Vaccines

Hi Joel,

Community Nursing will be sending 1 RN on May 6, 2021 at 1300 to do COVID-19 vaccines at WCC. Attached is the site access form for approval.

Kind regards,

WS

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Friday, March 26, 2021 10:37 AM
To: Angela.MacNeil
Cc: JUS-WCC-NUR
Subject: results

Hey Angie!
We did a COVID swab on 70(1) **on Monday and we have not received the result I am wondering if you have gotten anything on your end?**
DOB: 70(1)
So far your othere gentlemen have not been on our radar!
Thanks so much.

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council

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If you are the intended addressee, please be aware that the contents of this e-mail may be disclosed under the Access to Information and Protection of Privacy Act.

Yukon

Date: March 26, 2021

To: WCC Health Services Staff, Physicians, Dental Professionals

Re: COVID-19 Prevention – Reminders from YCDC

I have had the opportunity to review a report from YCDC based on their recent walkthrough of WCC on March 18, 2021. Based on this report, I am reminding all WCC Health Services Staff, Physicians, and Dental Professionals of the following:

- Please store your personal items (with the exception of only the most essential personal items) in the Staff Locker Rooms located in the Administration Area of WCC.

- Please only eat/ drink in designated areas (such as the Staff room in the WCC Administration Area, or in the Health Services Staff room).
- Please take the time to clean and disinfect all eating areas after use, with the approved disinfecting/ sanitizing/ cleaning products provided, following the directions that were provided to us by YCDC at the beginning of the COVID-19 Pandemic.
- Please stagger meal break times in the Health Services break room, one at a time, wherever possible.

- Please store all clean medical supplies in the cupboard, and do not leave same on the open counter.

- Remember that a mask is required to be worn by staff at all times while inside WCC.
- Please try to maintain social distancing of six feet while in the Nursing Stations, and take time to disinfect the computer keyboards in between use by different staff.

Thank you for your attention to these items. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

William Sibold RN, MN
Health Services Manager – WCC

Natasha.Klein

From: William.Sibold
Sent: Saturday, March 27, 2021 2:26 PM
To: JUS-WCC-NUR
Cc: 'Physician Whitehorse Correctional'; Leo.Elwell
Subject: COVID 19 Walkthrough
Attachments: March 26, 2021 Memo COVID 19.pdf

Hi WCC Nurses, Physicians, Dental Professionals:

Please see attached memo, dated March 26, 2021.

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Natasha.Klein

From: Natasha.Klein
Sent: Monday, March 8, 2021 10:54 AM
To: Angela.MacNeil
Subject: RE: Covid record

Yes, that is the question. I was hoping to discuss that with you when you arrive. We have some ideas. NO, they have told us they wont do a dose two clinic. This will be an ongoing problem.

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Monday, March 8, 2021 10:41 AM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: Covid record

No problem. What is the plan for follow up covid immunizations at WCC? Have you had your second dose clinic from the initial WCC Covid clinic? This, I think, may be an ongoing issue with you guys for awhile. Everyone will be on different schedules. See you this afternoon.

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Monday, March 8, 2021 10:36 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: RE: Covid record

While we are at it. Can you bring a record for 70(1)

From: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Sent: Monday, March 8, 2021 10:29 AM
To: Natasha.Klein <Natasha.Klein@yukon.ca>
Subject: RE: Covid record

He received it on March 2, 2021

From: Natasha.Klein <Natasha.Klein@yukon.ca>
Sent: Monday, March 8, 2021 10:26 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: Covid record

Hi Angie,
We have a new inmate that reports getting the COVID 19 vaccine 1, but does not know when. Are you able to send a copy of his record so we can try and set him up for 2?

Thank you 70(1)

Cheers,
Tash

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta'an Kwäch'än

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70(1)

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Tash

Natasha.Klein

From: William.Sibold
Sent: Friday, February 19, 2021 9:31 AM
To: Natasha.Klein
Subject: FW: COVID provider update #18
Attachments: 21-02 COVID provider update #18.pdf; Moderna_Symptom_One_Sheet_Feb_18.pdf

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Friday, February 19, 2021 9:30 AM
To: Benton.Foster <Benton.Foster@yukon.ca>; Cathy.Stannard <Cathy.Stannard@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>; YukonMOHs <YukonMOHs@yukon.ca>; hss-ycdc-staff <hss-ycdc-staff@yukon.ca>; 'maczim@northwestel.net' <maczim@northwestel.net>; Marija.Pavkovic <Marija.Pavkovic@yukon.ca>; Su.Omura <Su.Omura@yukon.ca>; Sherry.Kobelak <Sherry.Kobelak@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>; Brenda.Dedon <Brenda.Dedon@yukon.ca>; Sheila.Thompson <Sheila.Thompson@yukon.ca>; Melanie.Kaiser <Melanie.Kaiser@yukon.ca>; Sharon.Hamilton <Sharon.Hamilton@yukon.ca>; Jeffrey.Hiltz <Jeffrey.Hiltz@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>; Keith.Welch <Keith.Welch@wgh.yk.ca>; Stephanie.Gionet <Stephanie.Gionet@wgh.yk.ca>; Gregory.Shaw <Gregory.Shaw@yukonhospitals.ca>; Alicia.McDougall <Alicia.McDougall@gov.yk.ca>; InfectionControl <InfectionControl@yukonhospitals.ca>; Lara.Murphy <Lara.Murphy@wgh.yk.ca>; Prev.Naidoo <Prev.Naidoo@wgh.yk.ca>; Carol.Chiasson <Carol.Chiasson@wgh.yk.ca>; Zoe.Faloon <Zoe.Faloon@yukon.ca>; Angela.Cable <Angela.Cable@yukon.ca>; Samantha.Stewart - HSS <Samantha.Stewart@yukon.ca>; Barbara.Adel <Barbara.Adel@yukon.ca>; Sheryl-ann.Wasson <Sheryl-Ann.Wasson@yukon.ca>; Megan.Lee <Megan.Lee@yukon.ca>; 'amy-lynn.mccann@kdfn.net' <amy-lynn.mccann@kdfn.net>; 'Amy.Genier@kdfn.net' <Amy.Genier@kdfn.net>; HSS-DawsonMedical <dawsonmedicalclinic@yukon.ca>; Anne.Aram <Anne.Aram@yukon.ca>; Gerard.Dinn <Gerard.Dinn@yukon.ca>; Ryan.Soucy <ryan.soucy@yukon.ca>
Cc: 'Romney, Dr. Marc [PH]" <MRomney@providencehealth.bc.ca>; 'Ostry, Avi [PH' <AJOstry@providencehealth.bc.ca>; 'Jang, Willson [PH' <WLJang@providencehealth.bc.ca>
Subject: COVID provider update #18

Hello everyone,

As COVID-19 immunization continues and dates have been announced for the public clinics, please see information attached on testing reminders for COVID-19 and the interplay between COVID-19 infection and possible side effects of COVID-19 immunization.

Thank you all for your continued hard work,
Lori

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

I respectfully acknowledge that I live and work in the traditional territory of the Kwanlin Dun First Nation and the Ta'an Kwäch'än Council.
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Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

Yukon Communicable Disease Control
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8

Memorandum

Date: 2021-02-19 **21-02**

To: All Health Care Providers

From: Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)

Subject: COVID-19 provider update # 18 - Testing reminders

Dear Colleagues:

As we see the increase of presence of variants of concern (VOC) in Canada and ongoing COVID-19 immunization clinics in Yukon, we wanted to provide some reminders about the importance of testing when COVID-19 is a possibility.

COVID-19 Immunization expected reaction versus COVID-19 infection

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but can last longer.

Common expected side effects **within a day or two** after getting a vaccine include the following:

> LOCAL SIDE EFFECTS: These include pain, swelling, or redness at the injection site. In some cases, local reactions may appear a week later with redness and swelling around the injection site.
>
> GENERAL SIDE EFFECTS: These symptoms may include fever, fatigue, headache, chills, muscle or joint soreness, nausea and vomiting.

There is an obvious overlap between some of the side effects of the vaccine and COVID-19 infection. Therefore, it is important not to assume that all symptoms are due to vaccine. **Please continue to apply existing testing recommendations (Whitehorse, Rural, and saline gargle) and the corresponding decision support tools.**

Considerations that support testing for COVID-19 post-vaccine include:

- presence of COVID-19 exposure risk factors (known contact or recent travel outside Yukon)
- presence of cough, sore throat or other respiratory symptoms that are not side effects of the vaccine
- presence of "red" symptoms, irrespective of duration or onset timelines: particularly cough, shortness of breath or difficulty breathing and/or loss of taste or smell
- multiple or progressive symptoms
- onset of symptoms greater than 48 hours post immunization
- duration of symptoms for greater than 48 hours post immunization

Please note that although vaccine side effects are common, we are also in a time of increased vigilance for COVID-19 variants and relatively low population testing rates. If you are asked to advise on testing for a patient post vaccine, consider the above criteria. Where there is uncertainty, err on the side of caution and test. This is especially important for all travellers or contacts, health care workers, persons living or working in congregate settings, rural YT or those with complex medical histories. Please see public information sheet that will be accompanying COVID-19 immunization attached.

COVID-19 immunization history and testing

At this time, there is no change in testing recommendations for persons who have been immunized either partially or fully against COVID-19. Test as per existing testing recommendations.

Thank you for your continued cooperation and support,

Brendan E. Hanley MD CCFP(EM) MPH
Chief Medical Officer of Health for Yukon
Cell: 75(1)

Catherine Elliott MD MHSc FRCPC
Deputy Chief Medical Officer of Health for Yukon
Cell. 75(1)

Lori Strudwick MN RN
Clinical Manager, YCDC
#4 Hospital Rd, Whitehorse, YT
Ph (867) 667 8178
Fax. (867) 667-8349

When should I get tested for COVID-19?

Side effects after receiving the Moderna vaccine are common, but usually mild. Most of the time these will go away after a day or two, but sometimes they can last longer. See the Moderna Vaccine After-Care sheet for advice on how to manage your symptoms.

The following is a guide on how to know whether the side effects are due to the vaccine, or are symptoms of a COVID-19 or other infection.

Commonly expected side effects **during the first day or two** after getting a vaccine include the following:

> **LOCAL SIDE EFFECTS**: These include pain, swelling, or redness where the vaccine was given. In some cases, local reactions may appear a week later with redness, swelling and itching around the injection site. Placing a cool, damp cloth or wrapped ice pack on the spot where the vaccine was given may help.
>
> **GENERAL SIDE EFFECTS**: These symptoms may include tiredness, headache, fever, chills, muscle or joint soreness, nausea and vomiting.

Most of the time, vaccine-related side effects will go away on their own after a day or two.

Some of the side effects of the vaccine are similar to symptoms of COVID-19 infection, while others are not. For example, cough or other respiratory symptoms are not side effects of the vaccine and are more likely to be due to a respiratory infection like COVID-19. Therefore, it is important not to assume that all symptoms are due to the vaccine.

If you received the Moderna vaccine and experience symptoms, AND you are a contact of someone with COVID-19 or have returned from out-of-Yukon travel in the last 14 days, it is very important that you self-isolate and arrange for COVID-19 testing as soon as possible.

Use the COVID-19 Self-Assessment Tool available at service.yukon.ca/en/covid-19-self-assessment/ or call 811 if you experience any symptoms of COVID-19 infection (apart from local injection-site reactions), especially respiratory symptoms such as cough, runny nose, sore throat, or shortness of breath.



Government of Yukon • February 2021

Yukon

Natasha.Klein

From: Natasha.Klein
Sent: Friday, February 19, 2021 11:43 AM
To: JUS-WCC-NUR
Subject: Vaccine

Hey Nurses!
When doing admits over the weekend can you please ask new clients if they want to Covid 19 vaccine on Feb 24, if so, please write there name on Mondays calendar and I will schedule them in!

In addition to my last email, I would like to add, The person under investigation form needs to be filled out and faxed to YCDC if you swab or they are place on H unit due to travel!

Yukon

Natasha Klein
Licensed Practical Nurse
Justice | Whitehorse Correctional Centre
T 867-455-2930 | F 867-455-2991

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Yukon

0187

MEMORANDUM

To: All WCC Officer's, Staff, Contractors, & Volunteers

Date: March 1, 2021

Re: WCC COVID-19 Vaccination – Dose 2 (Officer's, Staff, Contractors, Volunteers)

This MEMO is to clarify the process for all WCC Officer's, Staff, Contractors, & Volunteers requiring Dose 2 of the Moderna COVID-19 vaccination, which is due 28-35 days after Dose 1.

As you know, YCDC was at WCC on February 24, 2021 administering COVID-19 vaccinations, many of which were Dose 1 vaccinations. YCDC **will not** be returning to WCC to give you Dose 2 of the vaccination. This is because COVID-19 vaccination clinics are now open to all eligible Yukon Residents (18+) and all YCDC resources and staff are needed to successfully operate these public clinics.

Therefore, you will need to access the YCDC Public COVID-19 Vaccination Clinic(s) to receive dose 2 of your vaccine **28-35 days after** dose 1(between March 24 and 31, 2021). You can contact 811 to book your appointment, or you can book online by visiting **yukon.ca/this-is-our-shot**. Please note that booking for March 24-31, 2021 has not yet opened, but will shortly.

When you attend your Dose 2 appointment, try to remember to bring your official vaccination record (vaccine card) for updating. This card is very valuable, so please do not lose it! I recommend taking a picture with your phone or keeping a photocopy in a safe place. It is possible this record/ card will be required for travel and border crossing purposes in the coming months.

COVID-19 Vaccination Dose 2 arrangements for Inmates are still in the works, and more information will be shared as it becomes available.

Please let me know if you have any questions or concerns,

Sincerely,

William Sibold RN, MN
Supervisor, Health Services – WCC

Natasha.Klein

From: William.Sibold
Sent: Monday, March 1, 2021 9:55 AM
To: JUS-CJPS-CC-WCC
Cc: Craig.Dempsey; Daniel.Witt; Lauren.Seabrook
Subject: COVID 19 Vaccine Dose 2 WCC Memo
Attachments: March 1, 2021 - COVID 19 Clinics WCC.pdf

Hello All,

Please see attached memo regarding obtaining your Dose 2 COVID-19 vaccination, if you received dose 1 of the vaccine at our recent clinic on February 24, 2021.

Please let me know if you have any questions or concerns.

Regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

0189

COVID-19 testing recommendations for Whitehorse Correctional Centre (WCC) Inmates

2021-02-23

At this time, there is no evidence of community spread of COVID-19 in Yukon. As we begin to re-open to other provinces and territories, the interactions between populations will change. As a result, early detection and tracing of COVID-19 cases and contacts is a critical public health strategy to help maintain our goal of case detection and containment.

1. **Test individuals with new symptoms compatible with COVID-19, however mild:**

The most commonly found COVID-19 symptoms include:

• **Fever**	• **Sore throat**	• **Loss of appetite**
• **Chills**	• **Loss of sense of taste or smell**	• **Nausea and vomiting**
• **Cough***	• **Headache**	• **Diarrhea**
• **Shortness of breath**	• **Fatigue**	• **Muscle aches**
• **Runny nose**		

*or acute exacerbation of a chronic cough

Less common symptoms of COVID-19 infection may include: stuffy nose, conjunctivitis, dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes.

Notify YCDC of all persons tested for COVID-19 and all symptomatic individuals declining testing for further management

Immediate management of all persons tested:

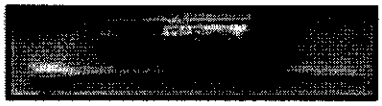
- ✓ Place inmate on contact and droplet precautions (including, face shield or goggles, mask, gown and gloves)
- ✓ Explain self-isolation within the WCC context.
- ✓ Report. **All persons investigated must be reported by fax to YCDC.** Fax COVID reporting form or outpatient assessment form including current phone number to YCDC 667-8349 (step 4).

Monday to Friday 830-430: YCDC 667-8323 or 667-5080

Weekends, holidays and after hours: MOH on call 332-6922

Testing is not recommended in asymptomatic individuals unless directed by YCDC/MOH

2. How to test: NP Swab: collect specimen using the "red top" NP swab, complete the BCCDC PHL virology requisition provided by YCDC that has the words "GeneXpert" written on it.



Collection:

- Red top viral collection kits only. The red top collection kit is compatible with the in-house

GeneXpert machine at WGH and results will be available within 4 hours. **Transport the specimen to the lab as soon as possible to support a timely result.**

- If the Hologic Aptima (unisex urethral swabs- CT/GC NAAT) is used in error, it will be sent to BCCDC and results will take 2-3 days as per previous process.

Specimen:

- Collect 1 Nasopharyngeal swab (NP) with "red top" viral collection kit.
- Patients with any symptoms of lower respiratory infection should also have a sputum sample collected.

3. All persons tested for COVID-19 must be isolated from others

Inmates, must be place in a separate room on contact and droplet precautions. Any inmates on isolation requiring transfer to another facility ie WGH or another correctional facility, must be notified of current precautions in place to support safe care prior to the initial of inmate transfer.

4. Notify YCDC of all persons tested for COVID-19

WCC PUI form to be completed by nursing staff and emailed to YCDC(YCDCSurveillance@yukon.ca) or by fax to 667-8349 the same day as test.

5. For more information:

Yukon health care provider guidance documents are found at:
http://www.hss.gov.yk.ca/health_professionals_guidelines.php

Information on donning (putting on) and doffing (removing) PPE can be found at:
https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pdf
https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

Public information is available at: https://yukon.ca/covid-19

Yukon
Health and Social Services
Santé et Affaires sociales

ENVIRONMENTAL HEALTH SERVICES INSPECTION REPORT
SERVICE D'HYGIÈNE DU MILIEU : RAPPORT D'INSPECTION

#2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Phone (867) 667-8391 • Toll Free: 1-800-661-0408 ext. 8391 • Fax (867) 667-8322
2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Tél : (867) 667-8391 • Sans frais au Yukon : 1-800-661-0408, poste 8391 • Téléc. : (867) 667-8322

Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Recommendations	
	- Muster room should have sanitizer so staff	
	can wipe down their areas after meetings.	
	- Muster room should remove cloth chairs.	
	- Alot of chairs were in the muster room.	
	distance staff members by having them	
	sit two chairs away from the next staff	
	member.	
	- Staff room should have all areas removed	
	so 2 metres of distance is maintained.	
	- officers should be reminded to sanitize	
	their work station frequently.	
	- Gym needs 2 sanitizing bottles.	
	- Gym does not have equipment distanced	
	- A sign should indicate that only 25 staff	
	are to be inside and they must be	
	distanced at all times.	
	- All areas that staff work should have	
	sanitization solution available.	
	—	

Report Received By • *Rapport fait par*

Joel Rogers — Print Name • *Nom en lettres moulées*
Deputy Superintendent — Position Title • *Fonction*
Signature • *Signature*
2021.03.22 — Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*
March 22-2021 — Date Signed • *Signé le*

Do Not Use This Area • *Ne pas écrire dans cette zone*

Personal information is collected under the authority of the *Public Health & Safety Act* for the purpose of safeguarding public health. This information may be accessible under the *Access to Information & Protection of Privacy Act*. Questions regarding the collection of this information should be directed to the Manager, Environment Health Services, at (867) 667-8391.
Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques *en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la* Loi sur l'accès à l'information et la protection des renseignements personnels. *Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygiène du milieu, au (867) 667-8391.*

Yukon
Health and Social Services
Santé et Affaires sociales

ENVIRONMENTAL HEALTH SERVICES INSPECTION REPORT
SERVICE D'HYGIÈNE DU MILIEU : RAPPORT D'INSPECTION

#2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Phone (867) 667-8391 • Toll Free: 1-800-661-0408 ext. 8391 • Fax (867) 667-8322
2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Tél : (867) 667-8391 • Sans frais au Yukon : 1-800-661-0408, poste 8391 • Téléc. : (867) 667-8322

Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*
Whitehorse Correctional Centre	March 22/21	12:00 pm

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*
25 University Dr. Whitehorse	Joel Rogers	

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Covid-19 Assessment.	
	- All staff were wearing masks at time of inspection	
	- Ecolab Peroxide Multi Surface Disinfectant	
	8.00 % Hydrogen peroxide.	
	- Avmor Disinfection. - Caviwipes	
	- Acid bathroom Cleaner Ecolab.	
	These products were available in	
	both control stations.	
	- Hand sanitizer available throughout	
	facility.	
	- Staff break rooms have around 8 people	
	maximum.	
	- Muster room has 15 chairs around	
	several tables that have been pushed together.	
	6-8 are in the room at a time.	
	A majority of chairs are leather. Some are	
	cloth.	
	- IN staff are isolated while 811 is called.	
	811 advises them on what to do. Staff that	
	are IN will be sent home. IN staffs	
	area is then sanitized.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques *en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la* Loi sur l'accès à l'information et la protection des renseignements personnels. *Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygiène du milieu, au (867) 667-8391.*

Yukon
Health and Social Services
Santé et Affaires sociales

ENVIRONMENTAL HEALTH SERVICES INSPECTION REPORT
SERVICE D'HYGIÈNE DU MILIEU : RAPPORT D'INSPECTION

#2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Phone (867) 667-8391 • Toll Free: 1-800-661-0408 ext. 8391 • Fax (867) 667-8322
2 Hospital Road, Whitehorse, Yukon Y1A 3H8 • Tél : (867) 667-8391 • Sans frais au Yukon : 1-800-661-0408, poste 8391 • Téléc. : (867) 667-8322

Name of Premises • *Nom de l'établissement*	Date • *Date*	Time • *Heure*

Location • *Emplacement*	Owner/Operator • *Propriétaire/exploitant/exploitante*	Phone • *Téléphone*

Code *Code*	Details *Détails*	Correction Required By *À corriger au plus tard le*
	Reymark - De lean Janitorial staff.	
	- Laundry is first thing in the morning	
	- Then all doorknobs and handles are disinfected	
	EPS 9 is used on the handles. This happens 2x	
	in the mornings. After lunch the stair railings	
	and doorhandles are all disinfected again.	
	Washrooms are then cleaned.	
	Muster room is disinfected once in the morning.	
	Staff eating areas are disinfected once a day	
	in the morning.	
	All high touch areas are disinfected at least 2x	
	a day. Reception area is sanitized 2x a day	
	once in the morning and once in the evening.	
	Lunch is eaten in the unit or at ✓	
	their station. Some officers eat in the break	
	rooms.	
	Staff stay at their post for a year.	
	When inmates are transferred in a vehicle the	
	officer is in charge of sanitizing the car after.	
	Sanitizing supplies are held at the bay where	
	they work.	

Report Received By • *Rapport fait par*

Print Name • *Nom en lettres moulées*	Position Title • *Fonction*	Signature • *Signature*	Date Signed • *Signé le*

Signature of Environmental Health Officer • *Signature de l'agent d'hygiène du milieu*	Date Signed • *Signé le*

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William.Sibold

From: William.Sibold
Sent: Monday, March 22, 2021 2:44 PM
To: Brenda.Dedon; Jane.Boutette
Subject: RE: WCC COVID 19 Vaccine

We will book the first Inmates whenever works for you, how is 1400?

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Monday, March 22, 2021 2:38 PM
To: William.Sibold <William.Sibold@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Subject: RE: WCC COVID 19 Vaccine

We will be sending Shilo Oulette and Loryn Sand. They have both been there previously.
The updated number will be good to get on Wednesday but at the moment I will plan to send along 20 doses.
What time is the first appointment you've got scheduled? I see that we have planned the clinic to be 1300-1530 but I think that was the entire time from set up to take down because we won't likely need that amount of time to see less than 20 clients. (I also have 1330-1530 written down so not sure which one we settled on.) Sorry, I didn't write down the details of our conversation, it seems.

Yukon

Brenda Dedon, RN, BScN, IBCLC, CCHN(C)
Manager, Public Health
Health & Social Services | Community Nursing
T 867-667-8966| C 867-334-7567| F 867-667-8338 | Yukon.ca

I respectfully acknowledge that I work within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 22, 2021 2:23 PM
To: Brenda.Dedon <Brenda.Dedon@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Subject: RE: WCC COVID 19 Vaccine

Hello!
All good on our end:

Current numbers (will e-mail again on Wednesday with the FINAL numbers):

12 x dose 2
4 x dose 1

Let me know when you know who will be attending, so I can update the Reception to expect their arrival ☺

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Monday, March 22, 2021 12:58 PM
To: William.Sibold <William.Sibold@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Subject: RE: WCC COVID 19 Vaccine

Will,
I wanted to confirm our plans for visiting WCC for another round of COVID19 vaccines. The plan is to have 2 nurses from Whitehorse Health Centre come on Thursday, March 25 from 1300-1530. I believe there are 10 inmates due for dose #2. Do you also have a number of inmates requesting dose #1?
Is this all still good on your end?

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From: William.Sibold <William.Sibold@yukon.ca>
Sent: Monday, March 15, 2021 3:52 PM
To: Brenda.Dedon <Brenda.Dedon@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: WCC COVID 19 Vaccine

Hi Brenda & Jane,

I hope you are both well!

I am writing to see if you had any time to consider options for delivering ongoing COVID-19 vaccinations to WCC Inmates... We are keeping a list of Inmates who are due/ coming up due for dose 2 vaccines (having received the first in a Community or at WCC), and a few who have expressed interest in their first vaccine. We are legally obligated to offer an option to get the vaccine, so I'm hoping we can make an arrangement that works for both of us...

My ideas:

- No more mass vaccine clinics for COVID-19 at WCC; Staff have been directed to the Public Clinic, it is only Inmates we need to worry about
- What about arranging for one of your CHN's to come (when our list of Inmates waiting for vaccine hits 10) to quickly administer 1 vial? Would likely only need to do this monthly, and would require minimal nursing resources?
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Anyways, I hope we can work something out!

I hope to hear from you!

WS

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William.Sibold

From: William.Sibold
Sent: Monday, March 22, 2021 2:58 PM
To: Brenda.Dedon; Jane.Boutette
Subject: RE: WCC COVID 19 Vaccine

Excellent, I will arrange it ☺

William Sibold RN, MN
Supervisor, Health Services
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From: Brenda.Dedon <Brenda.Dedon@yukon.ca>
Sent: Monday, March 22, 2021 2:51 PM
To: William.Sibold <William.Sibold@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>
Subject: RE: WCC COVID 19 Vaccine

I think we are fluid with this if you are. I'll ask the nurses to arrive at 1300. They will have vaccine that will not require a thaw time so will be ready to go within about ½ hour once they are through the security procedures. I think they could get started as soon as 1345.

Brenda Dedon, RN, BScN, IBCLC, CCHN(C)
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Anyways, I hope we can work something out!

I hope to hear from you!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 24, 2021 9:50 AM
To: Joel.Rogers
Subject: YCDC Response

Hi Joel,

I think we should go ahead with implementing the Health Officer's recommendations and advise YCDC of same, in writing, as per our prior discussion. Would you be willing to write this e-mail and CC me/ all relevant parties? The name of the contacts at YCDC are:

Lori Strudwick – Manager YCDC & Jennifer Armstrong, Infection Control Coordinator (YCDC)

Let me know ☺

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 24, 2021 11:04 AM
To: Joel.Rogers
Subject: RE: YCDC Response

They are in the Government Directory ☺ Do you know how to search them?

In any event, they are here:

Lori.Strudwick@yukon.ca

Jennifer.Armstrong@yukon.ca

I'll let you know if they ever respond to me.

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Joel.Rogers <Joel.Rogers@yukon.ca>
Sent: Wednesday, March 24, 2021 10:58 AM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: YCDC Response

Do you have their emails?

From: William.Sibold <William.Sibold@yukon.ca>
Sent: March 24, 2021 9:50 AM
To: Joel.Rogers <Joel.Rogers@yukon.ca>
Subject: YCDC Response

Hi Joel,

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Lori Strudwick – Manager YCDC & Jennifer Armstrong, Infection Control Coordinator (YCDC)

Let me know ☺

WS

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Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 24, 2021 1:39 PM
To: Lori.Strudwick
Subject: RE: 15:00 meeting - Public Health and Clinical Meeting COVID-19

Hi Lori,

I'm so sorry. Some very urgent business has come up at WCC and all Managers are engaged today in managing this urgent matter. I won't be able to attend. I'll be in touch soon...

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Wednesday, March 24, 2021 12:56 PM
To: Jan.McFadzen <Jan.McFadzen@yukon.ca>; Jacob.Rohloff <Jacob.Rohloff@wgh.yk.ca>; Amy.Grenier <Amy.Genier@kdfn.net>; Cathy.Stannard <Cathy.Stannard@yukon.ca>; Colleen.Kovach <Colleen.Kovach@yukon.ca>; Catherine.Elliott <Catherine.Elliott@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>; Jane.Boutette <Jane.Boutette@yukon.ca>; Barbara.Adel <Barbara.Adel@yukon.ca>; Samantha.Stewart - HSS <Samantha.Stewart@yukon.ca>; Ryan.Soucy <ryan.soucy@yukon.ca>; Sally.Macdonald-WGH <Sally.Macdonald@wgh.yk.ca>; 'maczim@northwestel.net' <maczim@northwestel.net>; Megan.Lee <Megan.Lee@yukon.ca>; Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>; Amy-Lynn McCann <Amy-Lynn.McCann@kdfn.net>
Subject: 15:00 meeting - Public Health and Clinical Meeting COVID-19

Hi all,

See pdf attached for today's 15:00 meeting.

Thank you,
Lori

Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 24, 2021 6:21 PM
To: Jennifer.Armstrong; Lori.Strudwick
Subject: RE: Walkthrough

Hi Jennifer & Lori,

Sorry for not getting to this sooner. As I'm sure you've heard, WCC is taking a plane of emergency transfer Inmates from Iqaluit – after part of their prison burned down...so we have been VERY busy preparing for their arrival and arranging emergency nursing registration for their staff, etc. It is my understanding that CEMA has already been notified?

As I see Joel, my DSO has been in contact with you about implementing the Environmental Public Health Inspection recommendations. This is planned for tomorrow.

Regarding your recommendations, things will be VERY hectic here for at least 1-2 weeks. Can we look at booking for Friday April 9, 2021? In the meantime, I'd be happy to accept a written list of recommendations to "study" and assess practicality – so we can problem solve any potential issues on the call? Whatever you think is best ☺

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Wednesday, March 24, 2021 9:48 AM
To: William.Sibold <William.Sibold@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: RE: Walkthrough

Hi Will,

Apologies for the delay in response – I had thought I sent an email last week but it didn't send. It was great to meet you and thank you for your time touring through WCC. Can we set a time to have a phone meeting to go through some IPAC recommendations specific to the health services department? What time/day works best for you?

Thanks again,

Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, March 19, 2021 10:30 AM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Cc: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Subject: Walkthrough

Hi Lori & Jennifer,

Thank you for your time and input yesterday at WCC. It was very eye opening, and also somewhat anxiety provoking ☺. It looks like we have a lot of work to do, and I am very thankful for your support. You have been exceptional in assisting me navigate the complicated world of Public Health.

A few thoughts and follow-up points:

- The scope of my authority as Health Services Supervisor/ Manager is essentially limited to health services department policy, procedure, and services. This is part of the reason the job title was changed to "Supervisor" from "Manager" after Sarah Gau departed (despite the job description and union exempt status remaining the same). Therefore, while I have full control of our nursing procedures for COVID 19 testing, ordering isolation, etc – I have no official authority as it related to Correctional Officer staffing, procedures, training, etc. Similarly, Inmate placement within the facility, movement, access to supplies/ items, etc – are outside my scope. I am consulted to give recommendations and opinions, however the choice to follow these is outside my control. Therefore, I feel that we should look to include Mr. Robert Clarke (Superintendent) in all future discussions that involve COVID-19 policy/ procedure at WCC. It may help if he hears YCDC concerns and recommendations directly, and not through me.

- I inquired about access to building layout maps/ blue prints for YCDC. This is a "hard no". Secure Correctional Facilities hold these documents in extremely strict confidence, due to the fact they can be used for Inmate escape plans, breaches of security by criminal/ terrorist groups, foreign adversaries.

- The Staff gym must stay open and operational at all times. This is due to the requirement for Peace Officer's to maintain a measureable standard of fitness required for employment and occupational health/ safety. We will continue to ensure it is a single use gym with appropriate cleaning solution. We would prefer to rely upon our stored video surveillance data for gym contact tracing, if possible. We do not expect good compliance with a paper log, and feel the camera system is more accurate (data is stored long term).

- Mr. Robert Clarke and I wondered about whether you'd be producing and providing us with a deficiency report/ walkthrough report identifying all the noted deficiencies/ concerns. We are hopeful we could get such a document to use in improving our protocol in the future.

Thanks again for coming. While the relationship between YCDC and WCC has not always been great, yesterday's walkthrough was a huge step forward – and I truly appreciate it.

Talk soon,

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, March 26, 2021 7:56 AM
To: Jennifer.Armstrong; Lori.Strudwick
Subject: RE: Walkthrough

Hows 1000? Depending what your recommendations are on the report, we may need to speak sooner – and if so, I'll let you know and we can try and squeeze something in.

Such a busy week!

Hope you are all well!

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Thursday, March 25, 2021 2:01 PM
To: William.Sibold <William.Sibold@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: RE: Walkthrough

Hi Will,

That does sound very busy, hope the transfer goes smoothly for you all! A meeting booked on April 9th sounds great, is there a time that works best for you? I'm working on a summary document with IPAC recommendations specific to the WCC health services department – I should have something for you to review by tomorrow morning. If you have any questions in the meantime, please feel free to email or call anytime at the number below.

Thanks, Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

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To: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
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Thank you for your time and input yesterday at WCC. It was very eye opening, and also somewhat anxiety provoking ☺. It looks like we have a lot of work to do, and I am very thankful for your support. You have been exceptional in assisting me navigate the complicated world of Public Health.

A few thoughts and follow-up points:

- The scope of my authority as Health Services Supervisor/ Manager is essentially limited to health services department policy, procedure, and services. This is part of the reason the job title was changed to "Supervisor" from "Manager" after Sarah Gau departed (despite the job description and union exempt status remaining the same). Therefore, while I have full control of our nursing procedures for COVID 19 testing, ordering isolation, etc – I have no official authority as it related to Correctional Officer staffing, procedures, training, etc. Similarly, Inmate placement within the facility, movement, access to supplies/ items, etc – are outside my scope. I am consulted to give recommendations and opinions, however the choice to follow these is outside my control. Therefore, I feel that we should look to include Mr. Robert Clarke (Superintendent) in all future discussions that involve COVID-19 policy/ procedure at WCC. It may help if he hears YCDC concerns and recommendations directly, and not through me.

- I inquired about access to building layout maps/ blue prints for YCDC. This is a "hard no". Secure Correctional Facilities hold these documents in extremely strict confidence, due to the fact they can be used for Inmate escape plans, breaches of security by criminal/ terrorist groups, foreign adversaries.

- The Staff gym must stay open and operational at all times. This is due to the requirement for Peace Officer's to maintain a measureable standard of fitness required for employment and occupational health/ safety. We will continue to ensure it is a single use gym with appropriate cleaning solution. We would prefer to rely upon our stored video surveillance data for gym contact tracing, if possible. We do not expect good compliance with a paper log, and feel the camera system is more accurate (data is stored long term).

- Mr. Robert Clarke and I wondered about whether you'd be producing and providing us with a deficiency report/ walkthrough report identifying all the noted deficiencies/ concerns. We are hopeful we could get such a document to use in improving our protocol in the future.

Thanks again for coming. While the relationship between YCDC and WCC has not always been great, yesterday's walkthrough was a huge step forward – and I truly appreciate it.

Talk soon,

WS



William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, March 26, 2021 1:06 PM
To: Jennifer.Armstrong
Cc: Lori.Strudwick
Subject: RE: Infection control measures for health services unit at WCC

Thank you for this document. It will be reviewed and we will determine which recommendations to implement based on our unique practice environment.

Should any questions arise, we will discuss with Angie on her next scheduled visit.

At this time, the aforementioned meeting on April 9th will no longer be occurring.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Friday, March 26, 2021 1:03 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Infection control measures for health services unit at WCC

Good afternoon Will,

As discussed, I'm attaching recommended IPAC recommendations specific to the medical unit at WCC. I've separated the items based on what we observed was present at the time of the visit and then recommendations to implement. Some of the recommendations may have already been implemented, which is great. Just let me know if you have any questions about any of the items listed. We aren't certain as to who else to share this document with , so please share as appropriate within your management team.

A couple resources for you:

1. Setting up a clinic – this document is specific to clinical staff in physician offices, but several pieces (preparing spaces, PPE, environmental cleaning) are relevant to your space:
   https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_clinical_staff_in_family_physician_offices_final_june_4_2020.pdf

2. Setting up a health centre – again this document may have some relevant recommendations for your medical space:

https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_community_health_centres_july_27_final.pdf

3. Donning/doffing posters: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pdf
   https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

4. Posters for hand-washing, cleaning, safe six, physical distancing, masking etc.: https://yukon.ca/en/health-and-wellness/covid-19-information/covid-19-resources
   *We recommend you laminate/place in a plastic sleeve and mount in all areas outlined in the attached document.

5. General information on cleaning/disinfection including high touch surfaces: https://yukon.ca/en/health-and-wellness/covid-19-information/industry-operating-guidelines-covid-19/clean-and-disinfect

Thanks so much again for your time.

Talk soon, Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

WCC Inmate Units– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by staff/inmates. ☑ Gym equipment cleaned by each inmate after using the space ☑ Cleaning supplies/wipes are present for all inmates. ☑	☐ Recommend developing written policy of cleaning of inmate units. Include frequency/schedule and include cleaning staff in cleaning of cells when inmates are discharged. ☐ Joel to send WHMIS sheets/other information on cleaning products on all units.
Physical Distancing/ Facility Layout	☑ Mount posters/other visual cues to ensure 2 metres separation. ☑ When staff remove masks to eat on units they must be 2 metres apart at desk. Must not interact with inmates without a mask.	☐ Staff to remind inmates to maintain 2 metres separation. ☐ For symptomatic inmates on medical isolation protocol ensure time out of cell is alone (not cohorted). Staff to maintain 2 metres distance or to wear full contact/droplet PPE if within 2 metres. If unable operationally to keep these individuals separate, notify YCDC for guidance on next steps.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). ☑ Recommend masking signage on all units ☑ Reminder to staff to also mask in non-client work areas (e.g. offices) ☑ Inmates to be regularly offered masks on all units – distributed by staff who perform hand hygiene before handling. Inmates to be instructed on how to use properly. Offered new masks when current mask visibly soiled.	☐ Create donning/doffing station for COs providing care to inmates on medical isolation when required. Include posters with safe donning/doffing technique, posters identifying what precautions are necessary for each inmate.
Hand Hygiene/ Cough Etiquette Supplies	☑ Inmates have sinks with soap in their rooms to perform hand hygiene. ☑ Include poster with hand hygiene instructions.	

WCC infection control measures_inmate units_31Mar2021
Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visit March 18, 2021 & March 26, 2021

WCC Inmate Units– Infection Control Recommendations

	☑ Ensure COs do hand hygiene before eating meals, provide education and guidance enforcing this practice. Hand hygiene should also happen if their meal is interrupted (e.g. answer phone, respond to inmate request, type on computer) ☑ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette)	
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day ☑ Record kept of inmates on each unit daily. ☑ Inmates on medical observation unit and isolation protocol are actively screened for symptoms daily. ☑ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.	☐ Ensure policy/communications in writing to COs to flag any inmates exhibiting symptoms of COVID-19. ☐ Consider screening process to be implemented for all WCC staff to screen for symptoms of COVID-19.
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☐ Will to send isolation protocol to YCDC.

WCC Staff Spaces– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ Cleaning staff x 1 cleans the facility Monday – Friday, and night cleaning done. ☑ High-touch surfaces of corridors, offices, kitchen, and meeting rooms to be cleaned and disinfected by cleaning staff.	☐ Ensure cleaning supplies/wipes are present in all communal staff spaces. ☐ Staff gym – replace wall mounted cleaning instructions and ensure cleaning supplies are readily available.
Physical Distancing/ Facility Layout	☑ 1 staff permitted in gym at a time.	☐ Mount posters/other visual cues to ensure 2 metres separation. ☐ Posters to be implemented in communal spaces outlining maximum # staff permitted (to maintain 2 metres distance). ☐ Remove/tape off chairs in meeting spaces to maintain 2 metres distancing. ☐ Ensure kitchen/eating spaces have posted direction to maintain 2 metres separation. ☐ Include signage and provide direction from management for all staff to not to share/have communal food.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift including staff only areas.	☐ Recommend masking signage in all staff areas.
Hand Hygiene/ Cough Etiquette Supplies	☑ Hand sanitizer stations mounted in some staff areas/corridors.	☐ Include poster with hand hygiene instructions. ☐ Review if any wall mounted hand sanitizer stations in corridors/spaces where staff are opening doors or will have physical contact with shared equipment are needed.
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day	☐ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.

WCC infection control measures_staff spaces_31Mar2021
Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visits March 18, 2021 & March 26, 2021

WCC Staff Spaces– Infection Control Recommendations

Testing and Isolation Procedures	☑ Symptomatic staff to remain on isolation at home and get tested by routine process.	☐ WCC to have a protocol on current process if staff come to work symptomatic or become symptomatic while at work.

William.Sibold

From: William.Sibold
Sent: Friday, March 26, 2021 2:34 PM
To: Robert.Clarke
Subject: FW: Infection control measures for health services unit at WCC
Attachments: Infection Control Measures WCC_medical unit_25Mar2021.pdf

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Friday, March 26, 2021 1:03 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Infection control measures for health services unit at WCC

Good afternoon Will,

As discussed, I'm attaching recommended IPAC recommendations specific to the medical unit at WCC. I've separated the items based on what we observed was present at the time of the visit and then recommendations to implement. Some of the recommendations may have already been implemented, which is great. Just let me know if you have any questions about any of the items listed. We aren't certain as to who else to share this document with , so please share as appropriate within your management team.

A couple resources for you:

1. Setting up a clinic – this document is specific to clinical staff in physician offices, but several pieces (preparing spaces, PPE, environmental cleaning) are relevant to your space: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_clinical_staff_in_family_physician_offices_final_june_4_2020.pdf

2. Setting up a health centre – again this document may have some relevant recommendations for your medical space: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_community_health_centres_july_27_final.pdf

3. Donning/doffing posters: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pdf https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

4. Posters for hand-washing, cleaning, safe six, physical distancing, masking etc.: https://yukon.ca/en/health-and-wellness/covid-19-information/covid-19-resources
   *We recommend you laminate/place in a plastic sleeve and mount in all areas outlined in the attached document.

5. General information on cleaning/disinfection including high touch surfaces: https://yukon.ca/en/health-and-wellness/covid-19-information/industry-operating-guidelines-covid-19/clean-and-disinfect

Thanks so much again for your time.

Talk soon, Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

William.Sibold

From: William.Sibold
Sent: Friday, March 26, 2021 4:55 PM
To: Robert.Clarke; Valerie.Goodkey
Subject: RE: Infection control measures for health services unit at WCC

Yes Sir,

This will be completed by Monday PM. Most items have already been addressed.

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Friday, March 26, 2021 3:21 PM
To: William.Sibold <William.Sibold@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: FW: Infection control measures for health services unit at WCC

Please outline an action plan to Val on your response to these recommendations and indicate what we can do to support your actions. The list indicates the need for immediate response, so please work on these and ensure an action plan is received by end of day Monday.

Thank you.

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, March 26, 2021 2:34 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: FW: Infection control measures for health services unit at WCC

FYI

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Friday, March 26, 2021 1:03 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Infection control measures for health services unit at WCC

Good afternoon Will,

As discussed, I'm attaching recommended IPAC recommendations specific to the medical unit at WCC. I've separated the items based on what we observed was present at the time of the visit and then recommendations to implement. Some of the recommendations may have already been implemented, which is great. Just let me know if you have any questions about any of the items listed. We aren't certain as to who else to share this document with , so please share as appropriate within your management team.

A couple resources for you:

1. Setting up a clinic – this document is specific to clinical staff in physician offices, but several pieces (preparing spaces, PPE, environmental cleaning) are relevant to your space: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/covid-19_guidance_for_clinical_staff_in_family_physician_offices_final_june_4_2020.pdf

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3. Donning/doffing posters: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pdf https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

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Thanks so much again for your time.

Talk soon, Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

William.Sibold

From: William.Sibold
Sent: Saturday, March 27, 2021 2:38 PM
To: Lori.Strudwick; Jennifer.Armstrong
Cc: Robert.Clarke; Joel.Rogers; Valerie.Goodkey
Subject: YCDC Health Services Compliance Report
Attachments: March 26, 2021 Memo COVID 19.pdf; YCDC Walkthrough HS Completed Corrections WS Mar 27.pdf

Hello Ms. Strudwick & Ms. Armstrong,

Please find attached WCC Health Service's response to your March 26, 2021 Inspection Report (and recommendations), specific to the WCC Health Services Department. Please also find attached a copy of the memorandum sent to WCC Health Services Staff, Physicians, and Dental Professionals – as part of the process of implementing your recommendations.

Please do not hesitate to contact me if you have any questions, concerns, or comments.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Recd 2021-03-26

Completed: 2021-03-27

WCC Health Services Unit– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by cleaning staff. Frequency? Is there a schedule? – Cleaning staff 2hrs; Nursing to clean in day ☑ Thorough cleaning/disinfection of holding cell in health services area occurs after each inmate. Ensure adequate time has passed between inmates, or that door is left open afterwards to ensure adequate ventilation (as space is small and poorly ventilated). ☑ Thorough cleaning/disinfection of the medical assessment rooms (including all equipment used) and all surfaces within 2 metres of an inmate.	☑ Decrease amount of items on desks of shared spaces to facilitate cleaning. Completed 03/26 ☑ Staff to store personal items in designated lockers/areas only. Completed 03/26 – memo to staff ☑ Staff to clean and disinfect staff kitchen and shared eating spaces after use. Completed 03/26 – Sign & memo to staff ☑ Remove shared towels and other items that cannot be cleaned/disinfected regularly. Completed 03/26 (Discard & replace w disposable) ☑ Remove all unnecessary items in both medical assessment rooms, especially items that are not easily cleaned/disinfected. Place all supplies in covered areas that would not be exposed within 2 metres of an inmate. Completed & on memo 03/26 ☐ Recommend including laminated poster in all rooms – identifying if the room is clean or dirty. Ø laminator, but ordered Signs done 03/26 in plastic sheet covers 03/27 ☑ Ensure cleaning supplies/wipes are present in all rooms. Completed 03/26
Physical Distancing/ Facility Layout		☑ Mount posters/other visual cues to ensure 2 metres separation on the medical unit and nursing station. Completed 03/26 ☐ Staff to stagger meal breaks and no sharing of utensils or food between staff. 03/27 - purchased disposables & sent memo ☑ Recommend staff only eat in kitchen/other designated breakroom, not in nursing station. Done – memo 03/27
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a medical mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). This is occurring both on the medical unit and when staff go to do an assessment on an inmate unit.	☑ Designate (by floor tape and signage) "clean" and "dirty" areas for staff to don and doff PPE in medical assessment rooms. 03/26 Don/doff station & poster up – limited space prevents much separation of areas ☐ Mount posters with steps to don and doff PPE at each donning/doffing station. – Done 03/27 ☒ All inmates entering the medical unit should wear a medical mask (if medically stable to do so). Rejected/ Policy remains mask for first 14 days only and if symptomatic

WCC Health Services Unit– Infection Control Recommendations

		☐ Reminder to staff to also mask in non-client work areas (e.g. offices) Done 03/26 & memo 03/26
Hand Hygiene/ Cough Etiquette Supplies	☑ Some hand sanitizer stations present on the medical unit/hand sanitizer available at nursing station.	☑ Include poster with hand hygiene instructions. - completed 03/26 ☑ Ensure soap and paper towels available in every room with a sink (especially if no hand sanitizer station present) - completed 03/26 ☑ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette) - completed 03/26
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of medical staff working each day/shift ☑ Record kept of all physician/allied health visitors (name, date, time, contact info) to the medical unit.	☑ Is a record kept of name/date/time of all inmates who visit medical unit? - Video recordings are constant & stored. Reject log idea.
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☑ Will, can you confirm that inmates are screened and tested using the YCDC testing recommendations (including those with mild symptoms?) - yes, as per YCDC requirements.

Completed 03/27/2021

Health Services Manager - WCC

Yukon

Date: March 26, 2021

To: WCC Health Services Staff, Physicians, Dental Professionals

Re: COVID-19 Prevention – Reminders from YCDC

I have had the opportunity to review a report from YCDC based on their recent walkthrough of WCC on March 18, 2021. Based on this report, I am reminding all WCC Health Services Staff, Physicians, and Dental Professionals of the following:

- Please store your personal items (with the exception of only the most essential personal items) in the Staff Locker Rooms located in the Administration Area of WCC.

- Please only eat/ drink in designated areas (such as the Staff room in the WCC Administration Area, or in the Health Services Staff room).
- Please take the time to clean and disinfect all eating areas after use, with the approved disinfecting/ sanitizing/ cleaning products provided, following the directions that were provided to us by YCDC at the beginning of the COVID-19 Pandemic.
- Please stagger meal break times in the Health Services break room, one at a time, wherever possible.

- Please store all clean medical supplies in the cupboard, and do not leave same on the open counter.

- Remember that a mask is required to be worn by staff at all times while inside WCC.
- Please try to maintain social distancing of six feet while in the Nursing Stations, and take time to disinfect the computer keyboards in between use by different staff.

Thank you for your attention to these items. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

William Sibold RN, MN
Health Services Manager – WCC

William.Sibold

From: William.Sibold
Sent: Monday, March 29, 2021 12:36 PM
To: JUS-WCC-NUR
Subject: Fw: GeneXpert at WCC
Attachments: WCC COVID-19 COVID-19 testing recommendations 2021-02-23 V2.docx; 20210329121031.pdf

Hi WCC Nurses,

Please see below direction RE: COVID-19 swabs from WCC.

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick
Sent: Monday, March 29, 2021 12:48 PM
To: William.Sibold
Subject: GeneXpert at WCC

Hello,
Just following up in relation to your concern on Friday about geneXperts not occurring on WCC tests. Please see the reqs attached that were submitted with the 3 WCC specimens that were submitted in March from WCC. Unfortunately none of them included the direction for the lab to inform them that a geneXpert was being requested. If this information is not included on the requisition it will not be run by the lab. As I'm sure you can understand this is a piece that needs to be done by the ordering provider/facility and cannot be applied by YHC lab services. This approach is consistent across all ordering providers throughout YT.

This practice is consistent with the 2 pager we created to support this testing at WCC (see bottom of page 1) which I have attached for reference. Some organizations choose to have these requisitions preprinted with this data & blank reqs are photocopied for use in their workplace, depending on what works for the location.

Thank you,
Lori

Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

Yukon

COVID-19 testing recommendations for Whitehorse Correctional Centre (WCC) Inmates

2021-02-23

At this time, there is no evidence of community spread of COVID-19 in Yukon. As we begin to re-open to other provinces and territories, the interactions between populations will change. As a result, early detection and tracing of COVID-19 cases and contacts is a critical public health strategy to help maintain our goal of case detection and containment.

1. **Test individuals with new symptoms compatible with COVID-19, however mild**:

The most commonly found COVID-19 symptoms include:

• Fever	• Sore throat	• Loss of appetite
• Chills	• Loss of sense of taste or smell	• Nausea and vomiting
• Cough*	• Headache	• Diarrhea
• Shortness of breath	• Fatigue	• Muscle aches
• Runny nose		

*or acute exacerbation of a chronic cough

Less common symptoms of COVID-19 infection may include: stuffy nose, conjunctivitis, dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes.

Notify YCDC of all persons tested for COVID-19 and all symptomatic individuals declining testing for further management

Immediate management of all persons tested:

- ✓ Place inmate on contact and droplet precautions (including, face shield or goggles, mask, gown and gloves)
- ✓ Explain self-isolation within the WCC context.
- ✓ Report. **All persons investigated must be reported by fax to YCDC.** Fax COVID reporting form or outpatient assessment form including current phone number to YCDC 667-8349 (step 4).

Monday to Friday 830-430: YCDC 667-8323 or 667-5080

Weekends, holidays and after hours: MOH on call 332-6922

Testing is not recommended in asymptomatic individuals unless directed by YCDC/MOH

2. How to test: NP Swab: collect specimen using the "red top" NP swab, complete the BCCDC PHL virology requisition provided by YCDC that has the words "GeneXpert" written on it.



Collection:

- Red top viral collection kits only. The red top collection kit is compatible with the in-house

GeneXpert machine at WGH and results will be available within 4 hours. **Transport the specimen to the lab as soon as possible to support a timely result.**

- If the Hologic Aptima (unisex urethral swabs- CT/GC NAAT) is used in error, it will be sent to BCCDC and results will take 2-3 days as per previous process.

Specimen:

- Collect 1 Nasopharyngeal swab (NP) with "red top" viral collection kit.
- Patients with any symptoms of lower respiratory infection should also have a sputum sample collected.

3. All persons tested for COVID-19 must be isolated from others

Inmates, must be place in a separate room on contact and droplet precautions. Any inmates on isolation requiring transfer to another facility ie WGH or another correctional facility, must be notified of current precautions in place to support safe care prior to the initial of inmate transfer.

4. Notify YCDC of all persons tested for COVID-19

WCC PUI form to be completed by nursing staff and emailed to YCDC(YCDCSurveillance@yukon.ca) or by fax to 667-8349 the same day as test.

5. For more information:

Yukon health care provider guidance documents are found at:
http://www.hss.gov.yk.ca/health_professionals_guidelines.php

Information on donning (putting on) and doffing (removing) PPE can be found at:
https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/donning_ppe_droplet_and_contact_march_2020.pd
https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/doffing_ppe_droplet_and_contact_march_2020.pdf

Public information is available at: https://yukon.ca/covid-19

William.Sibold

From: William.Sibold
Sent: Monday, March 29, 2021 1:22 PM
To: Lori.Strudwick
Subject: RE: GeneXpert at WCC

Thank you. It appears to have been a misunderstanding. We had thought all WCC specimens were already flagged at the lab – but we will make sure we indicate rapid testing on the requisitions going forward.

Thanks

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Sent: Monday, March 29, 2021 11:48 AM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: GeneXpert at WCC

Hello,

Just following up in relation to your concern on Friday about geneXperts not occurring on WCC tests. Please see the reqs attached that were submitted with the 3 WCC specimens that were submitted in March from WCC. Unfortunately none of them included the direction for the lab to inform them that a geneXpert was being requested. If this information is not included on the requisition it will not be run by the lab. As I'm sure you can understand this is a piece that needs to be done by the ordering provider/facility and cannot be applied by YHC lab services. This approach is consistent across all ordering providers throughout YT.

This practice is consistent with the 2 pager we created to support this testing at WCC (see bottom of page 1) which I have attached for reference. Some organizations choose to have these requisitions preprinted with this data & blank reqs are photocopied for use in their workplace, depending on what works for the location.

Thank you,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 30, 2021 11:16 AM
To: Jennifer.Armstrong; Lori.Strudwick
Cc: Robert.Clarke; Joel.Rogers; Valerie.Goodkey
Subject: RE: YCDC Health Services Compliance Report

Good Morning Ms. Armstrong,

As per your request, we will ask all WCC Inmates to apply a mask when coming to the Health Services area for any services. However, I am not comfortable denying Health Services to any Inmate based on a refusal to wear a mask in the Health Services area.

A directive e-mail will go out to Health Services Staff shortly.

Thank you for your concern. Have a nice day.

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Tuesday, March 30, 2021 11:10 AM
To: William.Sibold <William.Sibold@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: RE: YCDC Health Services Compliance Report

Good morning Will,

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In the document attached, YCDC had provided the recommendation "All inmates entering the medical unit should wear a medical mask" the comment reads "Rejected. Policy remains mask for first 14 days only and if symptomatic". I'd like to clarify that this is a direction from the CMOH that in all health care/clinical settings patients should wear a mask. The rationale for this recommendation is strong and reflects best IPAC practices in response to the pandemic. Guidance document here: https://yukon.ca/sites/yukon.ca/files/hss/hss-imgs/ppe-medical_clinics_outpatient_facilities_and_home_visits.pdf

What we understand about COVID-19 is that droplets can be transmitted by COVID-19 infected individuals in talking or breathing, even in those without symptoms. A patient wearing a mask is what we consider "source control", which means that there is less likelihood of virus-laden droplets dispersing in the air and less of a chance of those droplets depositing in the eyes, nose, or mouth of others (causing transmission of the virus). From an occupational health perspective, there is a responsibility to ensure policies and guidelines are in place to protect staff working in all Yukon clinical health settings and source control has been identified as one of these protective measures to mitigate risk.

As the infection control coordinator, I have a professional responsibility to provide direction on best practices to ensure the safety of both staff and patients, and to follow up when these recommendations are not being followed. Can you please confirm that the above guidance from the CMOH has been reviewed, there is an understanding within the Health Services Unit at WCC of the rationale for masking of inmates within a clinical setting, and the decision remains to not implement this practice?

Thank you for your time,

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

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From: William.Sibold <William.Sibold@yukon.ca>
Sent: Saturday, March 27, 2021 2:38 PM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>; Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
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Please do not hesitate to contact me if you have any questions, concerns, or comments.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 30, 2021 11:34 AM
To: JUS-WCC-NUR
Cc: Joel.Rogers; Valerie.Goodkey; Robert.Clarke
Subject: FW: YCDC Health Services Compliance Report

Hi WCC Health Services Staff,

As per YCDC, and effective immediately, please ask all Inmates coming to the Health Services Centre at WCC to wear a mask (regardless of whether or not the Inmate has completed the 14 day medical observation period). Health Services Staff will supply the masks as required/ appropriate.

In the event that an Inmate refuses to wear a mask – do not refuse medical care. Continue to provide care as you normally would.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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A directive e-mail will go out to Health Services Staff shortly.

Thank you for your concern. Have a nice day.

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As the infection control coordinator, I have a professional responsibility to provide direction on best practices to ensure the safety of both staff and patients, and to follow up when these recommendations are not being followed. Can you please confirm that the above guidance from the CMOH has been reviewed, there is an understanding within the Health Services Unit at WCC of the rationale for masking of inmates within a clinical setting, and the decision remains to not implement this practice?

Thank you for your time,

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

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Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Tuesday, March 30, 2021 3:28 PM
To: Natasha.Klein; Sasha.Kallos
Subject: FW: YCDC Health Services Compliance Report

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Tuesday, March 30, 2021 3:21 PM
To: William.Sibold <William.Sibold@yukon.ca>; Lori.Strudwick <Lori.Strudwick@yukon.ca>
Cc: Robert.Clarke <Robert.Clarke@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: RE: YCDC Health Services Compliance Report

Hi Will,

Thanks for your email and the opportunity to discuss the recommendation over the phone. I 100% agree with you that an inmate refusing to wear a mask would never be a reason for denying health services and we would never be in support of withholding the provision of care in any circumstances. In cases where inmates refuse masking, there can be an opportunity to provide education and staff can do a Point of Care Risk Assessment to see if there are any additional measures they should use to mitigate risk such as implementing contact/droplet precautions (eye protection, gown, gloves in addition to masking). The guidelines are recommended to be in place to set a standard of care based on what we know to be best practice at this time.

Thanks again for your time,

Jennifer

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William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, March 31, 2021 1:49 PM
To: Robert.Clarke
Subject: FW: Additional IPAC Recommendations
Attachments: Infection Control Measures WCC_inmates_31Mar2021.pdf; Infection Control Measures WCC_staff spaces_31Mar2021.pdf

Forwarded to you.

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

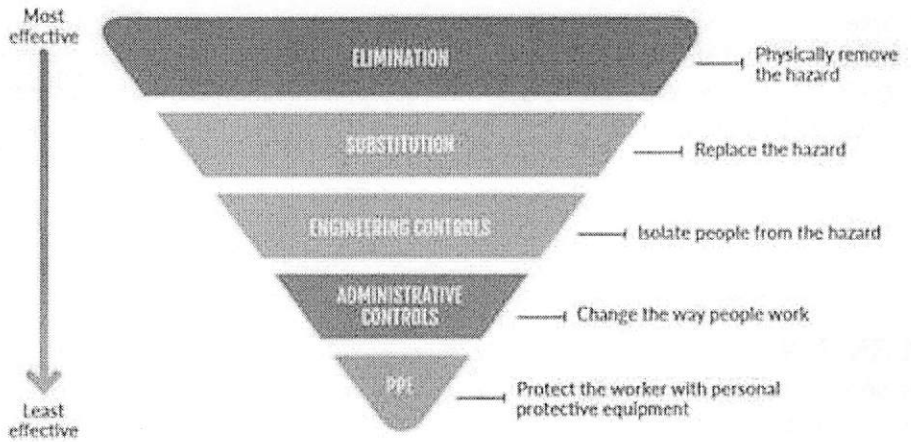
From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Wednesday, March 31, 2021 1:47 PM
To: William.Sibold <William.Sibold@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Additional IPAC Recommendations

Good afternoon Will and Joel,

In follow-up to the site visits on March 18th and 26th, please see attached infection control recommendations for the inmate units and staff areas. Please let me know if you have any questions or need any clarifications on the items listed.

In follow up to our discussion on the 26th, sharing with you the diagram below outlining the Hierarchy of Controls that is often used when considering workplace safety and is also commonly used in Infection Prevention and Control practices. It really outlines how important it is to have as many interventions in place before there is potential exposure to a risk including training, policies, and procedures.

Hierarchy of Controls



Options for signage on walls to support cleaning & long term use are:

- Clear packing tape across whole sign
- Binder sleeves with clear packing tape on all 4 sides
- Laminate
- Decals/wall specific
- Stencils

Decals: Staples.ca has wall and floor decals where you can select from exiting or import some of the YG ones. Canadian Tire and Home Hardware have simple number and letter decals that could be applied to tables and walls.

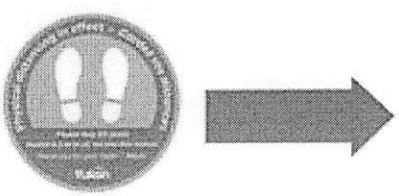
Stencils: are available at Walmart and Staples

In addition:

Printing of COVID-19 related items (in a large bulk request):

If you require COVID-19 distancing circles, arrow floor decals or posters for offices and workplaces, please submit a Print Service Request or email yg.purchasing@gov.yk.ca. For other supplies, visit the ASaP website or online catalogue.

Included here are also the existing YG floor spacing decals & arrows:



Some additional resources/guidelines that you may find useful are:

YG/PSC: Department Operational Plan Tool, COVID-19 Workplace Assessment - Hazard Identification, Risk Assessment & Control
https://yukonnect.gov.yk.ca/employee-info/_layouts/15/WopiFrame.aspx?sourcedoc=/employee-info/Documents/COVID-19%20Workplace%20Assessment%20Tool-%20Final%20-%20After%20PSC%20Comms%20edits.docx&action=default&DefaultItemOpen=1

YG – Posters for offices and workplaces during COVID-19 – there are over 35 that have been developed that can be edited to suit your context
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-Posters.aspx

YG/PSC- COVID-19 Health & Safety
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YG/PSC- COVID-19 in the workplace
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-in-the-workplace.aspx
This includes work flows of staff who may be diagnosed with COVID-19 https://yukonnect.gov.yk.ca/employee-info/Documents/Flowchart%20for%20Confirmed%20COVID%20in%20the%20workplace.pdf?

YG- GAM
COVID-19 Directive 3 – Health and Safety Measures

Thank you again for your time,

Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

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William.Sibold

From: William.Sibold
Sent: Wednesday, March 31, 2021 2:01 PM
To: Robert.Clarke
Cc: Joel.Rogers
Subject: RE: Additional IPAC Recommendations

There don't appear to be any specific to Health Services..

But I have concerns with many of these recommendations. For example, a "donning and doffing" station for PPE outside every inmate on medical isolation's cell so CO use when "providing care to inmates". CO's do not provide "care" like Healthcare Professionals. Furthermore, the cost of providing all this PPE will be astronomical. These recommendations are hospital based, and implementing them will have major operational consequences as they are not specific to COVID-19. In my opinion, it should be up to OH&S to determine what (if any) CO isolation PPE is required, etc. Quite simply put, CO's are not healthcare providers, and this is not a hospital.

They are applying an Acute Care Hospital standard to a non-hospital community based setting. This is the crux of the issues I believe we are facing.

Out of cell rotations, isolating people on "medical isolation" for out of cell time, and requiring a YCDC consult if this is not feasible, is simply not appropriate. In the event that an Inmate were to have a disease or condition that required this, my Nurses are more than qualified to let the CO's know...

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Wednesday, March 31, 2021 1:52 PM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: RE: Additional IPAC Recommendations

How actionable are these recommendations for your dept?

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | C 75(1) | Yukon.ca

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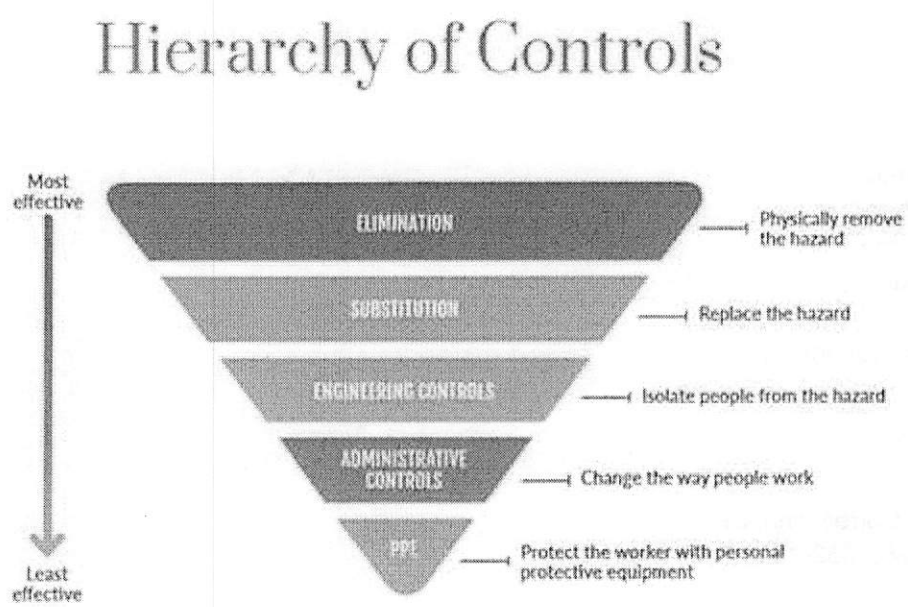
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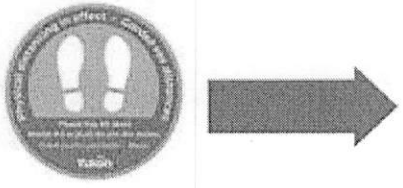
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YG/PSC- COVID-19 in the workplace
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-in-the-workplace.aspx
This includes work flows of staff who may be diagnosed with COVID-19 https://yukonnect.gov.yk.ca/employee-info/Documents/Flowchart%20for%20Confirmed%20COVID%20in%20the%20workplace.pdf?

YG- GAM
COVID-19 Directive 3 – Health and Safety Measures

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Sent: Wednesday, March 31, 2021 1:52 PM
To: William.Sibold; Joel.Rogers
Subject: RE: Additional IPAC Recommendations

Thank you. I will ensure a response is provided back to them.

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | C 75(1) | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: March 31, 2021 1:49 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: FW: Additional IPAC Recommendations

Forwarded to you.

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

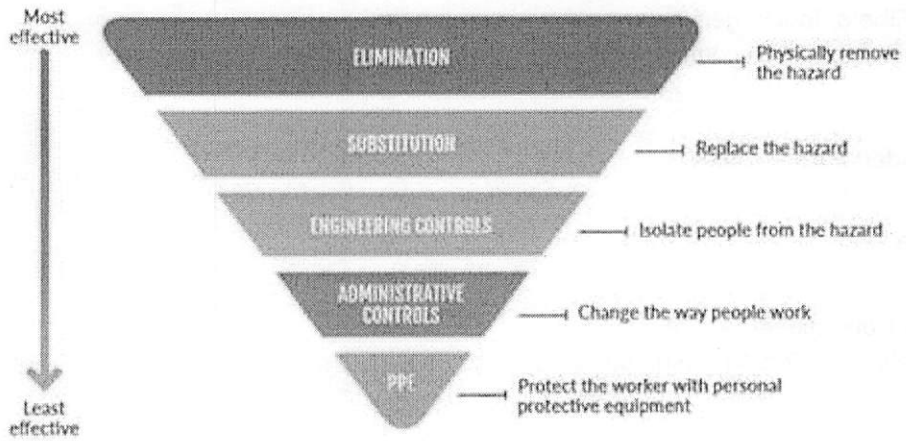
From: Jennifer.Armstrong <Jennifer.Armstrong@yukon.ca>
Sent: Wednesday, March 31, 2021 1:47 PM
To: William.Sibold <William.Sibold@yukon.ca>; Joel.Rogers <Joel.Rogers@yukon.ca>
Cc: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Subject: Additional IPAC Recommendations

Good afternoon Will and Joel,

In follow-up to the site visits on March 18th and 26th, please see attached infection control recommendations for the inmate units and staff areas. Please let me know if you have any questions or need any clarifications on the items listed.

In follow up to our discussion on the 26th, sharing with you the diagram below outlining the Hierarchy of Controls that is often used when considering workplace safety and is also commonly used in Infection Prevention and Control practices. It really outlines how important it is to have as many interventions in place before there is potential exposure to a risk including training, policies, and procedures.

Hierarchy of Controls



Options for signage on walls to support cleaning & long term use are:

- Clear packing tape across whole sign
- Binder sleeves with clear packing tape on all 4 sides
- Laminate
- Decals/wall specific
- Stencils

Decals: Staples.ca has wall and floor decals where you can select from exiting or import some of the YG ones. Canadian Tire and Home Hardware have simple number and letter decals that could be applied to tables and walls.

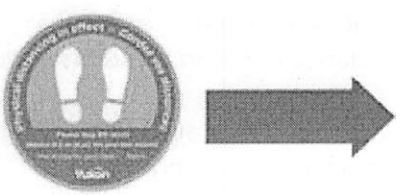
Stencils: are available at Walmart and Staples

In addition:

Printing of COVID-19 related items (in a large bulk request):

If you require COVID-19 distancing circles, arrow floor decals or posters for offices and workplaces, please submit a Print Service Request or email yg.purchasing@gov.yk.ca. For other supplies, visit the ASaP website or online catalogue.

Included here are also the existing YG floor spacing decals & arrows:



Some additional resources/guidelines that you may find useful are:

YG/PSC: Department Operational Plan Tool, COVID-19 Workplace Assessment - Hazard Identification, Risk Assessment & Control
https://yukonnect.gov.yk.ca/employee-info/_layouts/15/WopiFrame.aspx?sourcedoc=/employee-info/Documents/COVID-19%20Workplace%20Assessment%20Tool-%20Final%20-%20After%20PSC%20Comms%20edits.docx&action=default&DefaultItemOpen=1

YG – Posters for offices and workplaces during COVID-19 – there are over 35 that have been developed that can be edited to suit your context
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-Posters.aspx

YG/PSC- COVID-19 Health & Safety
https://yukonnect.gov.yk.ca/employee-info/Pages/Health-and-safety.aspx

YG/PSC- COVID-19 in the workplace
https://yukonnect.gov.yk.ca/employee-info/Pages/COVID-19-in-the-workplace.aspx
This includes work flows of staff who may be diagnosed with COVID-19 https://yukonnect.gov.yk.ca/employee-info/Documents/Flowchart%20for%20Confirmed%20COVID%20in%20the%20workplace.pdf?

YG- GAM
COVID-19 Directive 3 – Health and Safety Measures

Thank you again for your time,

Jennifer

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

WCC Inmate Units– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ High-touch surfaces of entire unit are cleaned and disinfected by staff/inmates. ☑ Gym equipment cleaned by each inmate after using the space ☑ Cleaning supplies/wipes are present for all inmates. ☑	☐ Recommend developing written policy of cleaning of inmate units. Include frequency/schedule and include cleaning staff in cleaning of cells when inmates are discharged. ☐ Joel to send WHMIS sheets/other information on cleaning products on all units.
Physical Distancing/ Facility Layout	☑ Mount posters/other visual cues to ensure 2 metres separation. ☑ When staff remove masks to eat on units they must be 2 metres apart at desk. Must not interact with inmates without a mask.	☐ Staff to remind inmates to maintain 2 metres separation. ☐ For symptomatic inmates on medical isolation protocol ensure time out of cell is alone (not cohorted). Staff to maintain 2 metres distance or to wear full contact/droplet PPE if within 2 metres. If unable operationally to keep these individuals separate, notify YCDC for guidance on next steps.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift. ☑ Medical staff conduct a Point of Care Risk Assessment (PCRA) to determine PPE required for direct client care (including surgical mask). ☑ Recommend masking signage on all units ☑ Reminder to staff to also mask in non-client work areas (e.g. offices) ☑ Inmates to be regularly offered masks on all units – distributed by staff who perform hand hygiene before handling. Inmates to be instructed on how to use properly. Offered new masks when current mask visibly soiled.	☐ Create donning/doffing station for COs providing care to inmates on medical isolation when required. Include posters with safe donning/doffing technique, posters identifying what precautions are necessary for each inmate.
Hand Hygiene/ Cough Etiquette Supplies	☑ Inmates have sinks with soap in their rooms to perform hand hygiene. ☑ Include poster with hand hygiene instructions.	

WCC infection control measures_inmate units_31Mar2021
Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visit March 18, 2021 & March 26, 2021

WCC Inmate Units– Infection Control Recommendations

	☑ Ensure COs do hand hygiene before eating meals, provide education and guidance enforcing this practice. Hand hygiene should also happen if their meal is interrupted (e.g. answer phone, respond to inmate request, type on computer) ☑ Ensure cough etiquette supplies available (e.g., tissues, waste containers, posters explaining cough etiquette)	
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day ☑ Record kept of inmates on each unit daily. ☑ Inmates on medical observation unit and isolation protocol are actively screened for symptoms daily. ☑ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.	☐ Ensure policy/communications in writing to COs to flag any inmates exhibiting symptoms of COVID-19. ☐ Consider screening process to be implemented for all WCC staff to screen for symptoms of COVID-19.
Testing and Isolation Procedures	☑ Symptomatic inmates tested immediately (Gene-x, results within 4 hours). ☑ All symptomatic inmates isolated immediately as per WCC isolation guidance document.	☐ Will to send isolation protocol to YCDC.

WCC Staff Spaces– Infection Control Recommendations

Infection Control Measures	Current Status	Recommendations to Implement Now
Environmental Cleaning	☑ Cleaning staff x 1 cleans the facility Monday – Friday, and night cleaning done. ☑ High-touch surfaces of corridors, offices, kitchen, and meeting rooms to be cleaned and disinfected by cleaning staff.	☐ Ensure cleaning supplies/wipes are present in all communal staff spaces. ☐ Staff gym – replace wall mounted cleaning instructions and ensure cleaning supplies are readily available.
Physical Distancing/ Facility Layout	☑ 1 staff permitted in gym at a time.	☐ Mount posters/other visual cues to ensure 2 metres separation. ☐ Posters to be implemented in communal spaces outlining maximum # staff permitted (to maintain 2 metres distance). ☐ Remove/tape off chairs in meeting spaces to maintain 2 metres distancing. ☐ Ensure kitchen/eating spaces have posted direction to maintain 2 metres separation. ☐ Include signage and provide direction from management for all staff to not to share/have communal food.
Mask use/ Personal Protective Equipment (PPE)	☑ All staff/employees wear a mask for the entire shift including staff only areas.	☐ Recommend masking signage in all staff areas.
Hand Hygiene/ Cough Etiquette Supplies	☑ Hand sanitizer stations mounted in some staff areas/corridors.	☐ Include poster with hand hygiene instructions. ☐ Review if any wall mounted hand sanitizer stations in corridors/spaces where staff are opening doors or will have physical contact with shared equipment are needed.
Screening and Documentation (to support early detection and contact tracing)	☑ Record kept of staff on units each day	☐ Mount posters on each unit outlining symptoms of COVID-19 and to report if they are experiencing any symptoms.

WCC infection control measures_staff spaces_31Mar2021
Prepared by: Yukon Communicable Disease Control, Yukon Government based on site visits March 18, 2021 & March 26, 2021

WCC Staff Spaces– Infection Control Recommendations

Testing and Isolation Procedures	☑ Symptomatic staff to remain on isolation at home and get tested by routine process.	☐ WCC to have a protocol on current process if staff come to work symptomatic or become symptomatic while at work.

William.Sibold

From: Jennifer.Armstrong
Sent: Wednesday, March 31, 2021 3:34 PM
To: William.Sibold
Cc: Lori.Strudwick
Subject: Corrections Guidance

Hi Will,

Thanks for your call today to discuss the PPE recommendations for symptomatic inmates on isolation. As you requested guidelines specific to Correctional Institutes, this is the link to Ontario's Correctional Institutions COVID-19 Guidance Document:
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_corrections.pdf

Page 9 outlines the guidance for using PPE - Contact/Droplet precautions for corrections staff. The precautions for Ontario include inmates who have symptoms, are under investigation for influenza-like illness, or those who have identified risk factors such as close contact or travel history. The recommendations I sent were specifically for inmates with symptoms/under investigation and we are consulting with the CMOH for further guidance on the recommendations for close contacts or those with a travel history (both individuals under CEMA and international travel).

Please let me know if you have any further questions. Thanks, Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca

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COVID-19 Guidance Documents for Provincial Correctional Institutions

Prepared by the Corporate Health Care Unit

Ministry of the Solicitor General

July 2020

Ontario

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Admissions

Correctional Officers Influenza-Like Symptom Screening Algorithm for Inmates (April 22, 2020)

Does the inmate have symptoms of influenza, such as a fever, new cough, or difficulty breathing?

No:

Inmate court returns and transfer in that have been in custody for at least 14 days:

- Follow routine practices

No:

New Admissions and Transfers in that have been in custody less than 14 days:

- Mask inmate with a surgical or procedure mask on arrival and when being transported to the intake unit or other area
- Ask the inmate to wash their hands or use hand sanitizer

Yes:

Provide the inmate with a surgical or procedure mask **AND** ask the inmate to wash their hands or use hand sanitizer **AND** staff wearing a level 2 surgical mask and eye protection when within 2 metres of the inmate and with no physical barrier

Is health care staff available?

Yes:

Separate the inmate from others until assessed by health care (at least 2 metres from others and ideally in a separate area) **AND** immediately notify health care staff for further assessment

No:

Separate the inmate from others until Operational Manager notified (at least 2 metres from others and ideally in a separate area) **AND** Operational Manager to isolate inmate in a single cell with a solid door **AND** Initiate **Droplet and Contact** precautions and move to isolation cell or unit

- Staff wearing level 2 surgical mask must also put on gloves, gown, eye protection when working within 2 metres of the inmate when there is no physical barrier e.g. solid cell door
- inmate to wear a surgical/procedure mask when they are out of their cell or the cell door is open
- inmate cannot attend in-person court **AND** refer to health care as soon as possible

COVID-19 Screening Algorithm for Health Care Providers (June 17, 2020)

COVID-19 Screening Criteria

Presents with any of:

- Temperature (37.8 °C or greater)
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause **OR**
- If 70 years of age or older, experiencing any of the following: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic condition **OR**
- Consider **atypical symptoms for people who are older or have developmental disabilities **OR**
- Travelled outside of Canada in the past 14 days **OR**
- Has tested positive for COVID-19 **OR**
- Had close contact with a person with a confirmed case of COVID-19 without wearing appropriate PPE

Yes:

- Request patient Mask (surgical/procedure mask) and perform Hand Hygiene
- Physically distance from others by at least 2 metres, as soon as possible
- Initiate *Droplet and Contact precautions
- Admit to Isolation Unit/cell (single cell with a solid door)
- Nasopharyngeal Swab (NPS) or Deep Nasal Swab (DNS) for COVID-19 Virus Test and Respiratory Virus Testing (Refer to NPS and DNS COVID-19 Medical Directives)
- Patient to wear surgical/procedure mask when out of their cell or the cell door is open
- Initiate Patient Care Plan
- Actively monitor twice daily for symptoms and temperature
- Contact Health Care Manager
- Contact Primary Care Provider
- Contact Corporate Health Care
- Isolate asymptomatic cell partner(s) in single cells (if possible) or as a cohort until test results are known for symptomatic patient

*Droplet and Contact Precautions

Staff PPE Requirements when working within 2 metres when there is no physical barrier:

- Level 2 surgical/procedure mask
- Gloves
- Eye protection
- Gown

Patient PPE Recommendation when out of cell or the cell door is open:

- Level 1 surgical/procedure mask

N95 Respirators must be used:

During Aerosol Generating Medical Procedures (AGMP)

- When CPAP is in use when within 2 metres of patient with no physical barrier.

AGMP Procedures include:

- Open airway suctioning
- High-flow oxygen therapy (≥7 litres per minute by nasal prong or ≥16 litres per minute by venturi and non-rebreather masks)
- CPR

Notes:

1. **Acute respiratory illness:** New/worsening acute respiratory illness that could be spread by droplet route (either upper or lower respiratory tract). Presenting symptoms include: new or worsening cough, shortness of breath, fever (37.8 °C or greater), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing.

2. **Atypical symptoms of COVID-19:** may include unexplained fatigue/malaise/myalgias, delirium (acutely altered mental status and inattention), unexplained or increased number of falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, conjunctivitis, unexplained tachycardia, decrease in blood pressure, unexplained hypoxia (even if mild i.e.,O2 sat less than 90%), lethargy.

3. Case definitions are found at Ministry of Health's website.

4. **Close contact:** (Prolonged exposure duration is defined as lasting more than 15 minutes when within 2 metres for a person who provided care for the patient, including healthcare workers, or others having similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

COVID-19 Testing Requirement Algorithm (May 26, 2020)

1 - Who to Test:

Refer to the attached nasopharyngeal swab (NPS) and deep nasal swab (DNS) medical directives, and updated MOH COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, Provincial Testing Guidance Update, **AND** the COVID-19 Virus Test Requisition.

To expedite testing, **provide the following mandatory information** on the COVID-19 Virus Test Requisition:

1. Test(s) request and indication for testing (if confirmatory or clearance testing is requested, this must be indicated on the test requisition)
2. Travel history (if applicable - location and dates)
3. Exposure history and details
4. Clinical information including symptom onset date
5. Specimen type and collection
6. Patient setting/population (indicate **Institution**, and write priority group-congregate setting- correctional institution)

If the clinician would like to discuss the role for testing, contact the PHO Microbiologist on-call thorough the PHO Laboratory's Customer Service Centre at: 416-235-6556 or 1-877-604-4567 or the After-Hours Emergency Duty Officer at 416-605-3113.

For **STAT testing** requirements in urgent or emergency circumstances, consult the PHO COVID-19 testing website for details on handling and transportation.

Corporate health care or the local public health unit should be contacted for all COVID-19 results.

2 - Specimen Collection and Handling Consult PHO COVID-19 testing website for details (see Notes)

- Use the latest COVID-19 Test Requisition and provide mandatory information (see above)
- For symptomatic patients, check the **Respiratory Virus Testing box**, which can be performed on the same specimen. Request "Respiratory viruses" in Section 5 of the **COVID-19 Virus Test Requisition**
- A single upper respiratory tract specimen will be accepted for COVID-19 and Respiratory Virus testing. Nasopharyngeal swabs (NPS) are preferred followed by Deep Nasal swab (DNS) and then a Viral Throat swab
- Staff to use level 2 surgical mask, gown, gloves and eye protection when collecting any Covid-19 specimen collection
- **Due to a shortage of NPS kits, alternative specimen collection kits will be accepted.** Please see PHO Laboratory Testing website for alternative specimen collection and handling

3 - Preparation Prior to Transport

Put specimen in biohazard bag and seal. Specimens should be stored at 2-8 °C after collection and shipped to a PHO Laboratory or an accredited laboratory conducting COVID-19 testing on ice packs within 72 hours.

Note: See alternative specimen collection kits and other testing information at the PHO COVID-19 testing website.

List of admissions forms

- Inmate Screening for Symptoms of Influenza Like Symptoms (ILI) Tool (Correctional Officers)
- Admission and Discharge Unit Personal Protective Equipment (PPE) for Staff and Inmates
- Nasopharyngeal Specimen Collection for Covid-19 and Respiratory Virus Identification Medical Directive (Health Care)
- Deep Nasal Specimen Collection for Covid-19 and Respiratory Virus Identification Medical Directive (Health Care)

Intake Unit and Units Used for Isolation

Intake Unit - Principles and Practices

Corporate Health Care 27/4/20

Prevention

Correctional institutions are congregate settings with increased risk for disease spread once it has been introduced. Therefore, preventing introduction of disease at the point of admission is key. Intake units mitigate the introduction of COVID-19 by delaying integration of newly admitted inmates into general population for 14 days, which is the currently known incubation period for COVID-19. Cohorting newly admitted inmates enables close monitoring and enhances early detection of COVID-19 symptoms or other relevant concerns.

ONLY Health Care staff may clear an inmate for release from the Intake Unit. Dorm settings are not suitable as Intake Units.

Required Practices

- Staff **must wear a level 1 procedure/surgical mask at all times**
- All inmates have been screened at admission and cleared for **routine admission**
- Housing should be single cell, whenever possible.
- When more than one person per cell is required, consultation with health care staff regarding vulnerability must occur (e.g. elderly, immune compromised)
- Inmates housed on Intake Units are not eligible for institution work programs
- If the Admission Health Assessment has not been completed by a nurse, the inmate must be confined to their cell until this has been completed
- Access to the Intake Unit is restricted to assigned staff, operational managers overseeing the area, health care staff and senior administration (except in the case of emergency)
- All other persons entering the Intake Unit must be cleared on a case by case basis by the operational manager (except in the case of emergency)
- Movement into and out of the Intake Unit must be logged in the Unit Logbook
- Inmates **must wear a level 1 procedure/surgical mask when out of their cell at all times,** including during escorts out of unit for any reason
- Inmates leaving the unit must be screened by correctional staff prior to leaving the unit
- Privileges should remain intact for inmates housed in the Intake Unit. Time out of cell must be organized to enable social distancing and prevent close contact (within 2 meters). Social Distancing **must be practiced at all times**. Correctional Officers are to monitor, encourage and manage inmate social distancing
- All inmates must have access to their own soap and hand towel or access to hand sanitizer to perform hand hygiene
- Hand hygiene is to be performed by inmates:
    - prior to leaving their cell,
    - after using the toilet facilities, and
    - upon return to their cell
- Hand hygiene is to be performed by all staff and inmates:
    - upon entering and leaving the Intake Unit
    - prior to putting on personal protective equipment and

    - once more, just before and after removing a face mask
- Paper towels should be provided where facilities are shared to prevent cross- contamination (i.e. shared sinks)
- Staff are to check daily that supplies are available for each inmate and in common areas
- Staff must ensure inmates have their own cup and monitor to discourage sharing of cups or other personal items
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the area
- All cleaners must wear appropriate PPE and have information on donning and doffing of PPE reviewed with them
- Inmate cleaners must wear:
    - level 1 procedure mask and gloves
- After cleaning, the inmate cleaner must take a shower and is required to change their clothes
- Surfaces and objects that are frequently touched, especially in common areas must be cleaned at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes

Health Care

- In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations
- Health care staff should consider using a designate room in or near the Intake Unit for inmate clinical examination where possible.

Units Used for Isolation - Principles and Practices (April 26, 2020)

Correctional institutions are congregate settings which increases the risk for disease spread. It is critical that inmates who demonstrate symptoms of a contagious disease or are identified as at-risk for developing a contagious disease due to contact or travel history be isolated from other inmates.

Isolation helps prevent the spread of illness by containing the illness through physical separation and implementation of targeted infection prevention and control practices, known as Precautions.

ONLY Health Care staff may clear an inmate for release from isolation. Use of dorm settings is not permitted for isolation

Isolation Unit Required Practices

Droplet and Contact Precautions are required for inmates who:

- Have symptoms
- Are persons under investigation for influenza-like illness
- Have identified risk factors such as close contact or travel history

- Level 2 masks **must be worn by staff at all times**
- To reduce the risk of infection control breaches, dedicated staff should be assigned to the isolation unit, where feasible
- Housing for inmates must be single cell unless otherwise approved by Corporate Health Care
- Signage indicating the required precautions must be posted outside each cell
- Inmates in medical isolation are not eligible for institution work programs or any congregate activities
- Access to isolation units or cells is restricted to assigned staff. (except in the case of emergency)
- If staff are unfamiliar with the guidelines and use of prescribed PPE for isolation units, they must inform their supervisor
- Access by any other person must be cleared by the Operational Manager and those persons must be informed on how to don and doff PPE and supervised to ensure that no breach in precautions occur (except in the case of emergency)
- All movement of isolated inmates into and out of a cell and/or area or unit must be logged in the Unit Logbook
- In addition to the level 2 surgical mask, where there is no barrier (e.g. closed solid door) staff working within 2 meters of an inmate must wear eye protection, gloves and gown
- Gloves and mask **are to be worn at all times**. When inmates are locked in their cell with the door closed, additional PPE (i.e. eye protection and gown) is not required
- Droplet/contact infection and prevention control is not affected by hatch position (whether open or closed)
- Inmates movement (transfer) from the unit must be restricted (urgent circumstance only)
- When required to leave the unit (court, professional visits, health visits etc.) the inmate must wear a level 1 procedure/surgical mask once outside the cell and escorting staff, in addition to a level 2 mask, must wear gloves, gown and eye protection
- When time out of cell is offered, it must be **restricted to one inmate** at a time, the inmate must wear a level 1 procedure mask and the area should be cleaned thoroughly afterwards. Correctional Officers are to monitor that these practices are enforced, if out of cell time is permitted.

- Social Distancing **must be practiced at all times.**
- All inmates must have access to their own soap and hand towel or hand sanitizer to sanitize their hands prior to leaving their cell, after using the toilet and upon return to their cell
- Staff are to check daily that supplies are available for each inmate.
- Inmates must have their own cup and sharing of cups and other personal items is prohibited
- Dirty dishes, utensils and trays are handled using gloves as per routine practises
- Hand hygiene is to be performed by inmates:
    - prior to leaving their cell,
    - after using the toilet facilities, and
    - upon return to their cell
- It is **CRITICAL** that hand hygiene be performed by all staff and inmates:
    - upon entering and leaving the Isolation Unit
    - **PRIOR** to putting on personal protective equipment (PPE)
    - **AFTER** removing gloves and gown and
    - **AFTER** removing eye protection and mask
- Staff must follow the guide to donning and doffing PPE
- All PPE that has been used in the area must be discarded in regular garbage receptacle **with a lid** prior to leaving the area
- Inmate cleaners must wear a level 2 surgical mask, gown, eye protection and gloves. All cleaners must wear appropriate PPE, and be instructed on donning and doffing of PPE, including when and how to perform hand hygiene
- After cleaning, the inmate cleaner must shower and change their clothes
- Clean surfaces and objects that are frequently touched, especially in common areas at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Dirty linen/clothes are to be put in the laundry bin with a lid on the unit, and transported with the lid closed
- Health care staff must conduct assessments on each person, minimally twice daily, including temperature, pulse and respirations
- Dedicated medical equipment should be used for the isolation unit (e.g. thermometer) and cleaned between each patient
- Consider using a designate room near the unit for inmate clinical examinations

Considerations for Completing Patient Care Plan Intake & Isolation Units (April 2, 2020)

General Principles:

- This document supports patients at intake, or those placed in medical isolation, who require monitoring for health conditions and/or are eligible to participate in the Keep on Person (KOP) Medication program.
- When possible, nursing care should be provided where the patient is housed rather than moving the patient through the institution.
- This document does not meet documentation requirements for nursing care performed.
    - Follow professional practices for documentation: including writing in pen, indicating the date and time, printing your name in addition to signature, and include your professional designation.
- As assessments and interventions are added to the patient care plan, nurses should ensure they are identified in the bottom area of the care plan and initial any changes.
- If the patient requires additional assessments or interventions, a second page to continue the patient care requirements has been provided. If it is utilized, mark the box on Page 1.

Health Conditions:

- Health conditions which require ongoing monitoring, such as those listed, should be identified for the purpose of planning care which minimizes the amount of health care providers interacting with the patients and the frequency of interactions, while ensuring each patient receives attentive nursing care.
- Conditions denoted with * indicate an increased risk of severe COVID-19 disease. These include: age 65 years and older, pregnancy, chronic lung disease, moderate to severe asthma, heart conditions, hypertension, diabetes, immunosuppression, poorly controlled HIV, organ transplant, cancer treatment, immunosuppressing medications, kidney disease (especially dialysis), active liver disease, and severe obesity (BMI >40).
    - These patients should be monitored frequently and the threshold for symptoms causing concern should be lowered (e.g., early signs of infection such as malaise, fatigue, and myalgia should prompt further assessment/referral to the Primary Care Provider).
    - Additional consideration should be taken when housing these patients (e.g., to minimize the risk of infection if immunosuppressed).

Keep on Person Medications:

- Approved medications should be administered through the KOP Medication Program where indicated and safe. Consult the Health Care Services Policy and Procedures Manual: Keep on Person Medication Program Policy for more information.
- The amount of medication provided for patients to keep on person must be recorded and monitored to ensure appropriate use and to prevent underuse or overuse.

Care Requirements:

- All assessments and interventions, dependent on the health conditions identified, should be listed with the frequency, times, location of documentation identified, and any additional notes needed to perform the task.
- For those under investigation or confirmed COVID-19, vital signs (TPR) must be monitored twice per day. For those not under investigation, VS once per day. Temperature checks should not

occur within 30 minutes of eating, physical exercise or waking and not within 4 hours of taking a fever- reducing medication, such as acetaminophen or ibuprofen.
- If an assessment or intervention is discontinued, record this in the notes section. Do not erase.
- Nursing staff should include health teaching as an intervention for all patients, especially in relation to infection control.

Please contact your Health Care Manager for additional support if needed.

Interim Discharge Planning Guidelines for COVID-19

The Health Care Manager/Senior Nurse will establish a process for to ensure timely information, is communicated about patient releases (e.g. from records department),

Prior to Patient Discharged

- Place the appropriate Public Health Ontario/Pubic Health Agency of Canada fact sheets into the patient's property
- When informed that a patient on medical isolation or who is to self-monitor is being released the Discharge Planning Checklist is to be completed
- For all patients who are being released on medical isolation or who are to self-monitor complete:
    - Patient Health Care Guide;
    - Discharge Information for Community Services form;
    - Discharge Screening Form for Influenza like Illness for Community Agencies/Shelters (if requested).
- The nurse will provide relevant health teaching and review the Patient Health Care Guide with the patient
- The Patient Health Care Guide, medications, and prescriptions are to be placed in the patient's property. If required, prescriptions should be faxed to pharmacy

COVID-19 Decision Tree – Clearance from Medical Isolation June 9, 2020

	PATIENT Isolate single cell and test for COVID 19	**UNIT (Contact with potential Positive)**
		• Initiate isolation precautions for unit pending assessed level of risk and test results • Cell Partner - Isolate on the living unit and house alone, pending test results.
TEST RESULTS NEGATIVE (Contact Corporate Health Care)	• Maintain on precautions until 48 hours after symptoms resolve or medically assessed and cleared (i.e. determined not be infectious) • For patients isolated because of contact or travel, 14 days of isolation is required	• May lift precautions
TEST RESULTS POSITIVE (Contact Corporate Health Care)	• Maintain strict isolation for 14 full days from onset of symptoms or, if asymptomatic, test date • monitor twice daily and manage symptoms	• Maintain isolation for 14 full days from date of last contact • Monitor twice daily for symptoms • If any inmate becomes symptomatic, isolate per Symptomatic Patient and test for COVID 19, if clinically indicated
DISCONTINUING ISOLATION FOR POSITIVE TESTS (Contact Corporate Health Care)	Patient must be: • 14 full days from onset of symptoms and patient is afebrile and symptoms are improving for at least 72 hours • 14 days from the date of testing, if asymptomatic Absence of cough is not required for those known to have chronic cough or reactive airway	• May discontinue isolation 14 full days post last exposure if no symptoms have presented.

Updated by Corporate Health Care, Ministry of the Solicitor General

List of Intake Unit and Units Used for Isolation Forms

- Personal Protective Equipment (PPE) for Staff and Inmates
- Intake Unit Screening for Symptoms of Influenza-Like Illness (ILI)
- Intake Unit Personal Protective Equipment (PPE) For Staff and Inmates
- Intake Unit Screening for Symptoms of ILI Tool (Correctional Officers)
- Isolation Unit- Droplet and Contact Precautions-Personal Protective Equipment (PPE) For Staff and Inmates
- Patient Care Plan-Intake & Isolation Units
- Discharge Planning Checklist (Health Care)
- Patient Health Care Guide (Health Care)

Additional Screening and Communication Tools

Staff Self-Assessment Screening Affirmation July 2, 2020 (updated)

PLEASE READ PRIOR TO SIGNING INTO WORK

Step 1: Staff Self-Assessment

Are you feeling unwell with any of the following symptoms?

- 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 that are unusual or long lasting
    - Difficulty swallowing
    - Lost sense of taste or smell
    - Headache that is unusual or long lasting
    - 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)

OR

Have you experienced any of the following in the last 14 days?

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions.)
- Close contact with a person who has been diagnosed with COVID-19 (for example, someone in your household)
- Close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled (per the definition of above) outside of Canada.

Please DO NOT enter the institution:

- If you have answered yes to the above symptoms, contact your manager to let them know you are unwell and will be seeking health care advice.
- If you have no symptoms but have travelled outside of the country within the last 14 days, please self-isolate, self-monitor, and contact your manager for further direction regarding work.
- If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) for advice.

NOTE: You do not need to proceed to Step 2 (Temperature Screening) if you have been screened out during Step 1.

Step 2: Temperature Screening

Please proceed to the designated staff screening station to complete the temperature screening process prior to assuming duty. If your temperature is 37.8 degrees Celsius or higher, you will be asked to wait five minutes and undergo a second temperature check, which will be verified by a manager.

If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, please DO NOT enter the institution:

Contact your manager to let them know you are unwell and will be seeking health care advice. Please contact your primary care provider for advice.

You will be asked to self-isolate until medically cleared to return to work. Keep your manager informed of changes resulting from medical intervention or advice.

Step 3: Affirmation

By signing in to work, you are affirming you are well and have not answered yes to any of the above questions.

If at any time during your shift, you begin to experience fever, cough or difficulty breathing, please distance yourself from others, put on a surgical mask, perform hand hygiene and report to your manager.

Screening for Visitors Requesting Entry to Provincial Correctional Institutions

Updated July 2, 2020

All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

Please ask each individual visitor prior to entry into the institution:

Are you feeling unwell with any of the following symptoms? • Fever/feverish, new or worsening cough, shortness of breath when you're not active or difficulty breathing? • Other signs of new onset or worsening illness, such as o sore throat o extreme tiredness that is unusual (fatigue) o hoarse voice o muscle aches that are unusual or long lasting o difficulty swallowing o lost sense of taste or smell o headache that is unusual or long lasting o digestive issues (nausea, vomiting, diarrhea, stomach pain) o chills o pink eye o runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)	if **YES,** they **cannot** enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

Have you travelled outside of Canada in the last 14 days?	if **YES,** they **cannot** enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
In the last 14 days, have you had close contact with a person who has been diagnosed with COVID- 19?	if **YES,** they **cannot** enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
In the last 14 days, have you had close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?	if **YES,** they **cannot** enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the building.

If **NO** to all questions, ask the visitor to proceed to the designated screening station to complete temperature screening.

If the visitor's temperature is 37.8 degrees Celsius or higher, ask them to wait five minutes and undergo a second temperature check. If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, they **cannot** enter the building.

If the visitor passes temperature screening, ask them to wash their hands or use hand sanitizer before entering the institution.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.

List of Screening and Communications Forms

- Screening Inmate Workers for Symptoms of ILI (Correctional Officer)
- Interinstitutional Transfer Screening for Influenza Like Illness Tool (Health Care)
- Federal Transfer Screening Form for ILI (Health Care)
- Discharge Screening Form for ILI Screening (Health Care)
- Discharge Information for Community Services (Health Care)

Additional PPE Guidance Documents and Requirements

Operational Plan for Universal Source Control using Surgical/Procedure Masks

Staff Masking

All Ontario Correctional institutions will immediately implement source control (being worn to protect others) masking practices, requiring that all staff and visitors **wear a surgical/procedure mask at all** times while at work unless otherwise specified.

Masking is not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing.

The below information is not applicable to PPE use when Additional Precautions are in place, such as droplet/contact precautions (i.e. Intake or isolation units) or when otherwise directed.

Principles and Practices

Employees will be provided with one (1) surgical/procedural mask at the beginning of their shift and will immediately perform hand hygiene and don the mask.

Masks are to be worn throughout the shift, **at all times**, and removed only during:

- Breaks, such as when eating and drinking
- When there is a specified PPE requirement such as when working in an area requiring Additional Precautions, e.g. droplet/contact precautions

When removing a mask that is to be re-used, employees are to:

- Perform hand hygiene
- Remove the mask by undoing ties or removing the loops from around the ears
- Fold the mask inwards so that the outside surface of the mask is exposed and the inside (the side that lies against the face) is protected.
- Place the mask in a clean paper bag and fold the paper bag closed
- Perform hand hygiene

When re-using the mask:

- Perform hand hygiene
- Remove the mask from the bag, handling the mask in a manner that minimizes contact with the exposed mask surface
- Don the mask
- Perform hand hygiene

Masks are intended to be worn for extended periods and re-used for the entire shift, however the mask should be replaced if the mask is:

- Soiled
- Contaminated

- Moist
- Damaged, or
- Difficult to breath through

At the end of the scheduled shift, employees are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene
- Discard bag

Visitor Masking

Professional or Spiritual Visitors or Volunteers will be provided with one (1) surgical/procedural mask after passing the screening criteria and will immediately perform hand hygiene and don the mask prior to sighing in.

Personal Visitors must bring a mask or face covering with them, and that face covering must cover the nose and mouth, as well as not contain any offensive images or words. Personal Visitors will also undergo active screening, per the Reintroduction of Personal Visits document.

Visitors must mask **at all times** when in the institution.

If a Professional visit exceeds four (4) hours and breaks are anticipated, consider using the extended wear and re-use procedures as outlined above in Staff Masking, Principles and Practices outlined above.

At the conclusion of business within the institution, visitors are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene

List of PPE Guidance Forms

- Facial Protection Specifications and PPE Guidance Use During COVID-19
- Indirect Supervision Unit PPE for Staff and Inmates
- Direct Supervision Unit PPE for Staff and Inmates
- Laundry Services (COVID-19) Instructions for Laundry Staff and Inmate Workers
- Kitchen Services (COVID-19) Instructions for Kitchen Staff and Inmate Workers

Other Guidance Documents

Cardiopulmonary Resuscitation (CPR) during the COVID-19 Pandemic June 9,2020

Routine practices are the foundation of best practice in most environments and circumstances and ensure that first responder teams operate safely. The potential risks related to the transmission of COVID-19, however, require additional procedural precautions.

CPR is an aerosol generating medical procedure (AGMP) and therefore important adjustments to Personal Protective Equipment (PPE) are required to align with Airborne Precautions.

Each Unit must have a minimum of four (4) CPR – PPE kits assembled, labelled and available for use on each unit. Each CPR – PPE kit must contain:

- 1 – Fitted N95 Respirator
- 1 – Gown
- 2 – Gloves (large)
- 1 – Eye Protection (face shield or goggles)
- 1 – Surgical Mask for inmate

CPR Scene Management

Each emergency response must have a person designated as the 'Primary Coordinator' who will ensure the following:

- The donning and doffing of PPE in accordance with Ministry prescribed guidelines
- The establishment of a safe and clear perimeter around the emergency scene
- The restriction of all non-essential staff from crowding the emergency scene
- The adherence to the CPR response procedure by all involved
- The implementation of post incident de-brief session(s) with involved staff members

The Primary Coordinator should remain outside of the 2-metre perimeter wearing a surgical mask and any other PPE required in the area.

Procedure

Initial Actions

1. Secure Area
2. Call the medical emergency as per procedure
3. ****If in the Isolation Unit, when calling 911, inform EMS that the person is isolated for COVID-19**
4. Ensure only persons critical to the response remain in the area
5. Assign roles for the response team: The response team should consist of no more than five persons:
    - The Primary Coordinator
    - Two people donned in full PPE performing CPR

- Two people donned in full PPE as back-up and to provide other assistance. These people should remain at the perimeter until called upon

6. At least one additional person should remain outside the immediate area to respond to requests from the Primary Coordinator and response team
7. When health care arrives, health care should don full PPE, as per Airborne Precautions, and remain at the perimeter when not providing an intervention. (e.g. conduct an assessment, administer injectable naloxone, oxygen, vital signs etc.)

Responders

- Don PPE (Airborne Precautions)
- Primary Coordinator assess readiness, i.e. PPE check
- Visually inspect for absence of breathing (respiratory effort, chest rising)
- Administer naloxone if opiate overdose is suspected and assess response
- Give additional dose of naloxone, if indicated
- Place a surgical mask on the person
- When health care arrives, administer oxygen up to 10-15 l/min via O2 mask (over the surgical mask) and titrate as clinically indicated (e.g. O2 saturation)
- If possible, move the individual to an enclosed area and establish a clear perimeter of more than 2 metres from the individual

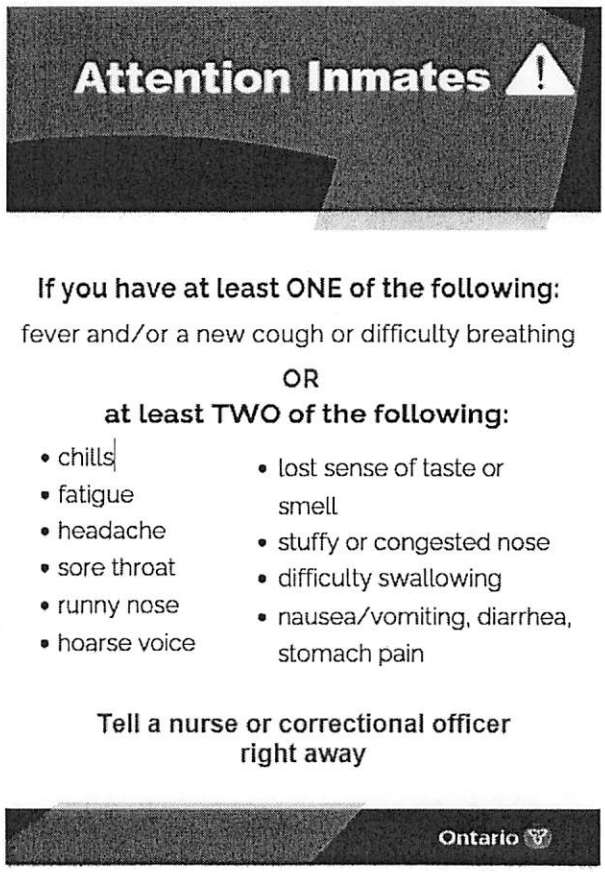
Initiate Compressions-Only CPR – DO NOT Ventilate

- Continue CPR until Automated External Defibrillator (AED) arrives
- Apply AED immediately and follow prompts
- Continue CPR until breathing and circulation returns or relieved by EMS
- Once EMS has assumed care, staff must move out of the area and carefully doff equipment in the following order:
  - Remove gloves
  - Perform hand hygiene
  - Remove gown
  - Perform hand hygiene
  - Remove eye protection
  - Remove mask
  - Perform hand hygiene

Post CPR

- The Coordinator must meet with the responders to de-brief as soon as practical
- Ensure supplies are replaced, including CPR – PPE kits.

Inmate Living Unit Signage



Attention Inmates

If you have any of the following symptoms of COVID-19:

- Fever
- New onset of cough
- Chills
- Unexplained fatigue
- Headache
- Sore throat
- Runny nose
- Hoarse voice
- Difficulty breathing
- Lost sense of smell or taste
- Muscle aches
- Difficulty swallowing
- Pink eye
- Stuffy or congested nose
- Nausea/vomiting, diarrhea, stomach pain

Tell a nurse or correctional officer right away

William.Sibold

From: William.Sibold
Sent: Wednesday, March 31, 2021 8:49 PM
To: Jennifer.Armstrong
Cc: Lori.Strudwick
Subject: Re: Corrections Guidance

Hi Jennifer,

Thank you for this document. It is very helpful, and it is an excellent resource. I also want to thank you for hearing my concerns, and recognizing the challenged specific to this environment. Mr. Clarke will provide a response to your recommendation reports, which were provided to him today.

The Health Services Centre isolation policies - the non-COVID-19 specific ones (and all HSC policies) are currently undergoing review. I will send you the existing (old) policies, and your feedback can be incorporated into the new policies. As a general rule, we usually contact YCDC for direction on all infectious diseases and issue a memo to Correctional Staff specific to the situation.

I think it is important to remember that neither WCC nor YCDC want to see any outbreak or any disease. This is an important common and mutual ground. I continue to advocate for a consensus based approach to our working relationships. Neither one of our organizations can achieve our common, mutual ground, without understanding, respect, and trust.

I'm very pleased with our conversation today, and I hope conversations will continue in the future.

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Jennifer.Armstrong
Sent: Wednesday, March 31, 2021 4:34 PM
To: William.Sibold
Cc: Lori.Strudwick
Subject: Corrections Guidance

Hi Will,

Thanks for your call today to discuss the PPE recommendations for symptomatic inmates on isolation. As you requested guidelines specific to Correctional Institutes, this is the link to Ontario's Correctional Institutions COVID-19 Guidance Document:
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_corrections.pdf

Page 9 outlines the guidance for using PPE - Contact/Droplet precautions for corrections staff. The precautions for Ontario include inmates who have symptoms, are under investigation for influenza-like illness, or those who have identified risk factors such as close contact or travel history. The recommendations I sent were specifically for inmates with symptoms/under investigation and we are consulting with the CMOH for further guidance on the recommendations for close contacts or those with a travel history (both individuals under CEMA and international travel).

Please let me know if you have any further questions. Thanks, Jennifer

Yukon

Jennifer Armstrong, RN BSN
Infection Control Coordinator, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca



I respectfully acknowledge that I work and live within the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

William.Sibold

From: Andrea.Monteiro
Sent: Thursday, April 1, 2021 8:45 AM
To: William.Sibold
Cc: Robert.Clarke; Grant.MacDonald
Subject: HOC Presentation re: COVID Testing and Tacing
Attachments: HOC Presentation on Testing and Tracing - 2021-03-18.pdf

Hi William,

I am currently participating in a Heads of Corrections call and CSC just shared/presented the attached. I thought it might be of interest to you to support the amazing work you are doing to keep WCC clients and staff safe. I'm not 100% sure that some of what CSC has identified as correctional best practices are being supported by our CMOH/YCDC but you would know better than me.

Yukon

Andrea Monteiro
Director, Corrections
Justice | Community Justice and Public Safety
T 867-667-8294 | C 75(1)

William.Sibold

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Health & Social Services | Community Health Programs
T 867-455-2817 | F 867-667-8349 | Yukon.ca



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William.Sibold

From: William.Sibold
Sent: Tuesday, April 6, 2021 7:59 PM
To: Robert.Clarke
Subject: YCDC Concern

Hi Robert,

I note that the Deputy Minister level is involved in the issues between YCDC and WCC. This is very welcome news. I do have a few concerns, which I feel, ought to be addressed in your dealings with this issue:

70(1), 70(3)(a)(iii), 70(3)(e)

In my opinion, these concerns ought to be brought forward when determining the future direction between YCDC and WCC. I am very dissatisfied with how YCDC chose to handle this file, and I believe there are issues which must be addressed before a working relationship can be re-established.

I just wish to express my concerns with this issue, for your consideration.

Kind regards,

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Wednesday, April 7, 2021 8:18 AM
To: Robert.Clarke
Subject: RE: YCDC Concern

I will inquire today.

WS

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Tuesday, April 6, 2021 8:36 PM
To: William.Sibold <William.Sibold@yukon.ca>
Subject: Re: YCDC Concern

Hey William - would any of your team be willing to complete reports for me on exact quotes of what they heard and from whom? Do you think they'd do that for us? They would go a long way to help our position.

Robert L. Clarke
Superintendent
Justice - Whitehorse Correctional Centre
C 75(1)

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Tuesday, April 6, 2021 7:58:49 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: YCDC Concern

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Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

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Sent: Wednesday, April 7, 2021 7:33 PM
To: Robert.Clarke
Subject: Re: YCDC Concern

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Otherwise, 70(1), 70(3)(a)(iii)

WS

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: William.Sibold
Sent: Wednesday, April 7, 2021 9:18:17 AM
To: Robert.Clarke
Subject: RE: YCDC Concern

I will inquire today.

WS

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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Superintendent

Justice - Whitehorse Correctional Centre
C 75(1)

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Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, April 16, 2021 2:02 PM
To: Robert.Clarke
Subject: Fw: WCC?

FYI. Just received.

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick
Sent: Friday, April 16, 2021 2:08:57 PM
To: William.Sibold
Cc: Jan.McFadzen; Angela.MacNeil
Subject: RE: WCC?

Hi Will,

Angie will be able to return on Monday April 19th, in the same time slot, to provide care.
I would ask that routine process for communication for who is interested in being seen be reengaged to support this work.

Thank you,
Lori

Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Tuesday, April 13, 2021 9:52 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: WCC?

Hi Angie,

As per my Director, you are welcome to return to WCC whenever you wish. So that works for me... Next week?

Also, do you by chance have any stats on the total number of COVID-19 tests we completed at WCC since the start of the Pandemic?

Kind regards,

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, April 16, 2021 2:03 PM
To: Lori.Strudwick
Cc: Jan.McFadzen; Angela.MacNeil
Subject: Re: WCC?

Thanks. I'll arrange this with the staff.

WS

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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Thank you,
Lori

Yukon

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Tuesday, April 13, 2021 9:52 AM
To: Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: WCC?

Hi Angie,

As per my Director, you are welcome to return to WCC whenever you wish. So that works for me... Next week?

Also, do you by chance have any stats on the total number of COVID-19 tests we completed at WCC since the start of the Pandemic?

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, April 16, 2021 2:04 PM
To: JUS-WCC-NUR
Subject: Fw: WCC?

See below. For Angie's return next week.

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick
Sent: Friday, April 16, 2021 2:08:57 PM
To: William.Sibold
Cc: Jan.McFadzen; Angela.MacNeil
Subject: RE: WCC?

Hi Will,

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Kind regards,



William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, April 16, 2021 2:14 PM
To: Robert.Clarke
Cc: Valerie.Goodkey
Subject: RE: WCC?

Ugh! Too late. I just replied now (will forward you same), as I thought it was OK as it wasn't COVID related. Just replied to acknowledge id arrange for Angie's list to be prepared for her clinic...

Yukon

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Friday, April 16, 2021 2:12 PM
To: William.Sibold <William.Sibold@yukon.ca>
Cc: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: RE: WCC?

Please don't reply at this time.

Sorry Will – but thank you.

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | C 75(1) | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, April 16, 2021 2:02 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>
Subject: Fw: WCC?

FYI. Just received.

William Sibold RN, MN
Manager, Health Services

Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Lori.Strudwick
Sent: Friday, April 16, 2021 2:08:57 PM
To: William.Sibold
Cc: Jan.McFadzen; Angela.MacNeil
Subject: RE: WCC?

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Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon.ca

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William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

William.Sibold

From: William.Sibold
Sent: Friday, April 16, 2021 2:28 PM
To: Robert.Clarke; Valerie.Goodkey
Subject: RE: WCC?

My apologies Sir. I was only looking to acknowledge that we would prepare the clinic list for Angie's return next week. I had no intent to cause any issues.

I will make sure that I clear any responses going forward with you first.

WS

Yukon

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: Robert.Clarke <Robert.Clarke@yukon.ca>
Sent: Friday, April 16, 2021 2:24 PM
To: William.Sibold <William.Sibold@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: RE: WCC?

70(1), 70(3)(a)(iii), 70(3)(e)

Yukon

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 867-332-2251 | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: Friday, April 16, 2021 2:14 PM
To: Robert.Clarke <Robert.Clarke@yukon.ca>; Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Subject: FW: WCC?

Sorry. I should have asked first.

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

From: William.Sibold
Sent: Friday, April 16, 2021 2:03 PM
To: Lori.Strudwick <Lori.Strudwick@yukon.ca>
Cc: Jan.McFadzen <Jan.McFadzen@yukon.ca>; Angela.MacNeil <Angela.MacNeil@yukon.ca>
Subject: Re: WCC?

Thanks. I'll arrange this with the staff.

WS

William Sibold RN, MN
Manager, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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DAILY MANAGEMENT BRIEFING
THURSDAY MARCH 18, 2021

IN ATTENDANCE: Michael McLennan, Robert Clarke, Valerie Goodkey, Joel Rogers, Jennifer Murray, William Sibold, Sarah-Jean Graham, Igor Poltorasky, Zoran Petrovic, Lucy-Anne Kay

Meeting Commenced at 0830
Meeting Adjourned at 0849

MANAGER, CORRECTIONAL SERVICES – ON-DUTY (SEE PREVIOUS-DAYS' SHIFT REPORTS FOR FULL DETAILS)

46 + 1 TA
No changes upstairs yesterday
4 placements in H-WEST – 2 unlock groups
- 70(1)

6 placements in H-EAST – 4 unlock groups
70(1)

Reported that the gate was fixed, but would not open last night when attempted – has been documented

MANAGER, CORRECTIONAL SERVICES – PROGRAMS

IDCT meeting
Video courts
1 hold for court

MANAGER, FOOD SERVICES

Catching up after being away for 3 days
Inventory/ordering day

MANAGER, MEDICAL SERVICES

IDCT meeting
Unit rep meeting at 13:00?
14:30 – YCDC is here for walk through to see how COVID-19 is being handled
Dr. Elwell noted that 70(1) while at WCC
- 70(1)
-
Doing mass drug testing in D unit due to current event

FIRST NATION LIAISON WORKER

IDCT meeting
Reach out to Elders regarding various matters

DEPUTY SUPERINTENDENT, PROGRAMS

Sweat lodge getting set up
- Ceremonies next week?

Met with the first nations liaison from copper ridge – going to have carpenters (1 from G & 1 from D) make boxes

SUPERINTENDENT

Meeting down town
In-term policy going out on bartering and selling in units
Asks about election activities
- DSP Goodkey has handled this in the past with program officers

Do more education on COVID-19 vaccine and how it works
- Attempt to dispel some of the rumors going around about the vaccine

Mike's second last day – tying up lose ends
Boardroom in use next 2 days

March 18, 2021
Minutes – Sydney Darling

DAILY MANAGEMENT BRIEFING
TUESDAY MARCH 23, 2021

IN ATTENDANCE: Robert Clarke, Valerie Goodkey, Joel Rogers, Jeannie Qiu, Jennifer Murray, Christopher St-George, Igor Poltorasky, Lucy-Anne Kay, William Sibold, Zoran Petrovic

Meeting Commenced at 0833
Meeting Adjourned at 0850

MANAGER, CORRECTIONAL SERVICES – ON-DUTY (SEE PREVIOUS-DAYS' SHIFT REPORTS FOR FULL DETAILS)

45 + 1 TA
H-WEST (behavioral unit)
- 70(1)
- Cleaning crew cleaned the unit prior to them moving up
- They have not been given their canteen yet (Superintendent Clarke has approved them receiving it)
- The result of 70(1)
  - Charges are in MCS office

H-EAST
- Full house
- 70(1)
-
-

BRAVO
- 3 placements
- No issues

GOLF
- No issues

DELTA
- Searches yesterday
  - Extra canteen was found
  - 70(1)
  -

MCS Laffin called to pass on information regarding 70(1) signing out items, but having another I/M, 70(1) complete the request form

MANAGER, CORRECTIONAL SERVICES – A&D / APU

Busy this afternoon with court
- Will be slow – all 13:30 supreme courts?

MANAGER, CORRECTIONAL SERVICES – PROGRAMS

Bible study
IDCT meeting
- CO NEAL will be attending

Leaving at 9:30

MANAGER, CORRECTIONAL SERVICES – POLICY & QA

Not present

MANAGER, FOOD SERVICES

Health officer completed an inspection of kitchen yesterday – no issues found
Interviewing new AOC cook today

MANAGER, MEDICAL SERVICES

70(1)

Received recommendation letter from

FIRST NATION LIAISON WORKER

Meeting today

DEPUTY SUPERINTENDENT, OPERATIONS

Peer support training went well yesterday
- Another session in a couple/few weeks

Charges in MCS office to be forwarded to DSO Rogers to look over
Will discuss at IDCT meeting the camera going into DELTA

DEPUTY SUPERINTENDENT, PROGRAMS

Elder Mary may or may not be coming in today – to confirm and will keep everyone posted
Following up on the boxes WCC is making for copper ridge
Meeting with tourism to discuss displaying the inmates' artwork their

SUPERINTENDENT

Good job everyone for yesterday
COVID-19 health inspection – once recommendation is reviewed bring in OH&S to discuss implementation
Onsite all day today
Policy review

March 23, 2021
Minutes – Sydney Darling

DAILY MANAGEMENT BRIEFING
FRIDAY MARCH 26, 2021

IN ATTENDANCE: Robert Clarke, Valerie Goodkey, Joel Rogers, Sean McKenzie, Jennifer Murray, Christopher St-George, Igor Poltorasky, Lucy-Anne Kay, William Sibold, Zoran Petrovic

Meeting Commenced at 0830
Meeting Adjourned at 0850

MANAGER, CORRECTIONAL SERVICES – ON-DUTY (SEE PREVIOUS-DAYS' SHIFT REPORTS FOR FULL DETAILS)

44 + 1 TA
10:00am 70(1)

70(1)

- Charges pending 70(1)

70(1) because of code, operational lock down and unlock rotations they did not get 6+ unlock time

- Appendix will need to be done

Package of tobacco found yesterday – believed to be 70(1) but video footage doesn't cover the spot it was dropped?

- 70(1)

MANAGER, CORRECTIONAL SERVICES – A&D / APU

AO for 70(1)

-

Continuing to prep everything for tomorrow

MANAGER, CORRECTIONAL SERVICES – PROGRAMS

Programs meeting
Yoga
Foundations
TA for 70(1) waiting for input from community partners

MANAGER, CORRECTIONAL SERVICES – POLICY & QA

Not present

MANAGER, FOOD SERVICES

Preparing everything for tomorrow
Sweat lodge has been cancelled for today

MANAGER, MEDICAL SERVICES

Continuing to get ready for tomorrow

70(1)

- Things in progress to find alternative option

FIRST NATION LIAISON WORKER

Nothing for the table

DEPUTY SUPERINTENDENT, OPERATIONS

In office dealing with BCC
Appendix to be done today

- 14:00 with TA report

DEPUTY SUPERINTENDENT, PROGRAMS

Will be in office
Prepping for tomorrow and following up for 70(1)

SUPERINTENDENT

Meeting with Corrections downtown
YCDC has some concerns regarding COVID-19 compliance – we have been deemed not COVID-19 compliant
DSO Rogers commenced implementing some of their recommendations last night
Will and DSO Rogers will be doing walk through YCDC again today

Switching to juice boxes for now – not going to be a long-term solution

- Explore all alternatives
- Meal times are a mass gathering that need improving
- Prepared to allow food trays in the cells and posting 2 persons per table
- Styrofoam / disposable cups for now in the interm
- Hire an additional server per unit

March 26, 2021
Minutes – Sydney Darling

RECOMMENDATION	CORRECTIVE ACTION	Status	Task
Living Units - No spacing of inmates in common areas	Tables can be posted with signage advising only 2 chairs per table	Completed	Tables limited to 2 per table, with supporting signage.
Living Units - No masks on inmates	Inmates have formed their own bubble and many are impacted by psychological conditions or cognitive impairments. Controlling this is not feasable. They have however, been advised masks are availabe if they request, and unit work stations have been equipped. Mask use instrucitons also posted on units.	Completed	N/A
Living Units - No signage or visual cues for physical distancing, hand washing, hygiene	Signage is present on the unit, and even graphics for cognitively impaired clients. Units will be inspected and signage replaced as needed. Will be completed by a.m on March 26	Completed	MCS Laffin
Living Units - No soap in inmate cells	Inmates are issued soap, and officer stations have boxes of soap in addition to other hygiene items available freely for inmates	Completed	N/A
Living Units - No evidence of handwashing by staff or inmates prior to eating meals	Signage is present on the unit regarding handwashing. Soap is available in cells and additional bars of soap on request.	Completed	N/A
Living Units - Entire group mingles when eating	Inmates have formed their own social bubble due to 14 day intake isolation, no external visits. We are prepared to encourage eating of meals in cells to limit gatherings.	Completed	Process for delivery of meals has changed. Inmates will be fed one tier at a time, and single use cups will be utilized for beverages. Two servery stations will be set up on unit, one for meal trays and one for beverages.
Living Units - Masks improperly worn by staff	Staff will be reminded of guidelines. Mask use posters will be posted	Completed	E-mail sent March 26, 2021
Living Units - High level of tight spacing when meals arrive on unit	This is a process we will discuss and fine tune	Completed	Meal delivery process changed to allow for staggered food delivery and single use cups.
Living Units - No evidence of physical distancing at tables when eating	As indicated above, signage will be posted limiting 2 per table.	Completed	Signage posted on tables for 2 person limits
Living Units - Correctional Staff no distancing when eating	Not possible due to operations and safety related staffing levels.	Not applicable	N/A
Living Units - Staff eating while using computer	Staff will be reminded of guidelines.	Completed	E-mail sent March 26, 2021
Living Units - Staff observed interacting with inmate without mask on	Staff will be reminded of guidelines.	Completed	E-mail sent March 26, 2021
H unit - no spacing for inmates	Tables can be posted with signage advising only 2 chairs per table	Completed	Tables have received signage.
H unit - poor mask use by inmate	Signage advising of correct mask use will be posted.	Completed	MCS Laffin
H Unit - No signage or visual cues for physical distancing, hand washing, hygiene	Signage is present on the unit, and even graphics for cognitively impaired clients. Units will be inspected and signage replaced as needed. Will be completed by a.m on March 26	Completed	MCS Laffin
H Unit - inmate access to soap or hand sanitizer	All inmates have access to soap, but due to flammability of hand sanitizer this is not accessible for safety and security reasons.	Completed	N/A
Staff only areas - ensure signage on handwashing, mask use, symptoms.	Signage will be posted.	Completed	MCS Laffin
Staff areas - Ensure communal work spaces (muster room computers, etc) have cleaning equipment to sanitize equipment.	This will be corrected.	Completed	Mark Vigneau completed
Staff break room - dishes piled in dryer	Unknown from report what is required for this action	Unknown	More information needed here
Staff break room - communal towel in use	Items will be removed and replaced with paper towels	Completed	Paper towels and cleaner have been issued, towels removed

Staff gym - signage needed on 1 person at a time	This will be addressed morning of March 26	Completed	Val - please address
Staff gym - log book needed for entry/exit	This will be addressed morning of March 26	Completed	Val - please address
Staff gym - cleaning equipment to be placed	This will be addressed morning of March 26	Completed	Val - please assign to Reymark
Health Services area - High level of clutter in workspace		Completed	William to address
Health Services area - food shared in area		Completed	William to address
Health Services area - people eating in common area		Completed	William to address
Health services area - physical distancing not being practiced		Completed	William to address
Health Services area - mask don/doffing station		Completed	William to address
Health Services area - signage for mask use, hygiene, etc.		Completed	William to address

RECOMMENDATION	CORRECTIVE ACTION
Muster Room should have sanitizer so staff can wipe down their areas after meetings	Room equipped with spray bottles and sanitizer
Muster Room should remove cloth chairs	All cloth chairs removed
A lot of chairs in muster room. Staff should be distanced two chairs away from the next staff member	4 chairs removed
Staff room should have all areas remeasured so 2 metres of distance is maintained	Chairs have been removed and distancing in place
Officers should be reminded to sanitize their work station frequently	Managers tasked with including reminder in each shift briefing
Gym needs sanitizing bottles	Additional sanitizer has been put in place.
Gym does not have equipment distanced	Room use has been limited to one person only
Sign should indicate only 2 staff are to be inside and they must be distanced at all times.	Room capacity lessened to 1, and log book implemented for sign in/out
All areas that staff work should have sanitizer solution available	Additional cleaning supplies/sanitizer issued to work stations

Status	Task
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers
Completed 21Mar25	DSO Rogers

March 22, 2021
1:00:32 PM

Yukon
Health & Social Services
Environmental Health Services

Correctional Facility Inspection Report

Inspected by: W. Wilberforce Obwona Ogaba
Supervisor: Benton Foster

Facility Inspected:

Yukon Corrections Infrastructure - Kitchen
Zoran Petrovic
(867) 455-2981

Mailing Address:

Zoran Petrovic
25 College Dr
Whitehorse YT Y1A 5B6
Canada

Inspection #:
Inspection Date: 22-Mar-2021
Completed: 22-Mar-2021

Site Address: 25 College Dr
Whitehorse YT Y1A 5B6

GPS: 60.7442622 -135.0915401
Facility Type: Correctional Facility
Inspection Type: Routine Inspection
Delivery Method: Email

Opening Comments and Observations:

I conducted the inspection in the presence of Zoran Petrovic, the Food Service Manager.
Observed 4 inmates preparing food.
Observed relevant Covid-19 signs posted in visible locations. Physical distancing observed.

*** = Critical Item**

Correctional Facility -

1. Protection from Food Handler Contamination

1.	1.1) A Separate hand washing basin is provided for food handlers	YES
2.	1.2) Hand washing basin with supplies of soap and paper towels in dispensers	YES
3.	1.3) Proper food handler hygiene is being practiced Observed all food handlers including the 4 inmates wearing clean outer garments and suitable hair restraints.	YES
4.	1.4) Only employees of food premises in food preparation area	YES
5.	1.5) Other Requirement (Described Below)	N/Ap

2. Food Handling: Thermometers/Cooking/Hot Holding/Cooling/Reheating of Hazardous Food

6.	2.1) Probe thermometers are used to verify food preparation and holding temperatures	YES
7.	*2.2) Thorough cooking to minimum internal food temperature	YES
8.	*2.3) Hot holding: minimum of 60°C (140°F) after cooking or re-heating Observed hot dog held hot at 60.2 C.	YES
9.	2.4) Food is cooled from 60°C (140°F) to 20°C (68°F) within 2 hours	N/Ob

Personal information is collected under the authority of the Public Health & Safety Act for the purpose of safeguarding public health. This information may be accessible under the Access to Information & Protection of Privacy Act. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391.

Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la Loi sur l'accès à l'information et la protection des renseignements personnels. Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygiè du milieu, au (867) 667-8391.

Yukon Corrections Infrastructure - Kitchen **Correctional Facility Inspection Report**

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

10.	2.5) Food is cooled from 20°C (68°F) to 4°C (40°F) within 4 hours	N/Ob
11.	*2.6) Re-heating: to an internal temperature of 74°C (165°F)	N/Ob
12.	2.7) Other Requirement (Described Below)	N/Ap
3. Food Storage: Refrigerated & Frozen Storage of Potentially Hazardous Food		
13.	3.1) Thermometers are used to verify refrigeration and freezer temperatures	YES
14.	*3.2) Internal temperature of potentially hazardous food is maintained at 4°C (40°F) or less	YES
15.	3.3) Internal temperature of frozen food is maintained at -18°C (0°F) or less	YES
16.	3.4) Proper thawing of potentially hazardous foods Observed frozen food thawing in the walk-in cooler/fridge.	YES
17.	3.5) Other Requirement (Described Below)	N/Ap
4. Meat, Fish, Eggs, and Milk Products		
18.	*4.1) Meat is obtained from a source that is approved by the government of Canada, the government of another province or territory, or an official or agency of any of those governments	YES
19.	*4.2) Only Graded eggs permitted	YES
20.	4.3) Proper storage and service of milk and milk products	YES
21.	4.4) Proper storage and handling of fish and fish products	YES
22.	4.5) Other Requirement (Described Below)	N/Ap
5. Protection from Adulteration & Contamination		
23.	*5.1) Ample supply of potable hot and cold water under pressure	YES
24.	*5.2) Raw foods are separated from ready-to-eat foods during storage and handling	YES
25.	*5.3) Food protected from risk of contamination and adulteration	YES
26.	*5.4) Toxic / poisonous substances (chemicals / pesticides) stored separately from food preparation and storage areas Observed all chemicals stored separately from food and all containers labeled.	YES
27.	5.5) Other Requirement (Described Below)	N/Ap
6. Equipment & Utensils Sanitation		
28.	6.1) Mechanical dishwashing: Chemical or High temperature sanitization Observed: 1) Wash and final rinse temperatures at 143 F and 188 F respectively. 2) Temperature sensitive test strip changed from black to solid orange. 3) Temperature log.	YES
29.	6.2) Manual dishwashing: Wash, rinse, sanitize technique	YES
30.	6.3) Food contact surfaces washed / rinsed / sanitized after each use and following any operations when contamination may have occurred Observed the Quat sanitizer solution in spray bottles at 400 ppm.	YES
31.	6.4) Sanitize test kit / thermometer / temperature test strips readily available for verifying dishwashing and sanitizing temperatures Observed Quat and Chlorine sanitizer test strips.	YES
32.	6.5) Other Requirement (Described Below)	N/Ap
7. Equipment and Utensils		
33.	7.1) Proper use and storage of clean utensils (including single service utensils)	YES

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Yukon Corrections Infrastructure - Kitchen **Correctional Facility Inspection Report**

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

34.	7.2) Food contact surfaces properly designed, constructed, installed and maintained	YES
35.	7.3) Proper storage and maintenance of scoops and spoons	YES
36.	7.4) Equipment, non-food contact surfaces and linen are maintained, designed, constructed, installed to allow easy cleaning and to facilitate maintenance	YES
37.	7.5) Other Requirement (Described Below)	N/Ap
8. Sanitary Maintenance and Construction		
38.	8.1) Exclusion of live animals on the premises, subject to exemptions	YES
39.	*8.2) The premises is operated and maintained free from a condition that may create a health hazard	YES
40.	8.3) Mechanical ventilation operable where required	YES
41.	8.4) Lighting adequate for food preparation and cleaning	YES
42.	8.5) Premises is of satisfactory cleanliness	YES
43.	8.6) Floors, walls, and ceilings are clean and in good repair	YES
44.	8.7) Other Requirement (Described Below)	N/Ap
9. Pest Control		
45.	9.1) Protection against the entrance of insects, birds, rodents, and other pests Observed no signs of pest infestation.	YES
46.	9.2) Other Requirement (Described Below)	N/Ap
10. Washrooms		
47.	10.1) Sanitary maintenance of staff / public washroom facilities	YES
48.	10.2) Provision of required supplies in staff and public washroom facilities	YES
49.	10.3) Other Requirement (Described Below)	N/Ap
11. Garbage and Waste Management		
50.	11.1) Liquid wastes collected and disposed of in a sanitary manner	N/Ob
51.	11.2) Garbage or waste removal adequate to maintain the premises in a sanitary condition	YES
52.	11.3) Other Requirement (Described Below)	N/Ap
12. Sewage Disposal System		
53.	12.1) Facility is serviced by an approved Sewage Disposal System	YES
13. Drinking Water		
54.	*13.1) Facility is supplied by an adequate supply of water from a source approved by the Health Officer	YES
14. Other Category		
55.	Other Requirement (Described Below)	N/Ap

Closing Comments:
ALL CONDITIONS OBSERVED WERE SATISFACTORY.

Personal information is collected under the authority of the Public Health & Safety Act for the purpose of safeguarding public health. This information may be accessible under the Access to Information & Protection of Privacy Act. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391.

Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la Loi sur l'accès à l'information et la protection des renseignements personnels. Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygé du millieu, au (867) 667-8391.

Yukon Corrections Infrastructure - Kitchen

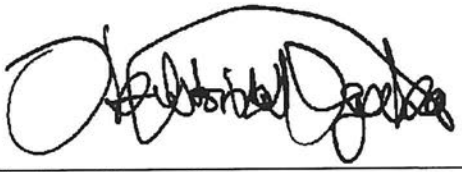
Correctional Facility Inspection Report

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

I have read and understood this report:



Zoran Petrovic



W. Wilberforce Obwona Ogaba

*By signing, I agree to ensure that this inspection report is provided to the responsible primary operator or manager as soon as possible.

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From: Laura.Scott
To: Claudia.Morgan; Andrea.Monteiro
Cc: Jeff.Simons
Subject: FW: RSC Policy Briefing on Correctional Services During and Beyond COVID-19
Date: February 3, 2021 08:34:01
Attachments: Corrections PB_EN.pdf
Corrections PB_FR.pdf

FYI

From: Carla.Braun
Sent: Tuesday, February 2, 2021 4:33 PM
To: Jeff.Simons
Cc: Laura.Scott
Subject: FW: RSC Policy Briefing on Correctional Services During and Beyond COVID-19

Not sure if you have received this already and/or if it is of interest.
Thanks,
Carla

From: Michele.Shaw <Michele.Shaw@yukon.ca>
Sent: Tuesday, January 26, 2021 9:49 AM
To: John.Phelps <John.Phelps@yukon.ca>
Cc: Norma.Davignon <Norma.Davignon@yukon.ca>; Carla.Braun <Carla.Braun@yukon.ca>
Subject: FW: RSC Policy Briefing on Correctional Services During and Beyond COVID-19

Good morning,
Passing this along.

Michele Shaw
Ministerial Advisor to The Honourable Tracy-Anne McPhee
Attorney General
Minister of Justice
Minister of Education
Cabinet Office | Government of Yukon
T 867-393-7488 | C 867-334-4175 | Yukon.ca

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RSC SRC

Correctional Services During and Beyond COVID-19

January 2021



An RSC Policy Briefing

Correctional Services During and Beyond COVID-19

An RSC Policy Briefing

Authors

Rosemary Ricciardelli (Chair)	Memorial University of Newfoundland
Sandra Bucerius	University of Alberta
Justin Tetrault	King's University College at Western
Ben Crewe	Cambridge University
David Pyrooz	University of Colorado Boulder

Peer Review Monitor

Tom Marrie, FRSC	Dalhousie University

Peer Reviewers

Candace Kruttschnitt	University of Toronto
Katharina Maier	University of Winnipeg
Justin Piché	University of Ottawa
Eric Y. Tenkorang	Memorial University of Newfoundland

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Cover Art

Lawrence Da Silva, Koi Fish (2015)

Coloured pencils, pens, manila envelope

While imprisoned at the Quebec Special Handling Unit of the Correctional Service of Canada, Lawrence Da Silva used coloured pencils, pens, and a manila envelope, the only art supplies available to him, to create the Koi Fish. It is inspired by the legend of transformation that the koi fish swims to the waterfall and becomes a dragon.

Land Acknowledgement

The headquarters of the Royal Society of Canada is located in Ottawa, the traditional and unceded territory of the Algonquin Nation.

The opinions expressed in this report are those of the authors and do not necessarily represent those of the Royal Society of Canada.

Background on the Policy Briefing Report Process

Established by the President of the Royal Society of Canada in April 2020, the RSC Task Force on COVID-19 was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

The Task Force established a series of Working Groups to rapidly develop Policy Briefings, with the objective of supporting policy makers with evidence to inform their decisions.

About the Authors

Sandra Bucerius, PhD, Associate Professor, Department of Sociology and Director, Centre for Criminological Research, University of Alberta

Ben Crewe, PhD, Professor of Penology and Criminal Justice, Institute of Criminology, University of Cambridge, UK

David Pyrooz, PhD, Associate Professor of Sociology, Faculty Associate of Institute of Behavioral Science, University of Colorado Boulder

Rosemary Ricciardelli, PhD, Professor, Department of Sociology, Memorial University of Newfoundland

Justin Tetrault, PhD, Assistant Professor, Department of Sociology, King's University College at Western University

Note from the Authors

In the current policy briefing, we use the terms "imprisoned people" and "incarcerated persons" because this terminology is less stigmatizing than terms such as "inmates" or "prisoners". We are restricting the current policy brief to recommendations concerning prison living and post-prison living in an era of "decarceration", which refers to reducing the size of the incarcerated population. We recognize that decarceration includes alternatives to imprisonment such as pre-trial diversion practices or alternatives introduced at the back and front-end of sentencing, which are largely beyond the scope of the current brief.

We also recognize that there are many marginalized and vulnerable populations in prison, including: women, people with mental health disorders or needs and substance use challenges, persons with brain injuries, persons with Fetal Alcohol Syndrome Disorder and other health-related conditions, transgender and non-binary self-identifying persons, and other equity-seeking groups. It is beyond the scope of the current brief to attend to the complexity of each groups' needs and unique positioning in detail. For instance, while the needs of incarcerated Black Canadians and people of colour are important and worthy of attention, we chose to focus on the inequities of incarcerated Indigenous peoples, due to 1) this group having the highest rates of incarceration for any sub-population in Canada (see pp. 24-27); and 2) the robust empirical data on Indigenous peoples in Canada and existing policy-oriented documents detailing their unique needs, such as the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the Truth and Reconciliation Commission's "Calls to Action". We intend to address some of the unique needs of diverse populations in future policy briefings. The present brief is a starting point to highlight recommendations for various pressing issues, as evidenced during the trials and tribulations

imposed by the COVID-19 pandemic. As researchers, we are committed to provide evidence-informed recommendations.

The Royal Society of Canada is grateful for the support of the John Howard Society of Canada and the *Arts Inside and Out* program in procuring the artwork displayed in this report.

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Executive Summary

Correctional services, both institutional and within the community, are significantly impacted by COVID-19. The COVID-19 pandemic has shown those living and working in correctional facilities are particularly susceptible to exposure to potential contagions. Canadian correctional institutions, like prisons in many other countries, are affected by high population turnover, "overcrowding and restricted movement, inaccessible or poor health care, […] high prevalence of chronic disease and comorbidity, and an aging custodial population [which] exacerbate […] risks" and fears of contagion among staff, officers, and incarcerated persons (Pyrooz, Labrecque, Tostlebe, & Useem, 2020np; see also Akiyama, Spaulding, & Rich, 2020; Maruschak, Berzofsky, & Unangst, 2015; Novisky, 2018). The pandemic also poses acute challenges and agonizing decisions for correctional administrators whose responsibilities now include challenges imposed by the COVID-19 pandemic, as well for those working in community correctional service as they work to support the re-entry experiences of formerly incarcerated individuals.

In this policy brief, we focus on the current situation and examine the tensions around how COVID-19 has introduced new challenges while also exacerbating strains on the correctional system. We recognize COVID-19 also provides opportunities to re-think various aspects of criminal justice practice as such the current policy brief has two goals, including making recommendations that:

a) are directly aimed at how correctional systems manage COVID-19, and

b) address the nature and structure of correctional systems that should be continued after the pandemic.

As the COVID-19 pandemic has sparked public discourse about the fact that our correctional systems are in crisis and need to be reformed, we believe this is a particularly opportune time to consider drastically reducing the incarcerated population (decarcerating) and to reconsider who could be safely housed in the community. As many of our recommendations with respect to addressing the pandemic in correctional systems speak to efforts and considerations toward reducing the incarcerated population in the federal and provincial/territorial correctional systems, we see the current brief as an opportunity to *also* suggest improvements for those who will remain in prison (during COVID-19 and beyond).

In that respect, we highlight and make recommendations for the needs of those who remain incarcerated in general, and for Indigenous people in particular, as well as for those who are serving their sentences in the community. Further, we make recommendations for those working in closed-custody institutions and employed to support the re-entry experiences of formerly incarcerated persons. We are at a critical juncture—where reflection and change are possible—and we put forth recommendations toward supporting those working and living in correctional services as a way forward during the pandemic and beyond.

Summary of Recommendations

Recommendations for Decarceration

1. Review the release status of **all** persons housed in prison, remanded or sentenced, both provincially/territorially and federally, in a fair and equitable manner that accounts for personal and criminal histories, for the purpose of releasing prisoners.

2. Prior to release, create and feasibly put in place realistic and comprehensive reintegration plans that account for the requirements associated with COVID-19, customized to address the unique needs of the individual.
3. Give incarcerated persons agency in their early release, including in their ability to remain incarcerated if they do not feel they have a safe alternative to continued incarceration.
4. Pursue efforts to decarcerate half-way houses (e.g., open custody facilities), particularly the movement of persons who are ready for the transition into full community living.
5. Prior to the release of any person, the individual should be tested and offered the opportunity for a COVID-19 vaccination and, if necessary, they should be provided with a safe space to quarantine in the community for 14 days to prevent the spread of infection and preserve the coordinated housing's retention.
6. When possible, safely reduce the use of prisons as holding cells for persons charged or arrested awaiting their first court appearance.
7. When sentencing people accused of non-violent crimes, reconsider sentencing during COVID-19, as incarceration is likely unnecessary for public safety in those situations.
8. Eliminate the practice of intermittent sentencing.

Recommendations for persons remaining in Institutional Correctional Services

1. Introduce COVID-19 rapid testing for newly admitted imprisoned people and use quarantine measures until they produce a negative test result.
2. Introduce daily regular screening that include self-reports symptoms and temperature checks for all incarcerated persons.
3. Ensure rapid testing and contact tracing measures are implemented to track the spread of COVID-19 among prisoners and staff, including daily or routine screening of persons working in prison to mitigate the spread of COVID-19
4. Create prison and staff cohorts to minimize the spread of COVID-19 across units, wings, and facilities.
5. Assess optimal population and staff/officer counts for each institution to ensure physical distancing and the safe adherence to public health guidelines during the pandemic without resorting to lockdowns.
6. Ensure incarcerated individuals and staff/officers are among the first groups to be vaccinated in Canada alongside others living and working in congregate settings.
7. Encourage the use of sick days and paid leave for staff and officers who screen or test positive for COVID-19.
8. Clearly enforce the rules around COVID safeguards among all staff, contractors, and management, as well as anyone entering institutions to limit the spread of COVID-19.
9. Support the well-being of institutional correctional staff, essential service providers during COVID-19, who require resources to support their mental, physical, and social health both preventatively and reactively.
10. Provide trauma counselling and trauma-informed programming for imprisoned persons to address the root causes for their struggles, recognizing the imposed strain caused by COVID-19. Trauma counselling, however, should continue beyond the pandemic, recognizing

that the great majority of people housed in prison have been victimized and had traumatic life experiences throughout their life-course.

11. Provide sustained addiction counselling during and beyond the pandemic.
12. For correctional workers, provide sustained trauma informed training that provides insights into the background of the incarcerated persons they are dealing with on a daily basis.
13. Clearly inform staff of any policy developments and changes in directives before implementation, particularly during COVID-19 as regulations change.
14. Provide transparent communication between staff and loved ones during (and beyond) the pandemic.
15. Provide people housed in prison with free phone calls and with continuous access to virtual visits during and beyond the pandemic.
16. Introduce rapid testing for visitors to facilitate the continuation of visits during the pandemic.

Recommendations regarding Indigenous Individuals in the Correctional Systems

1. Enhance the role and participation of community leaders and Elders in all decision-making regarding Indigenous peoples in prison during and beyond COVID-19.
2. Include the Gladue factors in all decision making concerning Indigenous peoples in prison during and beyond COVID-19, which involves maximizing release efforts for Indigenous peoples for decarceration purposes.
3. Foster a trauma-informed environment during and beyond COVID-19.

Particularly important beyond COVID-19

4. Continue to evaluate, update, and develop security classification scales and tools that are sensitive to the nuances of Indigenous backgrounds and realities.
5. Ensure incarcerated Indigenous peoples have access to legal services to support and assert their human rights and Indigenous rights.
6. Ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples; anti-bias and anti-racism; local language and culture; and local health and healing practices.

Recommendations for Community Correctional Services

1. Review and invest in safe and sustainable housing for formerly incarcerated persons.
2. Provide support to develop the knowledge and skills necessary for formerly incarcerated persons to meet their basic needs as law-abiding citizens once released from prison.
3. Consider reliance on community volunteers for the purposes of support, especially for incarcerated persons who may not have an existing support system on the outside. Support and strengthen partnerships with community-based organizations and other community actors to ensure that incarcerated persons have access to support systems on the outside. The partnerships should already be built prior to release.

4. Review conditions of release on an individual basis to determine if each makes sense or imposes unnecessary restrictions in the time of COVID-19 on formerly incarcerated persons.
5. To prevent the spread of COVID-19, temporarily suspend the condition of seeking and maintaining employment as a condition of release until COVID-19 is under control.
6. Redirect resources into employment re-entry programming and consider transitional programming that assists with employment re-entry starting in prison and extending into the community at and after release.
7. Make it possible for incarcerated persons to be able to apply, at least six months prior to release, for a health card in order for correctional services organizations to assist with effective discharge planning.
8. Make health cards available to individuals housed in community correctional centres—they are not incarcerated and thus are not excluded from the Canada Health Act.
9. Make identification from prison and/or a letter/photo attesting to the person's identity sufficient to acquire a health card post incarceration.
10. Make resources available to support the mental health needs of community correctional services employees, particularly in the context of being an essential service provider during COVID-19.
11. Provide preventative, intervening, and reactive measures to support the mental health and well-being of community correctional services employees, and ultimately help them to fulfill their occupational responsibilities.

Correctional Services During and Beyond COVID-19

Introduction

In the days following March 12, 2020, when the World Health Organization declared Coronavirus 2019 (COVID-19) a pandemic, the Canadian provinces and territories began imposing strict lockdown measures. These governments recognized closed-custody correctional facilities, including prisons, correctional centres, and jails, as potentially high-risk for the transmission of COVID-19, despite confusion about how best to manage the virus in prisons (and other confined spaces). On 12 March 2020, the Union of Canadian Correctional Officers (UCCO-SACC-CSN), representing federal correctional officers employed by Correctional Service Canada (CSC), requested support from CSC to help ensure the health and safety of their members during the pandemic (UCCO-SACC-CSN, 2020, March 12). Of course, it is not only the physical health risk posed by the novel virus that creates distress; researchers are finding that the mental health effects of COVID-19 are dire, as isolation and quarantine are having undeniable effects on people's social and mental health (del Rio & Malani, 2020; Rajkumar, 2020; Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020; Xiong et al., 2020). The World Health Organization defines "health" as a having three facets—social, physical, and mental health—and urges us to recognize each as non-hierarchical components of health and as having a significant effect on people's overall health (World Health Organization, 2020).

In the spring of 2020, CSC reported several in-prison outbreaks of COVID-19 that affected both those housed and working in prison. Provincial and territorial institutions took urgent measures in response to the pandemic, such as decreasing the prison population by releasing those that were eligible (Statistics Canada, 2020a, 2020b). Federal prisons also took steps to manage the virus by suspending visits and programming, imposing lockdowns, distributing personal protective equipment (PPE), and introducing additional measures for containing, testing, and detecting COVID-19. Altogether, COVID-19 and the institutional responses have affected the social, physical, and mental health of those housed in and employed by prisons.

By early November 2020, the Public Health Agency of Canada (PHAC) updated COVID-19 guidelines to account for the risk posed by aerosol transmission of the virus (Miller, 2020, November 4). Such a change is particularly important given public health measures informing that physical distancing alone, which is already near impossible in prison, does not adequately protect incarcerated persons from aerosol transmission, which requires well-ventilated spaces when indoors. Incarcerated persons sleep, eat, shower, use the washroom, and exercise, among other activities, in close proximity to other incarcerated persons, officers, and staff in often poorly ventilated prison spaces (Ricciardelli, 2014b)—making aerosol transmission particularly concerning.

Officers and staff bear the status of essential service providers and now "face an unprecedented, ongoing challenge" if they are to limit (and manage) the spread of COVID-19 in prisons (Ricciardelli & Bucerius, 2020). Staff and officers must balance staying safe and healthy while maintaining the care, custody, and control of incarcerated persons as well as striving not to infect their family members and friends, or bringing COVID-19 into the institution. In some cases, despite an outbreak of COVID-19 in the correctional institution, correctional officers working in some provincial systems are asked to continue coming into work when COVID-19 outbreaks happen and to otherwise isolate when not working (Herring, 2020). To this end, in Canada and abroad,

COVID-19 "represents a serious threat to the health and welfare of people who live and work in these facilities" (Pyrooz et al., 2020, np, see also Kinner et al., 2020; Stephenson, 2020).

Infectious disease is not a new concern in prison. About one-quarter of new correctional officer recruits, some with and some without prior correctional work experience, indicated (without being asked) that infectious disease was their biggest fear of working in a correctional institution (Ricciardelli, unpublished data). These findings predate the novel coronavirus and the possibility of airborne transmission, with interviewees reporting fears of hepatitis, HIV, and tuberculous. The COVID-19 pandemic imposes additional stress on a subpopulation already concerned about contagion, likely impacting officers' well-being and mental health.

There are several factors that influence how easily COVID-19 can be introduced and spread in correctional institutions, including: the daily intake of incarcerated people in provincial and territorial systems; the movement of staff in and out of institutions, the physical layout and size of the respective prisons; shorter sentences (leading to potentially higher turn-over rates), the use of holding cells for newly admitted people; and the demographic makeup and health conditions of the incarcerated population. However, empirical evidence in support of one of more of these explanations for COVID-19 infections in correctional settings is lacking. It is possible that the correlates of COVID-19 infection in non-institutionalized settings do not translate to institutionalized settings like jails and prisons.

As of January 7, 2021, in the federal correctional system, 1201 incarcerated persons had tested positive for COVID-19 in penitentiaries across the country, of which three incarcerated people had died (Correctional Service Canada, 2020). At least in part, the more recent escalation in numbers can be attributed to the introduction of rapid testing in federal prisons. The Union of Canadian Corrections Officers (UCCO-SACC-CSN) confirmed that, as of November 4, 2020, 123 federal correctional officers had tested positive (Robertson, 2020). The provincial systems too have been impacted by multiple outbreaks. For instance, as of October 31, 2020, 104 of the 161 incarcerated people in the Calgary Correctional Centre had tested positive, comprising 65 percent of the population housed in prison, as well as 20 staff and officers (Bruch, 2020, October 31). In Manitoba, at Headingley Correction Centre, 86 incarcerated persons and 24 staff and correctional officers had tested positive as of November 3, 2020 (Unger, 2020, November 3). Administrators, advocates, and journalists continue to report outbreaks across the country, including at institutions such as the Saskatoon Correctional Centre and Grand Valley Institution (CBC News, November 29, 2020; Ghonaim, December 4, 2020). In Canadian federal penitentiaries, some facilities reported outbreaks in the early months after the virus first spread to Canada (i.e., Mission Institution in British Columbia and the Multi-level Federal Training Centre in Quebec, or more recently in Stoney Mountain Institution), with additional outbreaks following during wave two of the pandemic.

As we step out in these new and unprecedented times, we put forth considerations and associated recommendations that look to the present and future of correctional services in Canada. In doing so, we will focus on a) recommendations that directly pertain to the current pandemic and how to best address COVID-19 related concerns in correctional systems, yet b) also make recommendations for people working and housed in prison now and *beyond* the pandemic. In the current policy brief, we provide evidence-informed recommendations for correctional services across systems in four key areas:

- Decarceration;

- The needs for those remaining in our institutions, albeit working, living, visiting or volunteering;
- Indigenous persons in prison; and
- The needs of community corrections to support current parole/probation as well as future decarceration efforts.

Context and Histories of Criminalized Persons in Canada

Canada houses individuals charged or convicted of crimes in one of fourteen unique but interconnected correctional systems: (1) the federal system known as the Correctional Services Canada (CSC) or (2) one of 13 different provincial and territorial systems, each governed by their own provincial or territorial Ministry or Department overseeing correctional services (e.g., Justice, Public Safety). The main difference between the federal and provincial/territorial systems is sentence duration and remand status (e.g., persons housed in prison awaiting trial or sentencing). CSC houses individuals convicted of a crime and sentenced to two or more years in prison, in institutions of diverse security classification that range from minimum (e.g., no secure perimeter) to maximum (e.g., very secure perimeter) (Ricciardelli, 2014b). In 2015-2016, correctional institutions in Canada housed an average of approximately 40,000 adults per day, representing a national incarceration rate of 139 per 100,000 individuals (Reitano, 2017). People housed in federal institutions account for a smaller number of incarcerated persons in comparison to the provincial and territorial systems, for instance in 2017-2018 "on a typical day" 14,015 individuals were housed in one of over fifty federal penitentiaries (Correctional Service Canada, 2019). Generally, after serving one-third of a federal sentence, federally incarcerated person may be eligible for parole, or for statuary release after serving two thirds of their sentence.

The provincial and territorial correctional systems house the majority of incarcerated persons in Canada. Collectively, they oversee appropriately 177 closed-custody institutions (e.g., prisons, correctional centres, jails) that confine individuals who are either sentenced to a prison term of two years less one day or remanded into custody. Since 2004-2005, remanded people constituted the majority of the provincial and territorial custodial population (Manitoba Government and General Employees' Union, February 9, 2012; Porter & Calverley, 2011; Statistics Canada, 2017b). For example, on an "average day" in 2014/2015, more adults were housed in prison awaiting trial than convicted individuals serving a sentence in custody. Specifically, in the provincial and territorial systems, of the 24,014 adults per day on average in sentenced custody and pre-trial detention, 13,650 (57%) were incarcerated pre-trial (Statistics Canada, 2017b). Remand facilities housing incarcerated persons (i.e., jails, detention centres, correctional centres) operate as maximum-security institutions. Although individuals remanded into custody are legally presumed innocent, they are held awaiting trial in custody, rather than the community, because they are unable to secure bail either for being considered a flight risk, a threat to the public in terms of posing a substantial likelihood to offend, or otherwise unable to satisfy basic bail requirements (e.g., lacking a surety) (Deshman & Myers, 2014). After serving a portion of their sentence in custody, provincially and territorially sentenced individuals are eligible for probation.

The overwhelming majority of people enter prison with some degree of vulnerability. Incarcerated persons are likely to lack employment experience and educational attainment and often suffer from compromised mental health or challenges with substance misuse or addiction. Many incarcerated people have experienced periods of homelessness in their lives and the vast majority

have experienced childhood trauma in the form of physical and sexual abuse (Bucerius, Haggerty, & Dunford, 2020) and changing caregiver situations (Bucerius, 2020). At the provincial level, Bucerius, Jones, Kohl, and Haggerty (2020) found that 88% percent of male participants and 84% of female participants identified having experienced violent victimization (e.g., hitting, getting beaten up, had weapons used against them, etc.) at some point in their lives, with a mean age of the first violent victimization that male participants could recall being 14 years, and female participants 17 years of age. In total, 34 percent of their male participants had experienced some form of sexual victimization (e.g., unwanted touching and sexual assault) during their lives, with a mean age of first sexual victimization for men being 7.4 years old. In total, 75% of the female sample had experienced sexual victimization, with the first victimization occurring at an average age of 9.9 years old. At the federal level, these numbers are even higher, with the great majority having experienced physical and/or sexual abuse long before being first charged with a crime (95% of all federally sentenced women and 87% of all federally sentenced men) (Bucerius, 2020). These data reflect that people housed in prison experience victimization at much higher rates than the general population in Canada. Data from the General Social Survey (GSS) (N = 33,089) reported that 32.8% of Canadian men and 22.9% of Canadian women had experienced violent victimization before the age of 15. In terms of sexual victimization, 4.6% of Canadian men and 13.2% of Canadian women have been sexually victimized prior to the age of 15 (Statistics Canada, 2016).

People housed in prison are also at a disadvantage when it comes to educational attainment. At the federal level, CSC reports that between 1995 and 2005, eight in every 10 persons admitted to federal custody did not have a high school diploma. Moreover, upwards of 20 percent of new federal admissions had less than a grade eight education (Boe, 2005). The statistics are in dramatic contrast to 14 percent of the Canadian population aged 25 or older who, in 2016, reported less than a high school diploma as their highest educational level (Uppal, 2017). Beyond entering prison under-educated, periods of incarceration severely limit a person's ability to develop a history of employment or to develop marketable skills that would support later reintegration (Atkin & Armstrong, 2013; Graffam, Shinkfield, Lavelle, & McPherson, 2004). Disadvantages become more pronounced for persons whose first experience of incarceration was during their youth or young adulthood—the period in which invaluable apprenticeship, educational, and training opportunities are highly consequential (Nagin & Waldfogel, 1995). Incarcerated persons are more likely to have lower than average levels of literacy and numeracy and to lack job skills, interpersonal skills, social competencies, technological literacy, and prior work experience in comparison to the general population (Decker, Spohn, Ortiz, & Hedberg, 2014; Fletcher, 2001; Nally, Lockwood, & Ho, 2011; Waldfogel, 1994; Young, 2017).

Internationally, rates of infectious disease, chronic diseases, and mental health disorders are higher among incarcerated persons than in the general population (Fazel & Baillargeon, 2011; Harris, Hek, & Condon, 2007; Lynn Ann Stewart, Sapers, Nolan, & Power, 2014; Wilper et al., 2009). Simply said, persons enter prison with poor baseline health. In Canada, Beaudette, Power, and Stewart (2015) reported that the lifetime prevalence of any mental disorder among men newly-admitted to CSC ranged from 78% to 88% across regions and the prevalence of a current mental health disorder among these same men ranged from 68% to 82% (See also Stewart & Wilton, 2017). Yet, in the general Canadian population, diagnosed mental disorder prevalence rates remain around 10% (Statistics Canada, 2018). Looking at the prevalence of mental disorders among 154 women incarcerated in six CSC facilities, Brown et al. (2018) found that almost 80% of

federally sentenced women in custody "meet the criteria for a current mental disorder, including high rates of alcohol and substance use, antisocial personality disorder and borderline personality disorder" (p. iii). In addition, almost two-thirds of their sample reported a major mental disorder over their lifetime and 17% a current major mental disorder.[1] Formerly incarcerated persons, in comparison to the general population, are more likely to have mental health needs, ranging from substance dependence to neurological or psychiatric needs to broader health issues (e.g., poor diet, smoking) (Graffam et al., 2004). Drawing from a sample of 2,273 newly-admitted adult male federally incarcerated persons in Canada, Stewart, Sapers, Nolan, and Power (2014) determined that these men most commonly report the health conditions of head injury (34.1%), asthma (14.7%), and back pain (19.3%). Nolan and Stewart (2014) found that the most common cited health concerns among 280 newly-admitted adult women incarcerated persons included back pain (26%), head injury (23%), hepatitis C virus (19%), and asthma (16%). Overall, incarcerated people tend to enter prison in already poor health and are met with in-prison healthcare and nutrition that requires careful evaluation to ensure that health conditions improve, or at least do not worsen.

Decarceration

Many provincial and territorial prisons are currently housing fewer people in an effort to reduce prison populations during the COVID-19 pandemic (CBC News, April 9 2020; Cousins, 2020; Statistics Canada, 2020a). Organizational responses also include early release and reducing arrests, jail bookings, and admissions (also tied to temporary court closures or delays). We define decarceration as alternatives to incarceration, such as serving sentences in the community rather than in prison, as well as the premature conclusion of a criminal sentence, and the aggregate reduction in the prison population. Decarceration efforts have been rarer at the federal level (see, for example, Quan, August 5, 2020), where incarcerated persons are serving longer sentences and have more distant eligibility dates for statuary release (i.e., incarcerated persons are eligible after serving two thirds of a federal sentence) or parole (i.e., eligibility commences after servicing one third of a federal sentence).

Decarceration is increasingly necessary, especially during the current pandemic. Imprisonment is an expensive and often ineffective means of dealing with crime and public safety, and generally damages the well-being and life chances of those who are subjected to it, such as by severing ties to family members and employment opportunities. Imprisonment also has well-documented collateral consequences, such as how incarceration affects the children of people who are incarcerated (Murray & Farrington, 2008; Turney & Wildeman, 2013; Wakefield & Wildeman, 2013). The link between crime and imprisonment is highly complex, meaning that changes in imprisonment rates are generally thought to have relatively little impact on rates of crime (see, for example, Carter, 2003; DeFina & Arvanites, 2002). In countries—such as Finland—where deliberate efforts have been made to reduce their prison populations, the evidence does not suggest an associated increase in crime rates (Lappi-Seppälä, 2009).

The nature, scope, and structure of decarceration must take into account the circumstances, positioning, and needs of the incarcerated people—particularly in relation to their own safety and well-being, while balancing this with public safety. Decarceration efforts must be geared toward meeting the needs of incarcerated people (i.e., does the person who transgressed the law, even if 10, 15 or even 20 years ago, present the same threat to public safety today? What about months

or weeks later post-offense?), the seriousness of the offense and potentiality for recidivism or desistance from crime, and their security classifications within the system. Providing individuals with the community supports and services that would allow them to be released and re-enter the community in a safe and humane way (e.g., ensuring that individuals have access to safe housing options; crisis counselling; etc.) seems like the 'better' option than continued imprisonment.

To this end, any release planning must be informed by an individual's history and their own views of their life, past and present, and future plans; in other words, release planning must be desistance-focused. In addition, the process of releasing a person from prison must realistically assess the threat posed by the person to society and the threat society poses to the person who is being released. Considering personal safety measures and processes of rehabilitation or recovery at play in prison, care and safe housing must be assured before releasing a person during COVID-19, as should the continuation of any rehabilitative interventions from which individuals feel they are deriving benefit. The resting assumption that everyone housed in prison prefers release may ignore the individual's perspective as researchers have demonstrated that prison can—tragically—serve as a space of temporary refuge for some incarcerated people (Bucerius, Haggerty, et al., 2020; Pyrooz et al., 2020). Improving the quality of various forms of welfare provision within society (e.g. housing, mental health services, refuges for victims of abuse, drug detoxification) would reduce the likelihood of citizens regarding prisons as more positive environments than the free community. To this end, effort should be made to provide individuals with the community supports and services that would allow them to be released and re-enter the community in a safe and humane way, so that people are not put in a position where the prison seems like the 'better' option.

To facilitate decarceration at all levels of the prison system, stakeholders and administrators must assess and critically examine the decarceration of halfway houses and other temporary housing spaces. Governments must closely examine the cases of those living in such facilities, recognizing who may be psychologically, socially, and physically ready for complete and successful reintegration into the community (i.e., to leave the halfway house). The release of incarcerated persons from halfway houses frees up existing space in halfway houses for persons leaving prison.

Decarceration, however, "is a process, not a one-time action" (Wang, Western, Backes, & Schuck, 2020, pp. S-3). To this end, our recommendations include immediate actions geared toward decarceration and, given the uncertain nature of the pandemic and its duration, longer-term actions for implementation. We also advocate for equity in decarceration efforts, referring specifically to ensuring all people inside prisons are considered for early release. Equity is particularly important in relation to incarcerated Indigenous peoples, who are disadvantaged at every stage of the criminal justice system, including when it comes to parole decisions and re-entry (Cardoso, November 29 2020).

Recommendations for Decarceration Across Systems

1. Review the release status of **all** persons housed in prison, remanded or sentenced, both provincially/territorially and federally, in a fair and equitable manner that accounts for personal and criminal histories, for the purpose of releasing prisoners. We recommend that stakeholders apply a culturally informed lens, that includes but is not limited to histories of racial inequalities, to understand individual actions within the context of a person's actual potential for successful release. When re-evaluating the release status, the guiding question

should be whether the person can safely be reintegrated and will likely not pose harm to the broader community.

   a. In a fair and equitable way, re-evaluate the release status of persons close to or already eligible for parole or probation, particularly during COVID-19 as each comes closer to their eligibility date for statutory release to potentially expedite their release.
   b. Review opportunities to release people for compassionate reasons (e.g., age, cognitive impairment, family circumstances) or based on healthcare needs (e.g., chronic health conditions like autoimmune disease, pregnancy, obesity, respiratory challenges, terminal illness, cancer) particularly during the COVID-19 pandemic but also beyond.

2. Prior to release, create and feasibly put in place (in collaboration with outside agencies) realistic and comprehensive reintegration plans that account for the requirements associated with COVID-19 (e.g., quarantine, physical distancing), customized to address the unique needs of the individual.
3. Incarcerated persons must have agency in their early release, including in their ability to remain incarcerated if they do not feel they have a safe alternative to continued incarceration (such as returning to an abusive household or homelessness). Thus, we strongly recommend prioritizing the provision of safe and humane alternatives to imprisonment in the community.
4. Pursue efforts to decarcerate half-way houses (e.g., open custody facilities), particularly the movement of persons who are ready for the transition into full community living.
5. Prior to the release of any person, the individual should be tested and offered the opportunity for a COVID-19 vaccination and, if necessary, they should be provided with a safe space to quarantine in the community for 14 days to prevent the spread of infection and preserve the coordinated housing's retention.

Decarceration in Provincial and Territorial Systems specifically

Prior to COVID-19, more individuals were held in pre-trial detention than released on bail (Malakieh, 2018; Manitoba Government and General Employees' Union, February 9, 2012); these remanded persons include those accused of serious and violent crimes, as well as persons arrested for comparatively minor offences (e.g., property crime, impaired driving). Researchers criticize the extent to which remand is used; particularly in light of the evidence that remand custody has little benefit for public safety (Webster, Doob, & Myers, 2009).

Remand centres are often used as holding cells for those charged with transgressing the law, for instance, breaching conditions (e.g., being late for curfew, failing to call from a landline) or being unable to pay outstanding fines. Creating alternative punishments for minor offenses provides additional opportunities for decarceration. Decreasing the number of people going in and out of remand facilities will also decrease the possibility of contracting and spreading COVID-19 (Reinhart & Chen, 2020). Moreover, is it necessary to confine people prior to their first court appearance or can safe alternatives prevail? The use of facilities as holding cells contributes to the high turnover among incarcerated people in institutions, increasing the threat of infection and opportunities for COVID-19 to be introduced into the institution. We caveat, however, that some incarcerated persons may require holding for a variety of reasons, including being a threat to self or others, and to maintain public confidence in the administration of justice, among other factors (see s515(10) of the Criminal Code of Canada). These factors require careful consideration but also present opportunities for change in the overarching systems of justice.

Intermittently sentenced persons are those who serve their sentence on weekends, often maintaining employment and community living during the week. Intermittent sentencing increases opportunities for individuals to introduce COVID-19 into correctional facilities. Most provinces and territories suspended intermittent sentences with the onset of COVID-19, but, we ask, is there a need to continue the practice of intermittent sentencing post-COVID-19? If intermittently sentenced persons are safe to live in the community during the week, could there be alternatives that do not require incarceration?

Opportunities for decarceration are seemingly more widespread and versatile in the provincial and territorial systems in comparison to in the federal system. Now is the time to consider if prison should house all persons remanded into custody and ponder if most remanded persons can be safely released into the community (again, using the guiding question whether the person would pose a threat to community safety), and review the circumstances that resulted in each individual's remand status.

Recommendations at the Provincial and Territorial Level

6. When possible, safely reduce the use of prisons as holding cells for persons charged or arrested awaiting their first court appearance.
7. When dealing with people accused of non-violent crimes, reconsider custodial sentencing, as incarceration is likely unnecessary for public safety in those situations.
8. Eliminating the practice of intermittent sentencing. Intermittently sentenced individuals can safely live in and contribute to society during the week. Consider alternatives (e.g., house arrest) to weekend sentencing.

Needs for those remaining in Institutional Correctional Services

Prior to the pandemic, correctional institutions across jurisdictions suffered from overcrowding, leaving incarcerated people confined in close proximity. Double- and even triple-bunking has been a longstanding practice in Canada, particularly at the provincial-territorial level (Piché, 2014). Before COVID-19, administrators often used lockdowns to punish misconduct and regain control of prison units. In the context of COVID-19, lockdowns are a strategy to prevent the spread of the virus by limiting the movement of prisoners. Incarcerated people are held in their cells for upwards of 22 to 23.5 hours each day, a situation that profoundly limits their privacy and has significant impacts on their mental health (Arrigo & Bullock, 2008; Grassian, 2006; Haney, 2018a, 2018b). The suspension of in-person visitations further alienates and isolates incarcerated persons. Many institutions have also suspended programming for incarcerated people (e.g., schooling, recreational activities) to prevent program staff and volunteers from entering the facilities and potentially spreading the virus.

Decarceration reduces the challenges associated with lockdowns and overcrowding. Decreasing prison populations reduces overcrowding and the need for double-bunking. It also allows for greater physical distancing among incarcerated persons and, for individuals who remain in prison, greater access to services, resources, and programming, including educational and vocational programs. There is good reason, therefore, for believing that prisons are more effective when there are fewer people in them, as well as when their overall 'moral quality' is high (Auty & Liebling, 2020). Those who remain in prison will have more opportunities to focus on their health

and well-being, and develop life skills, as long as programming resumes or continues amidst the pandemic, potentially through alternative means of program delivery. Research demonstrates that imprisoned people desire programming they find beneficial for self-betterment, recovery, and re-entry success (Ricciardelli, 2014b; Ricciardelli & Mooney, 2017).

Additionally, maintaining social networks is extremely difficult for people housed in prison (Austin & Hardyman, 2004). Social networks serve as support systems for successful re-entry (including social and employment re-entry supports), and losing one's social network can have detrimental effects on imprisoned persons' well-being and their re-entry success (Berg & Huebner, 2011; Lin, 2001; Wright & Cesar, 2013) (as also discussed in our section on decarceration). Reducing the prison population through decarcerating means that there is more space to move people around the prison system (including locating incarcerated persons closer to their families and social networks), and we anticipate a reduced need for lockdowns as fewer numbers of people interacting may reduce conflict between the prison and staff populations. Fewer lockdowns will also allow those remaining in prison to be in contact with their social networks outside of prison and have social interactions inside of prison.

As correctional services cannot safety release all incarcerated people into the community, we make several recommendations specific to those individuals and the staff that continues to care for them.

Recommendations for persons living in prison

1. Introduce COVID-19 rapid testing for newly admitted imprisoned people and use quarantine measures until they produce a negative test result. Reducing prison populations also creates more space for self-isolation when quarantine is necessary.
2. Introduce daily regular screening that includes self-reports symptoms and temperature checks for all incarcerated persons.
3. Ensure rapid testing and contact tracing measures are implemented to track the spread of COVID-19 among prisoners and staff, including daily or routine screening of persons working in prison to mitigate the spread of COVID-19
4. Create prison and staff cohorts to minimize the spread of COVID-19 across units, wings, and facilities. Similar to the preventative measures in the community, testing anyone showing signs of illness and anyone close to those who have shown signs of illness (staff and incarcerated persons) is necessary as well as the practice of quarantine until the production of a negative test result.
5. Assess optimal population and staff/officer counts for each institution to ensure physical distancing and the safe adherence to public health guidelines during the pandemic without resorting to lockdowns.
6. Ensure incarcerated individuals and staff/officers are among the first groups of individuals living in congregate settings to be vaccinated in Canada.

Mental health issues also affect staff and officers, with correctional workers screening positive for mental disorders at rates nearly 4x those in the general population (those employed in ALL systems of corrections and at all levels of occupations) (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018; Carleton et al., 2020; Ricciardelli et al., 2019). We anticipate that correctional worker mental health needs will only be exacerbated

by the pandemic, especially when incarcerated persons or co-workers experience death or illness due to COVID-19. Moreover, concerns remain about the potential for staff and officers to bring COVID-19 home to their families or into the institution, which only further compromises well-being.

Recommendations for persons working in prison

7. Encourage the use of sick days and paid leave for staff and officers who screen or test positive for COVID-19.
8. Clearly enforce the rules around COVID safeguards among all staff, contractors, and management, as well as anyone entering institutions to further limit the spread of COVID-19.
9. Support the well-being of institutional correctional staff, essential service providers during COVID-19, who require resources to support their mental, physical, and social health both preventatively and reactively.

As decarceration opens up the possibility to make additional, crucial changes to correctional services, we want to draw particular attention to mental health services that are currently lacking in most institutions. Recent research (Bucerius, Haggerty, et al., 2020) reveals nearly all incarcerated persons have adverse childhood experiences (ACEs) with victimization, family dysfunction, witnessing domestic violence, growing up with family members who have substance abuse disorders, childhood neglect, foster care and residential school experiences, and physical and sexual abuse. Scholars who have examined the consequences of ACEs find individuals with ACEs have a higher likelihood than the general population of drug use and addiction (Dube et al., 2003) as well as infections and mental health disorders, and of engaging in high-risk sexual behaviour (Felitti & Anda, 2010). Further, those who experience four or more ACEs are at greater risk of heart disease, cancer, alcohol abuse, drug addiction, and are more likely to become involved in crime and be incarcerated later in life (Danese & McEwen, 2012; Felitti & Anda, 2010; Felitti et al., 1998; Schilling, Aseltine, & Gore, 2008).

While internationally well-documented, recent Canadian researchers show the majority of people housed in prison have experienced physical and/or sexual abuse long before being first charged with a crime. 95% of all federally sentenced women and 87% of all federally sentenced men have experienced either physical or sexual victimization, or both (Bucerius, 2020). When looking at physical and sexual victimization separately 84% of federally sentenced women were sexually victimized throughout their life-course, while 90% were physically victimized. In the male population, 48% were sexually victimized and 79% physically victimized, with significantly higher numbers in the Indigenous population (71% of Indigenous men housed in prison had experienced sexual victimization, and 86% had experienced physical victimization). The great majority experience both childhood abuse and abuse throughout their life course. Simultaneously, the great majority of the Canadian prison population struggles with substance abuse issues (Kouyoumdjian, Schuler, Matheson, & Hwang, 2016). These experiences have significant influence on the mental, social, and physical health of incarcerated people.

Recommendations with respect to mental health

10. Provide trauma counselling and trauma-informed programming for imprisoned persons to address the root causes for their struggles—see our recommendations in the section

on Indigenous people housed in prison (pp. 24-27)—particularly given the potential exacerbating effects of COVID-19.

11. Provide sustained addiction counselling.
    a. Allow psychiatrists and psychologists from the community to assist in diagnostics. Incarcerated persons who receive diagnosis and appropriate counselling and medication have a better chance to work towards success in release, which may be accelerated during COVID-19.
12. For correctional workers, provide sustained trauma informed training that provides insights into the background of the incarcerated persons they are dealing with on a daily basis.
    a. We recommend looking at the compassion series the Edmonton Police Service have developed. However, we caveat that this training tool has yet to be evaluated.
13. Mental health support is necessary for correctional workers during and beyond the pandemic.

Apart from decarceration efforts, correctional services must clearly inform staff, incarcerated persons, and their loved ones of protocols for managing COVID-19, including policies around properly isolating exposed correctional workers and incarcerated persons, as well as preventing exposure to COVID-19 in prisons. Sharing information with families of incarcerated persons and staff is particularly valuable given the current pandemic. However, when coupled with, although necessary, restrictive policies and practices inside prisons and around visitations, information sharing has resulted in loved ones experiencing increased stress and anxiety about the health and well-being of their incarcerated kin. For example, loved ones of incarcerated people often do not know whether their incarcerated family members are safe and healthy when a lockdown occurs.

Recommendations with respect to communication

14. Prison administrations must clearly inform staff of any policy developments and changes in directives before implementation. Implementation science research shows that any policy changes can only be successfully carried out when having support from the population who will be responsible for putting them into practice (Dramschroder & Hagedorn, 2011).
15. Transparent communication between staff and loved ones during (and beyond) the pandemic.
    a. Allow incarcerated people to inform their loved ones of their well-being in a timely manner.
    b. Keep incarcerated persons informed about infections and deaths in the prison, their communities, and the province/territory in which staff live.
    c. Inform incarcerated individuals about changes in procedures and about when restrictions may be reduced or increased.
16. Provide people housed in prison with free phone calls; first enforcing a moratorium on phone charges during COVID-19 and second reviewing phone fees toward a long-term solution that makes phone calls more affordable.
    a. Consider COVID-19 related free phone calls as a way forward for prison practices more generally, given many families of incarcerated people live far from institutions, which makes regular visits difficult, and researchers show that regular contact with loved ones is vital, even instrumental, for successful reintegration. The same holds true for recommendation number 3.

b. Provide people housed in prison with continuous access to virtual visits during and beyond the pandemic.

17. Introduce rapid testing for visitors to facilitate the continuance of visits during the pandemic.

Indigenous persons in prison

The United Nations (2020) Department of Economic and Social Affairs has urged member states to take pre-emptive steps in addressing the unique needs and priorities of Indigenous peoples while managing the COVID-19 outbreak. Canada's colonial legacy has led to Indigenous peoples disproportionately suffering from poorer health and living conditions, making them particularly susceptible during the pandemic (C. Bourassa, Blind, Dietrich, & Oleson, 2015; C. A. Bourassa, 2008; Gould, MacQuarrie, O'Connell, & Bourassa, 2020; Noakes, August 23 2018; Reading & Wien, 2009; Sarangi, 2020; Statistics Canada, 2017a; Yellowhead Institute, 2020). While most Indigenous communities have minimized the spread of COVID-19 by issuing states of emergency, rates of infection for Indigenous peoples are increasing in places such as Manitoba (Yellowhead Institute, 2020). According to the First Nations Health and Social Secretariat of Manitoba (2020), Indigenous peoples make up approximately nine per cent of Manitoba's population, yet account for 18% of the province's COVID-19 cases, 24% of hospitalizations, 35% of patients in ICU beds, and 12% of deaths (Pauls, November 13 2020).

The preceding risks are exacerbated in Canada's prison system, where the Office of the Correctional Investigator in Canada (2019), the UN Committee against Torture (2018), and the UN Special Rapporteur on violence against women (Šimonović, 2018) recognize the crisis of overrepresentation of Indigenous persons in prison.

Within criminalized populations, racial disparities have steadily increased over the past 15 years. A 2013 report from the Office of the Correctional Investigator found that from 2003 to 2013, the incarceration rates for people of colour rose by 75%. Incarceration rates for Indigenous peoples also increased during this period, where they continue to be grossly overrepresented in all federal and territorial/provincial prisons across Canada (Owusu-Bempah & Wortley, 2014). A 2020 report found that, over the past decade, the incarceration of non-Indigenous individuals decreased by 14%, while the Indigenous population in prison increased by 43% (Zinger, 2020). Indigenous adults account for 28% of admissions to provincial and territorial prisons and 28% of federal admissions, despite representing only 5% of the Canadian adult population.[2] The overrepresentation of Indigenous people is most pronounced in the prairie region—both in the provincial and the federal correctional systems. For example, while making up only 6.5% of Alberta's population, Indigenous peoples represent over 45% of those housed in Alberta's provincial and federal prisons (on average). Indigenous peoples are also more likely to be incarcerated at a younger age than non-Indigenous Canadians (Bucerius, 2020).

Overrepresentation is even more pronounced for Indigenous women, who make up four percent of the general population, but account for 43% of female admissions nationally (versus 26% for Indigenous men) and over 41% of incarcerated women in federal prisons (Maleakieh, 2018; Zinger, 2019). Furthermore, the *Edmonton Institution for Women* (a federal prison for all women sentenced in the prairie region) houses, on average, 65% Indigenous women (Short, January 22, 2020).

2 No official statistics specifically identify incarcerated persons' race in provincial prisons.

Threading the experiences of incarceration is Canada's legacy of colonialism, which continues to impact Indigenous people's health (C. A. Bourassa, 2008, p. 24). Researchers have pointed to intergenerational trauma, also referred to as transgenerational trauma or historical trauma, as leading to increased substance abuse and violence (Bombay, Matheson, & Anisman, 2009). Intergenerational trauma describes how trauma can be transmitted across generations, as evidenced by how the Sixties Scoops and residential schools have traumatized survivors and continues to affect families. Intergenerational trauma can shape the well-being and lived experiences of Indigenous people, including those housed in prison. The Correctional Investigator, Ivan Zinger (2019), showed that 92% of federally incarcerated Indigenous women suffer from moderate to high substance abuse needs and 97% had a diagnosed mental health disorder. Research in provincial prisons in Alberta demonstrates that incarcerated Indigenous individuals are more likely to have been victims of sexual and violent crime than non-Indigenous incarcerated persons, and are more likely to have been victimized at a younger age when these crimes occurred against them. The disparity is even more pronounced for incarcerated Indigenous women (Bucerius, Oriola, & Jones, under review). As the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) suggests, we take a "trauma-informed approach" by incorporating evidence-based knowledge of incarcerated persons' victimization history into our recommendations (173).

Canada's legacy of colonialism underpins higher rates of poverty among Indigenous communities, constituting and perpetuating structural inequalities that impact health and access to healthcare. For instance, among Indigenous Peoples, status First Nation children on reserve and off-reserve experience poverty rates of 53% and 41%, respectively. Moreover, 32% of non-status First Nations children, 25% of Inuit children, and 22% of Metis children live in poverty (Sarangi, 2020). Research strongly suggests that impoverished living conditions can lead to health risks and affect life expectancy (Noakes, August 23 2018). Life expectancy estimates illuminate pronounced differences between Indigenous and non-Indigenous populations in Canada (Statistics Canada, 2017a). The life expectancy among non-Indigenous Canadian women is 84 years, contrasting 73 years for Inuit women, 80 years for Metis women, and 78 years for First Nations women (Statistics Canada, 2017a). The life expectancy of non-Indigenous Canadian men averages 79 years, contrasting 73 years for First Nations men, and 64 years for Inuit men (Statistics Canada, 2017a). Chronic health conditions are also more common among the Indigenous population than non-Indigenous Canadians (Reading & Wien, 2009). C. A. Bourassa (2008) explain that Indigenous persons are more likely to experience co-morbid health conditions at younger ages (e.g., respiratory illness, diabetes), thus affecting morbidity, which in the context of COVID-19 increases vulnerability to complications from infections.

Nevertheless, for some incarcerated Indigenous individuals, prison is their only or main source of "help" (Bucerius, Haggerty, et al., 2020), citing access to healthcare, educational and cultural programming, food, and shelter that they otherwise would not have on the outside. Our recommendations account for this understanding of prison by encouraging prison programming and release efforts that involve collaboration with community institutions concerning health, transportation, employment, and culture. Our recommendations also incorporate the Truth and Reconciliation Commission of Canada's "calls to action" and the National Inquiry into Missing and Murdered Indigenous Women and Girls' "calls for justice". We have listed the most relevant "calls" in the appendix.

Recommendations regarding Indigenous Individuals in the Correctional Systems

1. Enhance the role and participation of community leaders and Elders in all decision-making regarding Indigenous peoples in prison, such as how relevant programs and healing lodges ought to be constructed and implemented and can serve as an alternative to prison during COVID-19 and beyond. Currently, reserves and other Indigenous communities are practicing emergency measures that can affect released persons (Yellowhead Institute 2020).
    a. If possible, make more Elders and community leaders available to incarcerated persons and have them visit more frequently. During the pandemic, technology such as video visitation can help facilitate interactions.
2. Maximize the Gladue factors in all decision making concerning Indigenous peoples in the criminal justice system, which involves minimizing incarceration of Indigenous peoples during and beyond COVID-19.
    a. Encourage and maximize use of the Corrections and Conditional Release Act, particularly sections 81 and 84.
    b. Ensure adequate transportation is available to Indigenous peoples released from prison, such as for those who live in remote communities and reserves.
3. Foster a trauma-informed environment. While this recommendation extends to all persons who are incarcerated, it is particularly important for Indigenous peoples. Trauma-informed initiatives are also foundational to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019, p. 173). Trauma-informed approaches create awareness of the psychological and sociological effects of being victims of sexual and/or violent crimes that disproportionately and more severely affect Indigenous populations. These approaches incorporate Indigenous teachings around mental and physical healing to create support for those suffering from all forms of unresolved trauma.
    a. Include more opportunities for person-centred trauma-informed programs, such as group sessions that address post-traumatic stress, personal and group healing.
    b. Ensure that general cultural programming for incarcerated Indigenous individuals is trauma-informed to better aid healing and avoid re-traumatization, which may involve training program coordinators and designers.
    c. Train staff to be person-centred and trauma-informed, drawing attention to how incarcerated Indigenous peoples are disproportionately and more severely affected by victimization. If possible, involve Indigenous staff members in training processes and explain to staff why cultural and trauma-informed programming for Indigenous persons is necessary.
    d. Train or encourage staff to allow for more frequent smudging (led by incarcerated people) and ensure that Indigenous ceremonial materials are always available, such as drums, sweet grass, pipes, and lighters or matches.
    e. Create or designate a space a “healing range”, where Indigenous religious and healing practices (such as sweats, smudging, and Elder interaction) can occur.

The following recommendations apply to Indigenous people remaining in prison during the COVID-19 pandemic and beyond

4. Continue to evaluate, update, and develop security classification scales and tools that are sensitive to the nuances of Indigenous backgrounds and realities. For instance, the maximum-security classification disproportionately limits federally sentenced Indigenous women classified at that level from accessing services, supports, and programs required to facilitate their safe and timely reintegration into society.
5. Ensure incarcerated Indigenous peoples have access to legal services to support and assert their human rights and Indigenous rights.
6. Ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples; anti-bias and anti-racism; local language and culture; and local health and healing practices.

Needs of Community Correctional Services to support Decarceration

In Canada, the majority of persons under the supervision of correctional services, at the federal or provincial and territorial levels, are living in the community on conditional release (https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/ccrso-2018/index-en.aspx). All formerly incarcerated persons, those undergoing early release or those released on schedule, require a plausible, customized, and fitting reintegration plan. The plan must include considerations tied to needs for housing and daily living, social and employment support, a continuity in healthcare, and assistance to understand the restrictions tied to conditions of release. When considering the future of community correctional services, we recommend rigorous re-envisioning of the caseloads of community correctional employees, as well as supporting their mental health both preventatively and reactively.

Housing and Supports. After prison, individuals require a safe place to live, in terms of the potential spread of COVID-19 as well as for their own personal safety and successful community re-entry. The lack of housing for released persons is an undeniable problem in Canada (Gaetz & O'Grady, 2009; Novac, Hermer, Paradis, & Kellen, 2009). Formerly incarcerated persons may experience additional practical challenges, beyond a lack of housing, such as access to childcare, an inability to pay for public transit, or issues associated with the revocation of their driver's license (Hoskins, 2014; Luther et al., 2011; Solomon, Johnson, Travis, & McBride, 2004; Thompson & Cummings, 2010). Prior to their incarceration, formerly incarcerated persons are more likely to have had difficulty fulfilling their basic needs (food, shelter, clothing), thus, following release they will need assistance (Luther et al., 2011) which may be more difficult because they simultaneously have to meet stipulations tied to their conditions of release (Ricciardelli & Mooney, 2017).

Parole conditions, such as landline check-ins, curfews, geographic boundaries, random drug screening, internet use limitations, and case management meetings (to name a few), vary in substance and quantity and can be very difficult to uphold. Formerly incarcerated persons require time to adjust to life outside of prison and, potentially, reconnect with their loved ones (McKendy & Ricciardelli, 2019; Ricciardelli, 2014a). Released persons might also experience other pressures, such as prematurely entering the labour force to meet their conditions of release (Ricciardelli & Mooney, 2017; Richards & Jones, 2004). Released persons may have to meet competing

appointments, work demands, and school or family obligations, each further hampering re-entry efforts (Kerley & Copes, 2004; Ricciardelli & Mooney, 2017). In addition, potential breaches of parole conditions create stress and can result in a return to custody (Graffam et al., 2004).

Once released, individuals require effective and legitimate social support, particularly given that periods of incarceration result in an individual's potential social networks depleting remarkably (Austin & Hardyman, 2004). While people on parole or probation can benefit from the social networks that community correctional or halfway house workers can help facilitate, these arrangements end when they complete their conditional release. Typically, formerly incarcerated persons are also not allowed to associate with other people who have a criminal history, which further limits their sources of social support and hinders opportunities to learn from other formerly incarcerated persons how to navigate community re-entry and the systems of community correctional services.

Recommendations for housing and supports for released persons

1. Review and invest in safe and sustainable housing for formerly incarcerated persons.
2. Develop the knowledge and skills necessary for formerly incarcerated persons to meet their basic needs as law-abiding citizens once released from prison—including hands-on applied skill training about how to manage finances, balance budgets that include funds for healthy eating, and managing other tasks of daily living.
3. Consider reliance on community volunteers for the purposes of support, especially for incarcerated persons who may not have a support system on the outside. A formerly incarcerated person as a peer supporter, who has successfully navigated re-entry in the past, is perhaps best equipped to recognize potential barriers to and frustrations with community re-entry and how to overcome them.
    a. Support and strengthen partnerships with community-based organizations and other community actors to ensure that incarcerated persons have access to support systems on the outside. The partnerships should already by build prior to release.
4. Review conditions of release on an individual basis to determine if each makes sense or imposes unnecessary restrictions in the time of COVID-19 on formerly incarcerated persons (e.g., landline check-ins).

Employment. Employment constitutes a foundational component of how any individual self-identifies (Harding, 2003), thus having employment allows formerly incarcerated persons to disengage with the identity imposed by the label of their criminal record or history of imprisonment (Maruna, 2001; Uggen, Wakefield, & Western, 2005). Securing and maintaining employment is integral to the transition from prison to community living and securing sustained employment is a key feature of re-entry success (Brazzell & La Vigne, 2009; Laub, Nagin, & Sampson, 1998; Sampson & Laub, 1993; Uggen, 2000). Securing sustained employment can be a struggle for formerly incarcerated persons, and employment opportunities to which formerly incarcerated people can avail tend to be low wage, entry level, without benefits, temporary or seasonal positions, and have limited if any opportunity for future growth, promotion, or skill development (Holzer, Raphael, & Stoll, 2003; Ricciardelli, 2014a; Sheppard & Ricciardelli, 2020; Western, 2002).[3] In the COVID-19 context, obtaining or maintaining employment is largely unfeasible for many formerly incarcerated and the processes tied to employment (e.g., interviewing, job searches, resume distribution) may pose a higher risk of infection of COVID-19 in areas with outbreaks.

Recommendations regarding employment after incarceration

5. To prevent the spread of COVID-19, temporarily suspend the condition of seeking and maintaining employment as a condition of release until COVID-19 is under control.
6. Redirect resources into employment re-entry programming and consider transitional programming that assists with employment re-entry starting in prison and extending into the community at and after release.

Continuity in Healthcare. For decarceration efforts to be effective (including the successful community re-entry of released persons), incarcerated persons require a continuation of care as they transition to community living. All released persons must leave prison with a health card, which is currently not the case in Newfoundland and Labrador, Prince Edward Island, and British Columbia. In these provinces, those released from prison are without a health card until they are physically in their jurisdiction to apply, thus continuation in care is nearly impossible. In other provinces, such as Manitoba, an incarcerated person can apply for a health card while in prison but will not receive the card until their release. In Alberta, Saskatchewan, and Quebec incarcerated persons can apply and receive the card in anticipation of release. Thus, pockets of great practices exist across the country to facilitate patient-centred and timely discharge planning that allows for a continuation of care but there are also pockets of practice entwined in policy barriers that make continuity in care administratively difficult. For people who are already distrustful of authorities, extremely vulnerable, have trauma experiences, addiction issues, mental health disorders, and brain injuries, a lack of continuity in healthcare is detrimental. The most "fixable" barrier to care is providing health cards for incarcerated persons prior to release and the provision of health cards is key for addressing structural inequalities in healthcare. Health card access would also remove the barriers for those requiring disability support (and related planning) upon release.

Additional challenges to the continuity in healthcare include that, once released, persons housed in Community Correctional Centres are often living in the community under supervision. Incarcerated persons in Canada are excluded from the Canada Health Act and are not issued a health card. The Canada Heath Act does not exclude those living in the community. Despite this rule, individuals in community correctional centres in Nova Scotia, for example, are not issued provincial health cards or drug benefit cards.

Another barrier stems from the fact that proof of identity is necessary to apply for a health care card. However, Alberta, Nova Scotia and Quebec do not accept prison identification (or a letter and picture from, for instance, Correctional Services Canada) as an attestation to a person's identity and thus formerly incarcerated persons cannot use said identification to acquire a health card in Canada.

Recommendations for continuity in health care after prison

7. Make it possible for incarcerated persons to apply, prior to release, for a health card in order for correctional services organizations to assist with effective discharge planning (e.g., securing specialist appointments).
8. Make health cards available to individuals housed in community correctional centres—such individuals are not incarcerated and thus are not excluded from the Canada Health Act.
9. Make identification from prison and/or a letter/photo attesting to the person's identity sufficient to acquire a health card post incarceration. Failing to accept prison identification as a valid form of identification for obtaining a health card forces persons to spend more

money to get other identification and, consequently, resulting in longer delays and a greater disruption in the continuity of care.

Invest in Community Correctional Workers. For decarceration efforts to be fruitful (including providing the required supports and services for released persons), Canada needs to invest in community correctional employees—essential service providers who never stopped fulfilling their occupational responsibilities during the COVID-19 pandemic. Recent research on probation and parole officers working in the Ontario provincial correctional system reveals prevalence rates of 25.5% for posttraumatic stress disorder and 37.4% for major depressive disorder, with 27.5% of probation and parole officers screening positive for three or more mental health disorders (Carleton et al., 2020). Further, qualitative research reveals that parole and probation officers in Ontario are affected by exposure to potentially psychologically traumatic events at work, including secondary or vicarious trauma. Parole and probation officers report that three central organizational stressors strain their ability to perform their occupational responsibilities: paperwork and administrative tasks, insufficient human resources, and workplace relationships and tensions (Norman & Ricciardelli, in review). In the federal system, parole officers report exposure to potentially psychologically traumatic events, secondary trauma, and extensive caseloads, at times intensified during COVID-19 as parole officers face challenges when working to fulfill their obligations toward their clients (Ricciardelli, unpublished data).

Recommendations for Community Correctional Workers

10. Community correctional services employees need to have resources available to support their mental health needs; particularly in the context of being an essential service provider during COVID-19.
11. Employees will benefit from preventative, intervening, and reactive measures to support their mental health and well-being, and ultimately help them to fulfill their occupational responsibilities.

Summary

Our suggestions for responding to the current COVID-19 crisis also create space for rethinking some aspects of incarceration more broadly, both in Canada and abroad. We suggest policy makers, stakeholders, and others reconsider whether sentences are appropriate, if all persons in prison need to be there and if some incarcerated individuals can be safely reintegrated. Particularly, we recommend officials consider releasing incarcerated persons who pose minimal risk to re-offend. Officials need to contemplate how else we can reduce overcrowding—without building larger prisons, which are antithetical to the aims of decarceration. Additional pressing questions that need to be addressed include how to promote family unification beyond free phone and video calls, and how to assist incarcerated people to maintain positive and healthy connections in the community. We urge governments and policy makers to consider these questions and evaluate possibilities for informed and structured decarceration and alternatives to imprisonment for those incarcerated persons who can safely live in the community. The COVID-19 crisis is an opportunity to re-think old practices and reform on a broad scale.

References

Arrigo, B. A., & Bullock, J. L. (2008). The psychological effects of solitary confinement on prisoners in supermax units: Reviewing what we know and recommending what should change. *International Journal of Offender Therapy and Comparative Criminology, 52*(6), 622-640.

Atkin, C. A., & Armstrong, G. S. (2013). Does the Concentration of Parolees in a Community Impact Employer Attitudes Toward the Hiring of Ex-Offenders. *Criminal Justice Policy Review, 24*(1), 71-93. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/0887403411428005

Austin, J., & Hardyman, P. L. (2004). The risks and needs of the returning prisoner population. *Review of Policy Research, 21*(1), 13-29.

Auty, K. M., & Liebling, A. (2020). Exploring the relationship between prison social climate and reoffending. *Justice Quarterly, 37*(2), 358-381.

Beaudette, J. N., Power, J., & Stewart, L. A. (2015). National prevalence of mental disorders among incoming federally-sentenced men offenders (Research Report, R-357). *Ottawa, Ontario: Correctional Service Canada*.

Berg, M. T., & Huebner, B. M. (2011). Reentry and the Ties that Bind: An Examination of Social Ties, Employment, and Recidivism. *Justice Quarterly, 28*(2), 382-410. Retrieved from http://resolver.scholarsportal.info/resolve/07418825/v28i0002/382_ratttbostear.xml

Boe, R. (2005). *Unemployment risk trends and the implications for Canadian federal offenders.* Paper presented at the Forum on Corrections Research.

Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma. *Journal de la santé autochtone, 5*, 6-47.

Bourassa, C., Blind, M., Dietrich, D., & Oleson, E. (2015). Understanding the intergenerational effects of colonization: Aboriginal women with neurological conditions—their reality and resilience. *International Journal of Indigenous Health, 10*(2), 3-20.

Bourassa, C. A. (2008). *Destruction of the Métis nation: Health consequences*: University of Regina.

Brazzell, D., & La Vigne, N. G. (2009). *Prisoner Reentry in Houston: Community Perspectives*: Urban Institute.

Brown, G. P., Barker, J., McMillan, K., Norman, R., Derkzen, D., & Stewart, L. A. (2018). *National prevalence of mental disorders among federally sentenced women offenders: In custody sample*. Retrieved from Ottawa, ON:

Bruch, T. (2020, October 31). 'Everybody is sick': Those inside the massive Calgary prison outbreak look to the province for help. *CTV News*. Retrieved from https://calgary.ctvnews.ca/everybody-is-sick-those-inside-the-massive-calgary-prison-outbreak-look-to-the-province-for-help-1.5169560

Bucerius, S. (2020). Prison as a Temporary Refuge. *TEDx UAlberta*.

Bucerius, S., Haggerty, K. D., & Dunford, D. T. (2020). Prison As Temporary Refuge: Amplifying the Voices of Women Detained In Prison. *The British Journal of Criminology*. doi:10.1093/bjc/azaa073

Bucerius, S., Jones, D. J., Kohl, A., & Haggerty, K. D. (2020). Addressing the Victim–Offender Overlap: Advancing Evidence-Based Research to Better Service Criminally Involved People with Victimization Histories. *Victims & Offenders*, 1-16.

Bucerius, S., Oriola, & Jones, D. (under review). Policing with a Public Health Lens.

Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2019). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.0).

Cardoso, T. (November 29 2020, November 29 2020). Bias behind bars: A Globe investigation finds a prison system stacked against Black and Indigenous inmates. *Globe & Mail*. Retrieved from https://www.theglobeandmail.com/canada/article-investigation-racial-bias-in-canadian-prison-risk-assessments/

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., . . . Asmundson, G. J. G. (2018). Mental Disorder Symptoms among Public Safety Personnel in Canada. *The Canadian Journal of Psychiatry, 63*(1), 54-64. doi:10.1177/0706743717723825

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., . . . Groll, D. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology/Psychologie canadienne*.

Carleton, R. N., Ricciardelli, R., Taillieu, T., Mitchell, M. M., Andres, E., & Afifi, T. O. (2020). Provincial Correctional Service Workers: The Prevalence of Mental Disorders. *International Journal of Environmental Research and Public Health, 17*(7), 2203.

Carter, P. (2003). *Managing offenders, reducing crime: A new approach*: Strategy Unit.

CBC News. (April 9 2020, April 9, 2020). More than 2000 inmates released, 6 COVID-19 cases confirmed insider. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/toronto/ontario-jails-coronavirus-1.5527677

CBC News. (November 29, 2020, November 29, 2020). COVID-19 cases at Saskatoon Correctional Centre climb to 128. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/saskatoon/spcc-cases-surpass-100-1.5821298

Correctional Service Canada. (2019). CSC Statistics - Key facts and figures. *Quick Facts*. Retrieved from https://www.csc-scc.gc.ca/publications/005007-3024-en.shtml

Correctional Service Canada. (2020). Testing of inmates in federal correctional institutions for COVID-19. Retrieved from https://www.csc-scc.gc.ca/001/006/001006-1014-en.shtml

Cousins, B. (2020, August 12, 2020). Provincial jails released thousands of inmates amid calls to slow the spread of COVID-19. *CTV News*. Retrieved from https://www.ctvnews.ca/canada/provincial-jails-released-thousands-of-inmates-amid-calls-to-slow-the-spread-of-covid-19-1.5061829

Danese, A., & McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & behavior, 106*(1), 29-39.

Decker, S., Spohn, C., Ortiz, N., & Hedberg, E. (2014). *Criminal stigma, race, gender, and employment: An expanded assessment of the consequences of imprisonment for employment*. Retrieved from http://thecrimereport.s3.amazonaws.com/2/fb/e/2362/criminal_stigma_race_crime_and_unemployment.pdf

DeFina, R. H., & Arvanites, T. M. (2002). The weak effect of imprisonment on crime: 1971–1998. *Social Science Quarterly, 83*(3), 635-653.

del Rio, C., & Malani, P. N. (2020). COVID-19—New Insights on a Rapidly Changing Epidemic. *JAMA, 323*(14), 1339-1340. doi:10.1001/jama.2020.3072

Deshman, A. C., & Myers, N. (2014). *Set up to fail: bail and the revolving door of pre-trial detention*: Canadian Civil Liberties Association.

Dramschroder, L., & Hagedorn, H. (2011). A guiding framework and approach for implementation research in substance use disorder treatment. *Psychol Addict Behav, 25*(2), 194-205.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics, 111*(3), 564-572.

Fazel, S., & Baillargeon, J. (2011). The health of prisoners. *The Lancet, 377*(9769), 956-965.

Felitti, V. J., & Anda, R. F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. *The impact of early life trauma on health and disease: The hidden epidemic*, 77-87.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine, 14*(4), 245-258.

Fletcher, D. R. (2001). Ex-Offenders, the Labour Market and the New Public Administration. *Public Administration, 79*(4), 871-891. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/1467-9299.00284/full

Gaetz, S., & O'Grady, B. (2009). Homelessness, incarceration and the challenge of effective discharge planning: A Canadian case. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwang, & E. Paradis (Eds.), *Finding home: Policy options for addressing homelessness in Canada (e-book)* (pp. 672-693). Toronto: Cities Centre, University of Toronto.

Ghonaim, H. (December 4, 2020, December 4, 2020). Pandemic management questioned as Grand Valley Institution sees new COVID-19 cases. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/kitchener-waterloo/pandemic-management-grand-valley-kitchener-1.5826858

Gould, B., MacQuarrie, C., O'Connell, M. E., & Bourassa, C. (2020). Mental wellness needs of two Indigenous communities: Bases for culturally competent clinical services. *Canadian Psychology/Psychologie canadienne*.

Graffam, J., Shinkfield, A., Lavelle, B., & McPherson, W. (2004). Variables Affecting Successful Reintegration as Perceived by Offenders and Professionals. *Journal of Offender Rehabilitation, 40*(1-2), 147-171. doi:10.1300/J076v40n01_08

Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington University Journal of Law and Policy, 22*(1), 327-380

Haney, C. (2018a). The psychological effects of solitary confinement: A systematic critique. *Crime and Justice, 47*(1), 365-416.

Haney, C. (2018b). Restricting the use of solitary confinement. *Annual Review of Criminology, 1*, 285-310.

Harding, D. (2003). Jean Valjean's dilemma: The management of ex-convict identity in the search for employment. *Deviant Behavior, 24*(6), 571-595. doi:10.1080/713840275

Harris, F., Hek, G., & Condon, L. (2007). Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity. *Health & social care in the community, 15*(1), 56-66.

Herring, J. (2020, October 31, 2020). Infected inmates allowed to mingle, spreading virus throughout Calgary jail: union. *Calgary Herald*. Retrieved from https://calgaryherald.com/news/local-news/inmates-with-covid-19-symptoms-in-calgary-jail-allowed

Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). Employment barriers facing ex-offenders. *Center for the Study of Urban Poverty Working Paper Series.*

Hoskins, Z. (2014). Ex-offender Restrictions: Ex-offender Restrictions. *Journal of Applied Philosophy, 31*(1), 33-48. doi:10.1111/japp.12028

Kerley, K. R., & Copes, H. (2004). The Effects of Criminal Justice Contact on Employment Stability for White-Collar and Street-Level Offenders. *International Journal of Offender Therapy and Comparative Criminology, 48*(1), 65-84. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/0306624X03256660

Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, É. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health, 5*(4), e188-e189.

Kouyoumdjian, F., Schuler, A., Matheson, F. I., & Hwang, S. W. (2016). Health status of prisoners in Canada: Narrative review. *Canadian Family Physician, 62*(3), 215-222.

Lappi-Seppälä, T. (2009). Imprisonment and penal policy in Finland. *Scandinavian studies in law, 54*(2), 333-380.

Laub, J. H., Nagin, D. S., & Sampson, R. J. (1998). Trajectories of change in criminal offending: Good marriages and the desistance process. *American Sociological Review*, 225-238.

Lin, N. (2001). *Social capital: A theory of social structure and action*. Cambridge, UK: Cambridge University Press.

Luther, J. B., Reichert, E. S., Holloway, E. D., Roth, A. M., Aalsma, M. C., & CouponDropDown, C. t. C. b. (2011). An exploration of community reentry needs and services for prisoners: A focus on care to limit return to high-risk behavior. *AIDS Patient Care and STDs, 25*(8), 475-481. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1089/apc.2010.0372

Malakieh, J. (2018). *Adult and youth correctional statistics in Canada, 2016/2017*. Ottawa, ON: Canadian Centre for Justice Statistics

Maleakieh, J. (2018). Adult and youth correctional statistics in Canada 2016/17. *Ottawa: Canadian Centre for Justice Statistics*.

Manitoba Government and General Employees' Union. (February 9, 2012). MGEU President Wales' presentation underscores the overcrowding crisis in Manitoba jails. Retrieved from http://nupge.ca/content/4806/mgeu-president-wales-presentation-underscores-overcrowding-crisis-manitoba-jails

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington: American Psychological Association.

Maruschak, L. M., Berzofsky, M., & Unangst, J. (2015). *Medical problems of state and federal prisoners and jail inmates, 2011-12*: US Department of Justice, Office of Justice Programs, Bureau of Justice ….

McKendy, L., & Ricciardelli, R. (2019). Women Offenders Under Community Supervision: Comparing the Profiles of Returners and Non-Returners to Federal Prison. *Frontiers in Psychiatry, 10*(875). doi:10.3389/fpsyt.2019.00875

Miller, A. (2020, November 4). Canada quietly updates COVID-19 guidelines on risk of aireborne spread: Public Health Agency of Canada previously made no mention of aerosol transmission in federal recommendations. *CSC News*. Retrieved from https://www.cbc.ca/news/health/coronavirus-canada-aerosol-transmission-covid-19-1.5789906

Murray, J., & Farrington, D. P. (2008). The effects of parental imprisonment on children. *Crime and Justice, 37*(1), 133-206.

Nagin, D., & Waldfogel, J. (1995). The effects of criminality and conviction on the labor market status of young British offenders. *International Review of Law and Economics, 15*(1), 109-126.

Nally, J., Lockwood, S. R., & Ho, T. (2011). Employment of Ex-Offenders During the Recession. *Journal of Correctional Education, 62*(2), 47-61. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/884339757/abstract?accountid=15182

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming power and place. The final report of the national inquiry into missing and murdered indigenous women and girls. Retrieved from https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

Noakes, S. (August 23 2018, August 23 2020). Rich man, poor man: The high-income guy can expect to live 8 years longer. *CBC News*. Retrieved from https://www.cbc.ca/news/business/longevity-gap-life-expectancy-canada-cd-howe-1.4795121

Nolan, A., & Stewart, L. (2014). *Self-reported physical health status of incoming federally-sentenced women offenders*. Retrieved from Ottawa, ON:

Novac, S., Hermer, J., Paradis, E., & Kellen, A. (2009). A revolving door? Homeless people and the justice system in Toronto. *Finding Home: Policy options for addressing homelessness in Canada*.

Novisky, M. A. (2018). Avoiding the runaround: The link between cultural health capital and health management among older prisoners. *Criminology, 56*(4), 643-678.

Owusu-Bempah, A., & Wortley, S. (2014). Race, crime, and criminal justice in Canada. *The Oxford handbook of ethnicity, crime, and immigration*, 281-320.

Pauls, K. (November 13 2020). Manitoba First Nations lock down, seek help as COVID-19 threatens communitiesCBC News Manitoba. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/manitoba/manitoba-first-nations-lock-down-seek-help-as-covid-19-threatens-communities-1.5802086

Piché, J. (2014). A contradictory and finishing state. Explaining recent prison capacity expansion in Canada's provinces and territories. *Champ pénal/Penal field, 11*.

Porter, L., & Calverley, D. (2011). *Trends in the use of remand in Canada*. (85-002-X). Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2011001/article/11440-eng.pdf?st=FXNRC6QK

Pyrooz, D. C., Labrecque, R. M., Tostlebe, J. J., & Useem, B. (2020). Views on COVID-19 from Inside Prison: Perspectives of High-security Prisoners. *Justice Evaluation Journal*, 1-13.

Quan, D. (August 5, 2020, August 5 2020). Remember the chatter about releasing inmates early to ease spread of COVID-19? It didn't happen. *The Star*. Retrieved from https://www.thestar.com/news/canada/2020/08/05/remember-the-chatter-about-releasing-inmates-early-to-ease-spread-of-covid-19-it-didnt-happen.html

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian journal of psychiatry*, 102066.

Reading, C. L., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health*: National Collaborating Centre for Aboriginal Health Prince George, BC.

Reinhart, E., & Chen, D. L. (2020). Incarceration And Its Disseminations: COVID-19 Pandemic Lessons From Chicago's Cook County Jail. *Health Affairs, 39*(8), 1412-1418. doi:10.1377/hlthaff.2020.00652

Reitano, J. (2017). *Adult correctional statitstics in Canada 2015/2016* (85-002-X). Retrieved from Ottawa, ON:

Ricciardelli, R. (2014a). *Evaluation of Klink Coffee Social Enterprise*. Retrieved from Toronto, ON:

Ricciardelli, R. (2014b). *Surviving incarceration: Inside Canadian prisons*. Brantford: Wilfrid Laurier University Press.

Ricciardelli, R., & Bucerius, S. (2020). Canadian prisons in the time of COVID-19: Recommendations for the pandemic and beyond. *Globe and Mail*. Retrieved from https://www.theglobeandmail.com/opinion/article-canadian-prisons-in-the-time-of-covid-19-recommendations-for-the/

Ricciardelli, R., & Mooney, T. (2017). Vulnerabilities and barriers in post-release employment reintegration as indicated by parolees. In R. Ricciardelli & A. M. Peters (Eds.), *After prison: Navigating employment and reintegration* (pp. 105-134). Waterloo: Wilfred Laurier Press.

Ricciardelli, R., Taillieu, T., Carleton, N. R., Afifi, T., Mitchell, M. M., Barnim, N., . . . Groll, D. (2019). Correctional Work, wellbeing and mental health disorders. *Advancing Corrections Journal, 8*.

Richards, S. C., & Jones, R. S. (2004). Beating the perpetual incarceration machine: Overcoming structural impediments to re-entry. *After crime and punishment: Pathways to offender reintegration*, 201-232.

Robertson, G. (2020, November 4, 2020). [Correctional Officers for Correctional Services Canada: Information regarding COVID-19].

Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge: Havard University Press.

Sarangi, L. (2020). 2020: Setting the Stage for a Poverty-Free Canada. *Campaign 2000*.

Schilling, E. A., Aseltine, R. H., & Gore, S. (2008). The impact of cumulative childhood adversity on young adult mental health: Measures, models, and interpretations. *Social Science & Medicine, 66*(5), 1140-1151.

Sheppard, A., & Ricciardelli, R. (2020). Employment after prison: Navigating conditions of precarity and stigma. *European Journal of Probation, 12*(1), 34-52.

Short, D. (January 22, 2020, January 22, 2020). Indigenous inmates make up 45 per cent of all people in Alberta's federal prisons. *Edmonton Journal*. Retrieved from https://edmontonjournal.com

Šimonović, D. (2018). *End of mission statement by Dubravka Šimonović, United Nations Special Rapporteur on Violence against women, its causes and consequences - Official visit to Canada*. Retrieved from United Nations Human Rights Office of the High Commissioner:

Solomon, A. L., Johnson, K. D., Travis, J., & McBride, E. C. (2004). The Urban Institute. *Outside the Walls: A national snapshot of community-based prisoner reentry programs. Education & Employment: Briefing paper*.

Statistics Canada. (2016). 2014 General social survey, Cycle 28: Canadians' safety (Victimization). Retrieved from https://www150.statcan.gc.ca/n1/en/catalogue/12M0026X

Statistics Canada. (2017a). *Chart 13: Projected life expectancy at birth by sex, by Aboriginal identity, 2017* (89-645-X). Retrieved from Ottawa: https://www150.statcan.gc.ca/n1/pub/89-645-x/2010001/c-g/c-g013-eng.htm

Statistics Canada. (2017b). *Trends in the use of remand in Canada, 2004/2005 to 2014/2015*. (85-002-X). Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14691-eng.htm

Statistics Canada. (2018). *2015 Canadian Community Health Survey*. Ottawa

Statistics Canada. (2020a). *After three months of unprecedented declines, monthly decreases in the adult custodial population in Canada slowed in June*. Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/201027/dq201027b-eng.htm

Statistics Canada. (2020b). *Table 1: Average daily counts of adults in custody, by jurisdiction and by month (February to June 2020)* Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/201027/t001b-eng.htm

Stephenson, J. (2020). *COVID-19 pandemic poses challenge for jails and prisons*. Paper presented at the JAMA Health Forum.

Stewart, L. A., Farrell□MacDonald, S., & Feeley, S. (2017). The impact of a community mental health initiative on outcomes for offenders with a serious mental disorder. *Criminal Behaviour and Mental Health, 27*(4), 371-384.

Stewart, L. A., Sapers, J., Nolan, A., & Power, J. (2014). *Self-reported physical health status of newly admitted federally-sentenced men offenders*: Research Branch, Correctional Service Canada.

Thompson, M. N., & Cummings, D. L. (2010). Enhancing the Career Development of Individuals Who Have Criminal Records. *The Career Development Quarterly, 58*(3), 209-218. Retrieved from http://search.proquest.com/docview/219448380/abstract/141AE1C7ECD177033B9/5?accountid=15182

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 0020764020915212.

Turney, K., & Wildeman, C. (2013). Redefining relationships: Explaining the countervailing consequences of paternal incarceration for parenting. *American Sociological Review, 78*(6), 949-979.

UCCO-SACC-CSN. (2020, March 12). COVID-19 - UCCO-SACC-CSN is taking it seriously. Retrieved from https://ucco-sacc-csn.ca/news/covid-19-ucco-sacc-csn-is-taking-it-seriously/

Uggen, C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review, 65*(4), 529-546. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/218817821/abstract/13DC721270151C10F53/13?accountid=15182

Uggen, C., & Thompson, M. (2003). The socioeconomic determinants of ill-gotten gains: Within-person changes in drug use and illegal earnings. *American Journal of Sociology, 109*(1), 146-185.

Uggen, C., Wakefield, S., & Western, B. (2005). Work and family perspectives on reentry. *Prisoner reentry and crime in America*, 209-243.

Unger, D. (2020, November 3). COVID-19 cases rise within Manitoba's largest jail outbreak. *CTV News*. Retrieved from https://winnipeg.ctvnews.ca/covid-19-cases-more-than-double-within-manitoba-s-largest-jail-outbreak-1.5173047

United Nations. (2018). *Convention against torture and other cruel, inhuman or degrading treatment or punishment*. Retrieved from United Nations Committee against Torture. CAT/C/CAN/CO/7:

United Nations. (2020). COVID-19 and Indigenous peoples. Retrieved from https://www.un.org/development/desa/indigenouspeoples/covid-19.htmlhttps://www.un.org/development/desa/indigenouspeoples/covid-19.html

Uppal, S. (2017). Young men and women without a high school diploma. *Insights on Canadian Society*. Retrieved from https://www150.statcan.gc.ca/n1/pub/75-006-x/2017001/article/14824-eng.htm

Wakefield, S., & Wildeman, C. (2013). *Children of the prison boom: Mass incarceration and the future of American inequality*: Oxford University Press.

Waldfogel, J. (1994). The Effect of Criminal Conviction on Income and the Trust "Reposed in the Workmen". *The Journal of Human Resources, 29*(1), 62-81. doi:10.2307/146056

Wang, E. A., Western, B., Backes, E. P., & Schuck, J. (2020). *Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety*. Washington, D.C.: The National Academies Press.

Webster, C. M., Doob, A. N., & Myers, N. M. (2009). The parable of Ms Baker: Understanding pre-trial detention in Canada. *Current Issues in Criminal Justice, 21*(1), 79-102.

Western, B. (2002). The impact of incarceration on wage mobility and inequality. *American Sociological Review, 67*(4), 526-546. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/218820045/abstract?accountid=15182

Western, B., & Pettit, B. (2000). Incarceration and racial inequality in men's employment. *Industrial & Labor Relations Review, 54*(1), 3-16. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/236333316/abstract?accountid=15182

Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). The health and health care of US prisoners: results of a nationwide survey. *American Journal of Public Health, 99*(4), 666-672.

World Health Organization. (2020). What is the WHO definition of health? *Frequently asked questions.* Retrieved from https://www.who.int/about/who-we-are/frequently-asked-questions

Wright, K. A., & Cesar, G. T. (2013). Toward a more complete model of offender reintegration: Linking the individual-, community-, and system-level components of recidivism. *Victims & Offenders, 8*(4), 373-398.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., . . . Majeed, A. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.

Yellowhead Institute. (2020). COVID-19 in Community: How are First Nations Responding? Retrieved from https://yellowheadinstitute.org/2020/04/07/corona-in-community-the-first-nation-response/

Young, J. (2017). Work after prison: One man's transition. In R. Ricciardelli & A. M. Peters (Eds.), *After prison: Navigating employment and reintegration* (pp. 23-34). Waterloo: Wilfred Laurier Press.

Zinger, I. (2019). *Annual report of the Office of the Correctional Investigator 2018-2019*. Retrieved from Ottawa: https://www.ocibec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20182019-eng.pdf .

Zinger, I. (2020). *"Indigenous people in federal custody surpasses 30%"*. Retrieved from Ottawa: https://www.ocibec.gc.ca/cnt/comm/press/press20200121-eng.aspx



The Royal Society of Canada
282 Somerset Street West
Ottawa, Ontario K2P 0J6
www.rsc-src.ca
613-991-6990

La Société royale du Canada
282, rue Somerset ouest
Ottawa (Ontario) K2P 0J6
www.rsc-src.ca
613-991-6990

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RSC SRC

Les services correctionnels pendant et après la COVID-19

Janvier 2021



Une note de breffage de la SRC

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Auteurs

Rosemary Ricciardelli (Présidente)	Memorial University of Newfoundland
Sandra Bucerius	University of Alberta
Justin Tetrault	King's University College at Western
Ben Crewe	Cambridge University
David Pyrooz	University of Colorado Boulder

Responsable de la surveillance du processus d'examen par les pairs

Tom Marrie, MSRC	Dalhousie University

Pairs examinateurs

Candace Kruttschnitt	University of Toronto
Katharina Maier	University of Winnipeg
Justin Piché	Université d'Ottawa
Eric Y. Tenkorang	Memorial University of Newfoundland

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Image de couverture

Lawrence Da Silva, Koi Fish (Carpe japonaise, 2015)

Crayons de couleur, stylos, papier manille.

Pendant son incarcération à l'Unité spéciale de détention de Québec de Service correctionnel Canada, Lawrence Da Silva a utilisé des crayons de couleur, des stylos et une enveloppe de papier manille, le seul matériel d'artiste auquel il avait accès, pour créer son œuvre « Koi Fish ». L'œuvre s'inspire de la légende de la transformation de la carpe japonaise, qui nage vers une chute pour devenir un dragon.

Reconnaissance territorial

Le siège social de la Société royale du Canada est situé à Ottawa, territoire traditionnel et non cédé de la nation algonquine.

Les opinions exprimées dans ce report sont celles des auteurs et ne représentent pas nécessairement les opinions de la Société royale du Canada.

Contexte concernant la préparation de cette note de breffage

En avril 2020, le président de la Société royale du Canada a établi le Groupe de travail de la SRC sur la COVID-19. Le mandat de ce groupe de travail est de dégager des perspectives éclairées par les données probantes sur les grands enjeux sociétaux qui se posent au Canada relativement à sa réponse à la COVID-19 et à sa démarche subséquente de rétablissement.

Pour rapidement produire des notes de breffage, le groupe de travail a établi une série de sous-groupes de travail ayant comme objectif de soutenir les décideurs politiques en leur fournissant des données probantes pour éclairer leurs décisions.

À propos des auteurs

Sandra Bucerius, Ph. D., professeure agrégée, Département de sociologie, et directrice, Centre for Criminological Research, University of Alberta

Ben Crewe, Ph. D., professeur de pénologie et de justice pénale, Institute of Criminology, University of Cambridge, Royaume-Uni

David Pyrooz, Ph. D., professeur agrégé de sociologie, membre associé, Institute of Behavioral Science, University of Colorado Boulder

Rosemary Ricciardelli, Ph. D., professeure, Département de sociologie, Memorial University of Newfoundland

Justin Tetrault, Ph. D., professeur agrégé, Département de sociologie, King's University College at Western University

Note des auteurs

Dans la présente note de breffage, nous utilisons les expressions « personnes emprisonnées » et « personnes incarcérées » parce que cette terminologie est moins stigmatisante que les expressions « détenus » ou « prisonniers ». Nous limitons cette note de breffage aux recommandations qui concernent la vie en prison et la vie après la prison au cœur d'une ère de « désincarcération », un terme qui désigne la réduction de la taille de la population incarcérée. Nous estimons que la désincarcération englobe les solutions de rechange à l'emprisonnement, telles que les pratiques de déjudiciarisation avant procès, et les solutions de rechange introduites en aval et en amont de l'établissement de la peine, lesquelles dépassent en grande partie la portée de la présente note de breffage.

Nous reconnaissons également que l'on trouve en prison des membres de plusieurs types de populations marginalisées et vulnérables : des femmes, des personnes qui ont des troubles ou des besoins de santé mentale ainsi que des problèmes de consommation de substances, les personnes ayant des lésions cérébrales, des personnes souffrant de troubles résultant de l'alcoolisation fœtale et d'autres troubles de la santé connexes, des personnes s'identifiant comme transgenres et non binaires et d'autres groupes en mal d'équité. Aborder en détail la complexité des besoins et le point de vue unique de chacun de ces groupes dépasserait aussi la portée de ce document. Par exemple, bien que les besoins des Canadiens incarcérés de race noire et de couleur soient importants et dignes d'attention, nous avons choisi de nous concentrer sur les iniquités vécues par les Autochtones incarcérés, parce que 1) cette sous-population présente le taux d'incarcération le plus élevé au Canada (voir p. 24 à 27); et 2) que nous avons tenu compte des données empiriques

solides qui ont été produites sur les peuples autochtones au Canada ainsi que des documents d'orientation stratégique qui détaillent leurs besoins uniques, par exemple l'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées et les « Appels à l'action » de la Commission de vérité et réconciliation. Nous entendons aborder certains des besoins uniques de diverses populations dans de futures notes de breffage. La présente note de breffage est un point de départ à la formulation de recommandations sur divers enjeux pressants qui ont été mis en relief par les épreuves imposées par la pandémie de la COVID-19. En tant que chercheurs, nous sommes résolus à fournir des recommandations qui sont étayées par des données probantes.

La Société royale du Canada est reconnaissante envers la Société John Howard du Canada et son programme Art en prison, art hors de prison pour l'aide nous ont donnée afin que nous puissions nous procurer l'œuvre qui illustre ce rapport.

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Sommaire exécutif

Les services correctionnels, qu'ils soient assurés en établissement ou dans la collectivité, sont profondément touchés par la COVID-19. La pandémie de la COVID-19 a révélé que les personnes qui vivent ou qui travaillent dans les établissements correctionnels sont particulièrement vulnérables à de possibles contagions. Dans les établissements correctionnels canadiens, comme dans les prisons de plusieurs autres pays, le roulement de population est très élevé, « la densité de population est élevée, les déplacements sont limités, les soins de santé sont inaccessibles ou de piètre qualité, [...] le taux de maladies chroniques et de comorbidités est élevé et la population carcérale est vieillissante, [ce qui] exacerbe [...] le risque » et les craintes d'une propagation de la maladie parmi le personnel, les agents et les personnes incarcérées (Pyrooz, Labrecque, Tostlebe et Useem, 2020np; voir aussi Akiyama, Spaulding et Rich, 2020; Maruschak, Berzofsky et Unangst, 2015; Novisky, 2018). La pandémie entraîne aussi des problèmes urgents et des choix déchirants pour les administrateurs correctionnels, dont les responsabilités incluent maintenant les défis imposés par la pandémie de la COVID-19, ainsi que pour ceux et celles qui œuvrent dans les services correctionnels assurés dans la collectivité et qui soutiennent les expériences de réinsertion des personnes précédemment incarcérées.

Dans la présente note de breffage, nous concentrons notre attention sur la situation présente et nous examinons les tensions qui entourent les nouveaux défis occasionnés par la COVID-19 ainsi que les pressions sur le système correctionnel que la COVID-19 a exacerbées. Nous reconnaissons que la COVID-19 fournit aussi l'occasion de repenser divers aspects de la pratique de la justice pénale et la présente note de breffage a, à ce titre, deux objectifs, soit de faire des recommandations :

a) qui concernent directement la gestion de la COVID-19 assurée par les systèmes correctionnels;

b) qui portent sur la nature et la structure des systèmes correctionnels qui devraient être maintenus après la pandémie.

La pandémie de la COVID-19 a suscité une discussion publique sur le fait que nos systèmes correctionnels sont en état de crise et doivent être réformés, et nous estimons qu'il est actuellement particulièrement opportun d'envisager la possibilité de réduire radicalement la population incarcérée (désincarcération) et de réexaminer le système pour déterminer si certaines personnes actuellement incarcérées ne pourraient pas être libérées sans danger dans la collectivité. Comme plusieurs de nos recommandations qui touchent la gestion de la pandémie dans les systèmes correctionnels ont trait aux efforts et aux considérations associés à la réduction de la population incarcérée dans les systèmes correctionnels fédéraux et provinciaux/territoriaux, nous considérons que la présente note de breffage représente *aussi* une occasion de suggérer des améliorations pour ceux et celles qui demeureront dans les établissements pénitentiaires (pendant et après la crise de la COVID-19).

En conséquence, nous dégageons et formulons des recommandations qui visent à répondre aux besoins des personnes qui demeurent incarcérées en général, et en particulier des membres des peuples autochtones, mais aussi aux besoins de ceux et celles qui purgent leur peine dans la collectivité. De plus, nous fournissons des recommandations pour ceux qui travaillent en milieu fermé et ceux qui soutiennent la réinsertion des personnes précédemment incarcérées. Nous

nous trouvons à une étape charnière – où la réflexion et le changement sont possibles – et nos recommandations pour soutenir les personnes qui travaillent et qui vivent dans les services correctionnels constituent une voie possible de progrès pendant et au-delà de la pandémie actuelle.

Sommaire des recommandations

Recommandations en matière de désincarcération

1. Revoir, d'une manière juste et équitable, et qui tient compte des antécédents personnels et criminels, le statut de libération de **toutes** les personnes qui sont incarcérées dans des établissements, qui sont en détention provisoire ou qui ont été condamnées à l'échelle provinciale/territoriale et fédérale pour déterminer si certains prisonniers ne pourraient pas être libérés.
2. Avant une libération, créer et mettre en place dans la mesure du possible des plans réalistes et exhaustifs de réinsertion qui tiennent compte des exigences associées à la COVID-19 et qui sont adaptés aux besoins uniques de chaque personne.
3. Conférer à la personne incarcérée une certaine capacité d'autodétermination concernant sa libération anticipée, y compris le pouvoir de décider de demeurer incarcérée si elle ne pense pas qu'une solution sûre, autre que l'incarcération, s'offre à elle.
4. Poursuivre les efforts de désincarcération des maisons de transition (notamment en favorisant le recours aux établissements en milieu ouvert), particulièrement pour les personnes qui sont prêtes à faire la transition vers une réinsertion complète dans la collectivité.
5. Avant de libérer une personne, lui faire subir un test de dépistage et lui offrir la possibilité de recevoir un vaccin contre la COVID-19. Si nécessaire, lui offrir un lieu sûr pour faire sa quarantaine de 14 jours dans la collectivité afin d'empêcher qu'elle propage la maladie et de préserver l'offre coordonnée de maintien en logement.
6. Lorsque possible et avec prudence, diminuer le recours aux cellules de détention pour les personnes accusées ou arrêtées qui attendent leur première comparution en cour.
7. Lors de l'établissement de la peine d'une personne accusée d'un crime non violent, tenir compte de la COVID-19, puisque l'incarcération n'est probablement pas nécessaire pour garantir la sécurité du public dans un tel cas.
8. Éliminer la pratique des peines discontinues.

Recommandations pour les personnes qui demeureront dans les services correctionnels en établissement

1. Introduire le dépistage rapide de la COVID-19 pour les personnes nouvellement incarcérées et imposer la quarantaine jusqu'à ce que leurs résultats soient négatifs.
2. Mettre en place des mesures de dépistage quotidiennes qui comprennent l'autodéclaration des symptômes et la prise de la température pour toutes les personnes incarcérées.
3. Veiller à ce que des mesures rapides de dépistage et de suivi des contacts soient mises en place pour surveiller la propagation de la COVID-19 chez les prisonniers et le personnel. Ces mesures devraient inclure le dépistage quotidien ou routinier des personnes qui travaillent dans les prisons pour réduire la propagation de la COVID-19.

4. Créer des cohortes de détenus et de membres du personnel pour réduire la transmission de la COVID-19 entre les unités, les ailes des établissements et les établissements eux-mêmes.
5. Évaluer le ratio optimal entre la population et les employés/agents pour chaque établissement afin de favoriser la distanciation physique et le respect sécuritaire des directives de la santé publique pendant la pandémie sans devoir recourir aux mesures de confinement.
6. Veiller à ce que les personnes incarcérées et les employés et agents de prisons soient parmi les premiers groupes à recevoir un vaccin au Canada, à l'instar des autres personnes qui vivent ou qui travaillent dans des milieux à forte densité de population.
7. Encourager les employés et les agents ayant reçu un résultat positif à la suite d'un test ou d'un dépistage prendre des journées de maladie et des congés payés.
8. Veiller sans faute à ce que les règles concernant les mesures de protection contre la COVID-19 soient appliquées par les employés, les sous-traitants et l'équipe de direction, ainsi que par toutes les personnes qui entrent dans les établissements afin de limiter la propagation de la COVID-19.
9. Pendant la COVID-19, veiller au bien-être du personnel des établissements correctionnels et des fournisseurs de services essentiels qui ont besoin de ressources en santé mentale, physique et sociale, que ce soit à des fins préventives ou curatives.
10. Fournir aux personnes emprisonnées des services de counseling pour les traumatismes ainsi que des programmes qui tiennent compte des traumatismes afin de traiter les causes profondes de leurs difficultés, tout en reconnaissant le fardeau supplémentaire imposé par la COVID-19. Le traitement des traumatismes, toutefois, devrait se poursuivre au-delà de la pandémie, étant entendu que la grande majorité des gens hébergés dans les prisons ont été victimisés et ont eu plusieurs expériences traumatisantes au cours de leur vie.
11. Fournir de manière soutenue, pendant et après la pandémie, des services de counseling pour traiter les dépendances.
12. Pour les travailleurs des établissements correctionnels, offrir des formations sur les traumatismes qui fournissent des éclairages sur l'expérience de vie des personnes incarcérées avec qui ils traitent quotidiennement.
13. Clairement informer le personnel de toute nouvelle politique et de tout changement dans les directives avant leur application, particulièrement pendant la COVID-19, puisque la réglementation est susceptible de changer.
14. Faciliter les communications entre le personnel et leurs êtres chers pendant (et après) la pandémie.
15. Offrir aux personnes hébergées dans les prisons des appels téléphoniques gratuits et un accès continu à des visites virtuelles pendant et après la pandémie.
16. Mettre en place des mesures de dépistage rapide des visiteurs pour faciliter le maintien des visites pendant la pandémie.

Recommandation concernant les Autochtones dans les systèmes correctionnels

1. Donner un rôle accru aux dirigeants et aux aînés des communautés et favoriser leur plus grande participation à toutes les décisions qui concernent les Autochtones qui se trouveront en prison pendant et après la pandémie de la COVID-19.

2. Tenir compte des facteurs Gladue lors de toutes les prises de décisions concernant les Autochtones en prison pendant et après la COVID-19, notamment en accentuant les efforts visant à libérer les Autochtones à des fins de désincarcération.
3. Promouvoir un environnement où les traumatismes seront pris en compte, pendant et après la COVID-19.

Recommandations particulièrement importantes après la COVID-19

4. Continuer d'évaluer, de mettre à jour et de mettre au point des échelles et des outils de classification des cotes de sécurité qui sont sensibles aux subtilités des antécédents et des réalités des Autochtones.
5. Veiller à ce que les Autochtones aient accès à des services juridiques pour soutenir et évaluer leurs droits en tant que personnes et en tant qu'Autochtones.
6. Veiller à ce que toutes les personnes qui fournissent des services de santé aux Autochtones soient formées, éduquées et sensibilisées de manière soutenue relativement à des domaines comme : le rôle du colonialisme dans l'oppression et le génocide des Inuits, des Métis et des Premières Nations; la lutte contre les préjugés et le racisme; les langues et cultures locales; et les pratiques de santé et de guérison.

Recommandations pour les services correctionnels assurés dans la collectivité

1. Examiner le parc de logements sûrs et durables disponibles pour les personnes précédemment incarcérées et investir ce type de logement.
2. Aider les personnes précédemment incarcérées à acquérir les connaissances et les compétences dont elles auront besoin pour subvenir à leurs besoins élémentaires en tant que citoyens respectueux de la loi une fois libérées.
3. Envisager de recourir au soutien des bénévoles communautaires, en particulier pour les personnes incarcérées qui ne peuvent pas compter sur un réseau de soutien hors de leur milieu carcéral. Soutenir et renforcer les partenariats avec les organisations locales et autres intervenants locaux pour faire en sorte que les personnes incarcérées aient accès à des réseaux d'aide à l'extérieur du système carcéral. Les partenariats devraient déjà être bâtis avant la libération des personnes incarcérées.
4. Examiner les conditions de libération au cas par cas pour déterminer si elles sont appropriées ou si elles imposent aux personnes précédemment incarcérées des restrictions potentiellement inutiles en période de COVID-19.
5. Pour empêcher la propagation de la COVID-19, suspendre temporairement l'exigence de chercher et de maintenir un emploi comme condition de libération jusqu'à ce que la COVID-19 soit maîtrisée.
6. Rediriger les ressources vers des programmes de réinsertion dans le marché du travail et envisager des programmes de transition vers le marché du travail qui s'amorceront en prison et qui se poursuivront dans la collectivité au moment de la libération et subséquemment.
7. Donner aux personnes incarcérées la possibilité de faire une demande, au moins six mois avant leur libération, pour l'obtention d'une carte santé afin que les organisations des services correctionnels puissent aider à la planification efficace de leur libération.

8. Donner aux personnes hébergées dans des centres correctionnels dans la collectivité accès à une carte santé : comme ces personnes ne sont pas incarcérées, elles ne sont donc pas exclues de la *Loi canadienne sur la santé.*
9. Rendre l'identification utilisée par le système carcéral et/ou une lettre/photo attestant de l'identité de la personne suffisante pour obtenir une carte santé au terme de son incarcération.
10. Fournir des ressources en santé mentale aux employés des services correctionnels assurés dans la collectivité, surtout qu'ils sont considérés comme des fournisseurs de services essentiels pendant la COVID-19.
11. Mettre en place des mesures préventives, interventionnelles et curatives pour soutenir la santé mentale et le bien-être des employés des services correctionnels assurés dans la collectivité et, ultimement, pour les aider à s'acquitter de leurs responsabilités professionnelles.

Les services correctionnels pendant et après la COVID-19

Introduction

Dans les jours qui ont suivi le 12 mars 2020, lorsque l'Organisation mondiale de la Santé avait déclaré l'éclosion d'une pandémie du coronavirus 2019 (COVID-19), les provinces et les territoires canadiens ont commencé à imposer des mesures strictes de confinement. Ces gouvernements ont reconnu les établissements correctionnels fermés, y compris les prisons, les centres correctionnels et les pénitenciers comme des sites à risque élevé de transmission de la COVID-19, malgré la confusion qui régnait quant à la meilleure façon de lutter contre le virus dans les prisons (et les autres lieux confinés). Le 12 mars 2020, le Syndicat des agents correctionnels du Canada (UCCO-SACC-CSN), qui représente les agents correctionnels fédéraux employés par le Service correctionnel du Canada (SCC), a demandé au SCC d'aider à garantir la santé et la sécurité de ses membres pendant la pandémie (UCCO-SACC-CSN, 2020, March 12). Bien entendu, le risque de problèmes de santé physique posé par le nouveau virus n'était pas la seule source de préoccupation; les chercheurs ont progressivement découvert que les effets de la COVID-19 sur la santé mentale sont considérables, puisque l'isolement et la quarantaine ont des incidences indéniables sur la santé sociale et mentale des gens (del Rio et Malani, 2020; Rajkumar, 2020; Torales, O'Higgins, Castaldelli-Maia et Ventriglio, 2020; Xiong *et al.*, 2020). L'Organisation mondiale de la Santé définit la « santé » comme ayant trois volets – la santé sociale, physique et mentale – et nous presse de reconnaître chacun de ceux-ci comme des éléments non hiérarchisés de la santé et comme ayant des incidences importantes sur la santé globale de la personne (Organisation mondiale de la Santé, 2020).

Au cours du printemps de 2020, le SCC a déclaré plusieurs éclosions de la COVID-19 dans les prisons affectant les personnes hébergées et les employés. Des établissements provinciaux et territoriaux ont pris des mesures urgentes en réponse à la pandémie, telles qu'une diminution de la population carcérale par la libération des personnes admissibles (Statistique Canada, 2020a, 2020b). Les pénitenciers fédéraux ont aussi pris des mesures pour lutter contre le virus en suspendant les visites et les programmes, en imposant un confinement, en distribuant des équipements de protection individuelle (ÉPI) et en appliquant de nouvelles mesures de lutte contre la propagation, de dépistage et de détection de la COVID-19. Ensemble, la COVID-19 et les mesures institutionnelles ont eu des incidences sur la santé sociale, physique et mentale des personnes qui vivent ou qui travaillent dans les prisons.

Au début de novembre 2020, l'Agence de la santé publique du Canada (ASPC) a mis à jour les lignes directrices relatives à la COVID-19 afin de tenir compte du risque posé par la transmission par aérosol du virus (Miller, 4 novembre 2020). Un tel changement est particulièrement important considérant que les mesures de santé publique fondées sur la seule distanciation physique, qui est pratiquement impossible en prison, ne protègent pas adéquatement les personnes incarcérées contre une transmission par aérosol. Une telle protection nécessiterait des espaces intérieurs bien ventilés. Les personnes incarcérées dorment, mangent, se douchent, utilisent les toilettes et font de l'exercice, entre autres activités, à proximité d'autres personnes incarcérées et du personnel, dans des espaces souvent mal ventilés (Ricciardelli, 2014b) – ce qui rend particulièrement préoccupante la transmission par aérosol.

Les agents et le personnel ont un statut de fournisseurs de services essentiels et sont maintenant « confrontés à un problème sans précédent et constant » s'ils doivent limiter (et gérer) la

propagation de la COVID-19 dans les prisons (Ricciardelli et Bucerius, 2020). Le personnel et les agents doivent à la fois veiller à leur propre sécurité et santé, prendre soin et assurer la garde et le contrôle des personnes incarcérées, et s'efforcer de ne pas infecter les membres de leurs familles et leurs amis ou d'introduire la COVID-19 dans leur établissement. Dans certains cas, lorsqu'une éclosion de la COVID-19 survient dans leur établissement correctionnel, les agents correctionnels qui travaillent dans certains systèmes provinciaux sont tenus de se rendre au travail et, lorsqu'ils ne travaillent pas, de s'isoler (Herring, 2020). Par conséquent, au Canada et ailleurs dans le monde, la COVID-19 « représente une sérieuse menace pour la santé et le bien-être des personnes qui vivent ou qui travaillent dans ces établissements » (Pyrooz *et al.*, 2020, non publié, voir également Kinner *et al.*, 2020; Stephenson, 2020).

Les maladies infectieuses ne constituent pas une nouvelle préoccupation dans les prisons. Approximativement un quart des nouveaux agents correctionnels, avec ou sans expérience préalable de travail correctionnel, ont indiqué (sans qu'on leur ait demandé) que les maladies infectieuses constituaient leur plus grande crainte associée au fait de travailler dans un établissement correctionnel (Ricciardelli, données non publiées). Ces constatations ont été faites avant l'arrivée du nouveau coronavirus et la possibilité d'une transmission par aérosol. Les agents interrogés ont déclaré avoir la crainte de contracter l'hépatite, le VIH et la tuberculose. La pandémie de la COVID-19 impose un stress supplémentaire à une sous-population déjà préoccupée par la possibilité d'une contagion, ce qui a probablement une incidence sur le bien-être et la santé mentale des agents.

Plusieurs facteurs influencent la facilité avec laquelle la COVID-19 peut être introduite et peut se propager dans les établissements correctionnels, notamment : l'arrivée quotidienne de nouvelles personnes incarcérées dans les systèmes correctionnels provinciaux et territoriaux; les entrées et sorties du personnel; la configuration physique et la taille de chaque prison; les peines plus courtes (qui augmentent potentiellement le taux de roulement); l'utilisation de cellules de détention pour les personnes nouvellement admises; ainsi que la composition démographique et les conditions de santé de la population incarcérée. Mais il n'y a pas suffisamment de données probantes pour appuyer l'une ou plusieurs de ces explications du taux d'infection à la COVID-19 dans les milieux carcéraux. Il est possible que les corrélats de l'infection à la COVID-19 dans les milieux non institutionnels ne soient pas applicables à des milieux institutionnalisés comme les prisons et les pénitenciers.

En date du 7 janvier 2021, 1201 personnes incarcérées avaient reçu un diagnostic positif de COVID-19 dans les pénitenciers système correctionnel fédéral et trois personnes incarcérées en étaient mortes (Service correctionnel Canada, 2020). La plus récente augmentation de ces chiffres peut être attribuée, au moins en partie, à la mise en place de mesures de dépistage rapide dans les pénitenciers fédéraux. Le Syndicat des agents correctionnels du Canada (UCCO-SACC-CSN) a confirmé qu'en date du 4 novembre 2020, 123 agents correctionnels fédéraux avaient reçu un diagnostic de COVID-19 (Robertson, 2020). Les systèmes provinciaux ont également été touchés par de multiples éclosions. Par exemple, au 31 octobre 2020, 104 des 161 personnes incarcérées au Centre correctionnel de Calgary, ou 65 pour cent de la population hébergée en prison, avaient reçu un diagnostic positif. Vingt employés et agents avaient aussi contracté le virus (Bruch, 31 octobre 2020). Au Manitoba, au Centre correctionnel de Headingley, 86 personnes incarcérées et 24 employés et agents correctionnels avaient reçu un diagnostic de COVID-19 en date du 3 novembre 2020 (Unger, 3 novembre 2020). Des administrateurs, des défenseurs

des droits et des journalistes continuent de faire état d'éclosions au pays, y compris dans des établissements tels que le Centre correctionnel de Saskatoon et le Grand Valley Institution (CBC News, 29 novembre 2020; Ghonaim, 4 décembre 2020). Au sein du système pénitentiaire fédéral canadien, certains établissements ont déclaré des éclosions dans les premiers mois suivant le début de la propagation du virus au Canada (c.-à-d. l'établissement Mission en Colombie-Britannique et le Centre fédéral de formation à multi-niveaux au Québec ou, plus récemment, l'établissement Stoney Mountain) et d'autres éclosions au cours de la seconde vague de la pandémie.

Cette ère nouvelle et sans précédent nous a incités à présenter des considérations et des recommandations connexes qui concernant le présent et l'avenir des services correctionnels au Canada. À ce titre, a) nous formulerons des recommandations qui se rapportent directement à la pandémie actuelle et aux moyens qui peuvent être pris pour mieux répondre aux préoccupations liées à la COVID-19 dans les systèmes correctionnels, mais b) nous formulerons aussi des recommandations concernant ceux et celles qui travailleront ou qui seront hébergées dans les prisons pendant la période de la pandémie et *au-delà* de celle-ci. Dans la présente note de breffage, nous fournissons des recommandations étayées par des données probantes pour les services correctionnels de l'ensemble des systèmes du pays, dans quatre principaux domaines :

- la désincarcération;
- les besoins de ceux qui se trouvent dans nos établissements, que ce soit les travailleurs, les pensionnaires, les visiteurs ou les bénévoles;
- les Autochtones en prison;
- l'importance pour les services correctionnels assurés dans la collectivité de soutenir les efforts actuels en matière de libération conditionnelle et de probation ainsi que les efforts futurs de désincarcération.

Contexte et histoire des personnes incarcérées au Canada

Le Canada héberge des personnes accusées d'avoir commis des crimes ou condamnées pour des crimes au sein de quatorze systèmes correctionnels distincts, mais reliés les uns aux autres : (1) le système fédéral, appelé Service correctionnel du Canada (SCC) ou (2) un des 13 différents systèmes provinciaux et territoriaux, dont chacun est régi par son propre ministère provincial ou territorial de services correctionnels (p. ex., le ministère de la Justice, le ministère de la Sécurité publique). Les principales différences qu'il y a entre le système fédéral et les systèmes provinciaux et territoriaux sont la durée des peines et la détention provisoire (c.-à-d. les personnes incarcérées en attente d'un procès ou de l'établissement de leur peine). Le SCC héberge des personnes qui ont été reconnues coupables d'un crime et condamnées à deux années d'emprisonnement ou plus dans des établissements de diverses catégories de sécurité allant du niveau minimal (c.-à-d. sans périmètre de sécurité) au niveau maximal (c.-à-d. avec un périmètre très sécurisé) (Ricciardelli, 2014b). En 2015-2016, les établissements correctionnels canadiens hébergeaient en moyenne approximativement 40 000 adultes par jour, ce qui représente un taux national d'incarcération de 139 par 100 000 personnes (Reitano, 2017). Les personnes logées dans des établissements fédéraux représentent un nombre relativement plus faible de personnes incarcérées en comparaison avec les systèmes provinciaux et territoriaux. Par exemple, en 2017-2018, « au cours d'une journée moyenne », 14 015 personnes étaient hébergées dans l'un ou l'autre des pénitenciers fédéraux (Service correctionnel Canada, 2019). Généralement, une personne incarcérée sous responsabilité

fédérale peut être admissible à une libération conditionnelle après avoir purgé le tiers de sa peine, ou à une libération d'office après avoir purgé les deux tiers de sa peine.

Les systèmes correctionnels provinciaux et territoriaux hébergent la majorité des personnes incarcérées au Canada. Collectivement, ils administrent approximativement 177 établissements fermés (par exemple des centres correctionnels, des prisons) qui confinent des personnes qui ont été condamnées à une peine d'emprisonnement de deux ans moins un jour ou de détention provisoire. Depuis 2004-2005, les personnes en détention provisoire constituent la plus grande partie de la population carcérale provinciale et territoriale (*Syndicat des employés* généraux et des fonctionnaires du *Manitoba*, 9 février 2012; Porter et Calverley, 2011; Statistique Canada, 2017b). Par exemple, au cours d'une « journée moyenne » en 2014-2015, plus d'adultes étaient en prison en attente d'un procès qu'il y avait d'adultes condamnés purgeant une peine sous détention. Plus précisément, dans les systèmes provinciaux et territoriaux, parmi les 24 014 adultes détenus en moyenne par jour après condamnation et dans l'attente de leur procès, 13 650 (57 %) étaient incarcérés avant procès (Statistique Canada, 2017b). Les établissements de détention provisoire qui logent des personnes incarcérées (c.-à-d. les prisons, les centres de détention, les centres correctionnels) fonctionnent comme des établissements à sécurité maximale. Bien que les personnes en détention provisoire soient présumées innocentes sur le plan juridique, elles sont détenues en prison en attente de leur procès plutôt que dans la collectivité parce qu'elles sont incapables d'obtenir une mise en liberté sous caution, soit parce qu'elles représentent un risque de fuite ou une menace pour le public en raison de la probabilité substantielle qu'elles commettent un délit, soit qu'elles ne satisfont pas aux exigences de base de la mise en liberté sous caution (par exemple, défaut de caution) (Deshman et Myers, 2014). Après avoir purgé une partie de leur peine sous détention, les personnes condamnées à une peine de ressort provincial ou territorial sont admissibles à une libération conditionnelle.

La très grande majorité des personnes qui entrent en prison sont vulnérables dans une certaine mesure. Les personnes incarcérées sont susceptibles de manquer d'expérience d'emploi, d'être peu scolarisées et souffrent souvent d'un problème de santé mentale, d'abus de substance ou de dépendance. De nombreuses personnes incarcérées ont vécu des périodes d'itinérance et la vaste majorité ont subi durant leur enfance des traumatismes sous forme d'abus sexuel (Bucerius, Haggerty et Dunford, 2020), de violences physiques ou de changements de situations de garde (Bucerius, 2020). À l'échelle provinciale, Bucerius, Jones, Kohl et Haggerty (2020) ont constaté que 88 % des participants de sexe masculin et 84 % des participantes avaient été victimes de violences (avaient par exemple été frappés, battus, victimes de violence armée, etc.) à un moment ou l'autre de leur vie. L'âge moyen du premier événement de violence dont pouvaient se souvenir les participants était de 14 ans et de 17 ans respectivement pour les participants de sexe masculin et féminin. Au total, 34 % des participants de sexe masculin avaient été victimes d'une forme ou d'une autre d'abus sexuel (par exemple d'attouchements non désirés ou d'agression sexuelle) au cours de leur vie, l'âge moyen du premier événement de victimisation sexuelle étant de 7,4 ans. Au sein de l'échantillon féminin, 75 % avaient été victimes d'actes sexuels non désirés, le premier événement survenant en moyenne à l'âge de 9,9 ans. À l'échelle fédérale, ces chiffres sont encore plus élevés, la grande majorité des personnes interrogées ayant subi une forme de violence physique et/ou d'abus sexuel longtemps avant leur première accusation d'avoir commis un crime (95 % de toutes les femmes condamnées et 87 % de tous les hommes condamnés à une peine de ressort fédéral) (Bucerius, 2020). Ces données indiquent que le taux des personnes hébergées en prison ayant été l'objet de victimisation est beaucoup plus élevé que celui de la population en

général au Canada. Selon les données de l'Enquête sociale générale (ESG) (N = 33 089), 32,8 % des hommes et 22,9 % des femmes au Canada avaient été victimes de violences avant l'âge de 15 ans. Sur le plan de la victimisation sexuelle, 4,6 % des hommes et 13,2 % des femmes au Canada avaient été l'objet de victimisation sexuelle avant l'âge de 15 ans (Statistique Canada, 2016).

Les personnes logées en prison sont également désavantagées sur le plan de la scolarisation. À l'échelon fédéral, le SCC indique que de 1995 à 2005, huit personnes sur dix admises dans un centre de détention fédéral n'avaient pas de diplôme d'études secondaires. De plus, jusqu'à 20 % des personnes nouvellement admises dans le système carcéral fédéral n'avaient pas réussi une huitième année de scolarisation (Boe, 2005). Ces statistiques contrastent fortement avec les 14 % de la population canadienne âgée de 25 ans ou plus qui, en 2016, avaient indiqué avoir un degré de scolarisation inférieur à un diplôme d'études secondaires (Uppal, 2017). Au-delà du fait d'entrer en prison avec un faible niveau d'éducation, les périodes d'incarcération limitent considérablement la capacité de la personne d'acquérir une expérience d'emploi ou d'acquérir des compétences monnayables qui pourraient contribuer à sa réinsertion ultérieure (Atkin et Armstrong, 2013; Graffam, Shinkfield, Lavelle et McPherson, 2004). Les désavantages deviennent plus prononcés lorsque la première expérience d'incarcération survient pendant leur adolescence ou au début de leur vie d'adulte – la période où les apprentissages, l'éducation et les occasions de formation cruciaux portent nettement à conséquence (Nagin et Waldfogel, 1995). Les personnes incarcérées sont plus susceptibles d'avoir un niveau de littératie et de numératie inférieur à la moyenne, de manquer de compétences interpersonnelles, de compétences sociales, de littératie technologique et d'expérience antérieure de travail en comparaison avec l'ensemble de la population (Decker, Spohn, Ortiz et Hedberg, 2014; Fletcher, 2001; Nally, Lockwood et Ho, 2011; Waldfogel, 1994; Young, 2017).

Dans le monde, les taux de maladies infectieuses, de maladies chroniques et de troubles de la santé mentale sont plus élevés chez les personnes incarcérées que pour l'ensemble de la population (Fazel et Baillargeon, 2011; Harris, Hek et Condon, 2007; Lynn Ann Stewart, Sapers, Nolan et Power, 2014; Wilper *et al.*, 2009). Tout simplement, les personnes qui entrent en prison sont généralement en mauvais état de santé. Au Canada, Beaudette, Power et Stewart (2015) ont relevé que le taux de prévalence sur toute la vie de tout trouble de santé mentale chez les hommes nouvellement admis au SCC variait de 78 % à 88 % selon la région, et que la prévalence d'un trouble de santé mentale au moment de l'admission de ces mêmes hommes variait de 68 % à 82 % (voir aussi Stewart et Wilton, 2017). Pourtant, dans l'ensemble de la population canadienne, les taux de prévalence d'un trouble de la santé mentale diagnostiqué gravitent généralement autour de 10 % (Statistique Canada, 2018). Ayant examiné la prévalence des troubles de santé mentale chez 154 femmes incarcérées dans six établissements du SCC, Brown *et al*. (2018) ont relevé que près de 80 % des femmes purgeant une peine d'incarcération de ressort fédéral « répondaient aux critères associés à un trouble de santé mentale actuel, y compris des taux élevés d'abus d'alcool et de substances, de trouble de la personnalité antisociale et de trouble de la personnalité limite » (p. iii). De plus, près des deux tiers de cet échantillon avaient déclaré avoir eu un trouble de santé mentale au cours de leur vie et 17 % ont dit avoir un trouble de santé mentale important au moment de l'enquête[1]. Les personnes qui ont été incarcérées dans le passé sont plus susceptibles, en comparaison avec l'ensemble de la population, d'avoir des besoins

1 Pour désigner la santé mentale, nous employons l'expression *trouble mental* (or *trouble de santé mentale),* telle que définie par le glossaire des termes fourni par l'Institut canadien de recherche et de traitement en sécurité publique (2019).

en santé mentale, allant de domaines liés à la toxicomanie ou aux questions neurologiques ou psychiatriques, à des problèmes de santé plus généraux (par exemple une mauvaise diète, le tabagisme) (Graffam *et al.*, 2004). Ayant examiné un échantillon de 2 273 hommes adultes nouvellement incarcérés, Stewart, Sapers, Nolan et Power (2014) ont déterminé que les hommes signalaient plus fréquemment comme problèmes de santé des lésions cérébrales (34,1 %), l'asthme (14,7 %) et des douleurs dorsales (19,3 %). Nolan et Stewart (2014) ont relevé que les soucis de santé les plus fréquemment cités par les membres d'un échantillon de 280 femmes adultes nouvellement incarcérées étaient les douleurs dorsales (26 %), les lésions cérébrales (23 %), le virus de l'hépatite C (19 %) et l'asthme (16 %). Globalement, les personnes incarcérées sont plus susceptibles d'entrer en prison en mauvais état de santé et leurs services de santé et de nutrition carcéraux devraient faire l'objet d'une évaluation rigoureuse pour s'assurer que leur état de santé s'améliore ou, du moins, ne se dégrade pas.

Désincarcération

De nombreuses prisons provinciales et territoriales hébergent actuellement moins de personnes afin de réduire la population carcérale pendant la pandémie de la COVID-19 (CBC News, 9 avril 2020; Cousins, 2020; Statistique Canada, 2020a). Les mesures organisationnelles comprennent également la libération anticipée ainsi que la réduction des arrestations, des détentions en prison et des admissions (découlant également, il faut le dire, des fermetures temporaires des tribunaux et des retards dans la conduite des procédures judiciaires). Nous définissons la désincarcération comme toute solution de rechange à l'incarcération, telle qu'une peine purgée dans la collectivité plutôt qu'en prison, ainsi que la conclusion anticipée d'une peine criminelle et la réduction globale de la population carcérale. Les efforts de désincarcération ont été plus rares à l'échelon fédéral (voir par exemple Quan, 5 août 2020), où les peines des personnes incarcérées sont plus longues et les dates d'admissibilité à une libération d'office sont plus éloignées (les personnes incarcérées au fédéral ne sont admissibles qu'après avoir purgé les deux tiers de leur peine) ou à une libération conditionnelle (l'admissibilité commence après que la personne a purgé le tiers de sa peine).

La désincarcération s'impose de plus en plus, particulièrement dans le contexte actuel de la pandémie. L'incarcération est un moyen coûteux et souvent inefficace de résoudre les problèmes de criminalité et de sécurité publique, et nuit souvent au bien-être et aux perspectives d'avenir des personnes qui en sont l'objet, notamment parce qu'elle compromet les liens familiaux et les perspectives d'emploi. L'incarcération a de plus des conséquences collatérales bien documentées, telles que les incidences sur les enfants des personnes incarcérées (Murray et Farrington, 2008; Turney et Wildeman, 2013; Wakefield et Wildeman, 2013). La relation entre la criminalité et l'incarcération est très complexe, en ce qu'on estime généralement que les taux d'incarcération ont relativement peu d'impact sur les taux de criminalité (voir par exemple Carter, 2003; DeFina et Arvanites, 2002). Dans certains pays – comme la Finlande – où des efforts délibérés ont été faits pour réduire leurs populations carcérales, il ne semble pas, selon les données recueillies, que les taux de criminalité aient augmenté en conséquence (Lappi-Seppälä, 2009).

L'établissement de la nature, de la portée et de la structure des mesures de désincarcération doit tenir compte des circonstances, du positionnement et des besoins des personnes incarcérées – particulièrement pour ce qui est de leur propre sécurité et de leur bien-être, tout en équilibrant ces considérations avec celle de la sécurité du public. Les efforts de désincarcération doivent avoir comme principaux axes les besoins des personnes incarcérées (c.-à-d., la personne qui

a enfreint la loi il y a 10, 15 ou même 20 ans constitue-t-elle la même menace pour la sécurité publique aujourd'hui? Qu'en est-il quelques mois ou semaines après l'infraction?), la gravité de l'infraction et la probabilité de récidive ou de la renonciation à la criminalité, ainsi que les cotes de sécurité du système. Permettre aux personnes d'avoir accès à l'aide et aux services assurés dans la collectivité qui leurs permettraient d'être libérées et de se réinsérer dans la collectivité d'une manière sûre et humaine (par exemple faire en sorte que les personnes aient accès à des solutions sûres de logement; des services de résolution de crises; etc.) semble une meilleure solution que de les garder en prison.

À cette fin, toute planification de libération doit être éclairée par l'historique de la personne, ses propres points de vue sur sa vie passée et présente ainsi que ses plans d'avenir; en d'autres termes, la planification d'une libération doit tenir compte de la volonté de renonciation à la criminalité. De plus, le processus de libération d'une personne doit évaluer de manière réaliste la menace qu'elle représente pour la société et la menace que la société représente pour cette personne en attente de libération. Considérant les mesures de sécurité et les processus de réhabilitation ou de réadaptation qui sont en jeu en prison, des soins et un logement sûr doivent être assurés avant de libérer une personne pendant la pandémie de la COVID-19, comme devrait l'être la continuation des interventions de réhabilitation qui, selon la personne, lui sont profitables. L'hypothèse de base selon laquelle toute personne incarcérée préfère être libérée ne tient peut-être pas compte du point de vue de ces personnes, puisque des chercheurs ont démontré que les prisons peuvent – hélas – constituer un lieu de refuge temporaire pour certaines personnes incarcérées (Bucerius, Haggerty *et al.*, 2020; Pyrooz *et al.*, 2020). Améliorer la qualité de diverses formes d'aide sociale fournies par la société (p. ex., le logement, les services de santé mentale, les refuges pour les victimes de maltraitance, les services de détoxification) diminuerait la probabilité que les citoyens considèrent la prison comme une circonstance plus favorable que la vie en liberté dans la collectivité. À cette fin, des efforts devraient être faits pour fournir aux personnes les formes d'aide et les services au sein de la collectivité qui leur permettraient d'être libérées et de réintégrer la collectivité d'une manière sûre et humaine, afin que personne ne se trouve dans une situation où il leur semble que la prison constitue leur « meilleure » solution.

Pour faciliter la désincarcération à tous les niveaux du système carcéral, les intervenants et les administrateurs devraient évaluer et examiner avec un œil critique la désincarcération des maisons de transition et des autres espaces d'hébergement temporaire. Les gouvernements devraient examiner attentivement les cas des personnes qui vivent dans ces établissements afin de déterminer celles qui peuvent être prêtes sur le plan psychologique, social et physique à réussir une réinsertion complète dans la collectivité (c.-à-d. de quitter leur maison de transition). La libération des personnes logées dans les maisons de transition libérera de précieux espaces en maison de transition pour les personnes hébergées en prison.

La désincarcération, toutefois, « est un processus, et non une mesure ponctuelle » (Wang, Western, Backes et Schuck, 2020, pp. S-3). Nos recommandations comprennent donc des mesures immédiates axées sur la désincarcération et, considérant la nature incertaine et la durée de la pandémie, des mesures de mise en œuvre à plus long terme. Nous préconisons aussi l'équité dans les efforts de désincarcération, c'est-à-dire plus précisément de veiller à ce que le cas de toutes les personnes en prison soit évalué en fonction d'une possible libération anticipée. L'équité est particulièrement importante au regard des Autochtones incarcérés, qui sont désavantagés à

chaque étape du système de justice pénale, y compris en ce qui a trait aux décisions de libération conditionnelle et de réinsertion (Cardoso, 9 novembre 2020).

Recommandations concernant la désincarcération dans l'ensemble des systèmes

1. Revoir, d'une manière juste et équitable, et qui tient compte des antécédents personnels et criminels, le statut de libération de **toutes** les personnes qui sont incarcérées dans des établissements, qui sont en détention provisoire ou qui ont été condamnées à l'échelle provinciale/territoriale et fédérale pour déterminer si certains prisonniers ne pourraient pas être libérés. Nous recommandons que les intervenants adoptent une approche éclairée par les aspects culturels, qui tient compte, mais pas uniquement, des antécédents d'inégalités raciales, pour comprendre les actes des personnes dans le contexte de leur probabilité réelle de libération fructueuse. Lors de l'évaluation du statut de libération, le principe directeur à suivre devrait être de déterminer si la personne peut réintégrer la collectivité en toute sécurité et si elle est susceptible de ne pas constituer un danger pour le reste de la collectivité.
    a. Réévaluer, de manière juste et équitable, le statut de libération des personnes presque ou déjà admissibles à une libération conditionnelle ou à la probation, particulièrement en période de COVID-19, et envisager la mesure dans laquelle les personnes qui se rapprochent de la date de leur libération d'office seraient aptes à une libération anticipée.
    b. Examiner les possibilités de libération pour des motifs humanitaires (p. ex., l'âge, un trouble cognitif, des circonstances familiales) ou pour des motifs de santé (p. ex. un trouble de santé chronique comme une maladie auto-immune, une grossesse, l'obésité, des difficultés respiratoires, une maladie terminale, un cancer), particulièrement pendant la pandémie de la COVID-19, mais aussi par la suite.
2. Avant une libération, créer et mettre en place (en collaboration avec des organismes externes) dans la mesure du possible des plans réalistes et exhaustifs de réinsertion qui tiennent compte des exigences associées à la COVID-19 (p. ex., la quarantaine, la distanciation physique) et qui sont adaptés aux besoins uniques de chaque personne.
3. Conférer à la personne incarcérée une certaine capacité d'autodétermination concernant sa libération anticipée, y compris le pouvoir de décider de demeurer incarcérée si elle ne pense pas qu'une solution sûre, autre que l'incarcération, s'offre à elle (par exemple si la libération signifie qu'elle retournera dans une situation de maltraitance ou d'itinérance). Par conséquent, nous recommandons de privilégier la mise à disposition de solutions sécuritaires et humaines à la détention dans la collectivité.
4. Poursuivre les efforts de désincarcération des maisons de transition (notamment en favorisant le recours aux établissements en milieu ouvert), particulièrement pour les personnes qui sont prêtes à faire la transition vers une réinsertion complète dans la collectivité.
5. Avant de libérer une personne, lui faire subir un test de dépistage et lui offrir la possibilité de recevoir un vaccin contre la COVID-19. Si nécessaire, lui offrir un lieu sûr pour faire sa quarantaine de 14 jours dans la collectivité afin d'empêcher qu'elle propage la maladie et de préserver l'offre coordonnée de maintien en logement.

Désincarcération dans les systèmes provinciaux et territoriaux

Avant la COVID-19, il y avait davantage de personnes incarcérées en attente d'un procès que de personnes libérées sous caution (Malakieh, 2018; *Syndicat des employés* généraux et des fonctionnaires du *Manitoba*, 9 février 2012); ces personnes en détention provisoire comprennent celles qui sont accusées de crimes graves et violents, ainsi que les personnes arrêtées pour des infractions comparativement mineures (p. ex., des crimes contre la propriété, la conduite avec facultés affaiblies). Les chercheurs ont critiqué la mesure dans laquelle la détention provisoire est utilisée, particulièrement si l'on tient compte des données probantes selon lesquelles la détention provisoire contribue peu à la sécurité du public (Webster, Doob et Myers, 2009).

Les centres de détention provisoire utilisent des cellules de détention pour les personnes accusées d'avoir transgressé la loi, comme d'avoir violé des conditions de mise en liberté (p. ex., l'inobservation de l'heure de rentée, l'omission d'appeler à partir d'un téléphone fixe), ou qui sont incapables de payer leurs amendes. Créer des peines de substitution pour les infractions mineures fournirait des occasions supplémentaires de désincarcération. Diminuer le nombre de personnes qui entrent dans les établissements de détention provisoire et qui en sortent diminuera aussi la possibilité de contracter et de propager la COVID-19 (Reinhart et Chen, 2020). De plus, est-il nécessaire de confiner les gens avant leur première comparution en cour ou ne pourrait-on pas plutôt privilégier des solutions de rechange? Le recours à des installations comme les cellules de détention contribue au taux de roulement élevé des personnes incarcérées en établissement, ce qui accroît le risque d'infection et la probabilité que la COVID-19 s'introduise dans les établissements. Nous tenons à préciser, cependant, que certaines personnes incarcérées peuvent nécessiter une détention pour diverses raisons, y compris le fait de constituer une menace pour elles-mêmes ou pour autrui et pour maintenir la confiance du public envers l'administration de la justice, entre autres facteurs à considérer (voir le paragraphe 515(10) du Code criminel du Canada). Ces facteurs doivent être considérés avec soin, mais offrent aussi des possibilités de faire évoluer les systèmes généraux de justice.

Les personnes condamnées à des peines discontinues purgent leurs peines la fin de semaine, ce qui fait qu'elles continuent de travailler et de vivre dans la collectivité pendant la semaine. Les peines discontinues accroissent la possibilité que des personnes introduisent la COVID-19 dans les établissements correctionnels. La plupart des provinces et des territoires ont suspendu les peines discontinues lors de l'apparition de la COVID-19, mais posons-nous la question, la pratique des peines discontinues devrait-elle être maintenue après la COVID-19? Si le fait que des personnes qui purgent des peines discontinues vivent dans la collectivité pendant la semaine ne présente pas de danger, des solutions de rechange qui n'incluent pas l'incarcération ne pourraient-elles pas être mises en place?

La désincarcération semble pouvoir être appliquée de manière plus large et diverse dans les systèmes provinciaux et territoriaux comparativement au système fédéral. Il est maintenant temps de nous demander si les prisons devraient héberger toutes les personnes actuellement en détention provisoire ou si la majorité des personnes en attente de procès ne pourraient pas être libérées en toute sûreté dans la collectivité (en évaluant encore si la personne représente une menace pour la collectivité) et d'examiner les circonstances qui ont conduit à la situation de détention provisoire de chaque personne.

Recommandations pour les systèmes provinciaux et territoriaux

6. Lorsque possible et avec prudence, diminuer le recours aux cellules de détention pour les personnes accusées ou arrêtées qui attendent leur première comparution en cour.
7. Lors de l'établissement de la peine d'une personne accusée d'un crime non violent, tenir compte de la COVID-19, puisque l'incarcération n'est probablement pas nécessaire pour garantir la sécurité du public dans un tel cas.
8. Éliminer la pratique des peines discontinues. Les personnes condamnées à des peines discontinues peuvent vivre sans danger dans la société pendant la semaine et y contribuer. Il faudrait envisager des solutions de remplacement (p. ex. la détention à domicile) aux peines de fin de semaine.

Besoins des personnes qui demeureront dans les services correctionnels en établissement

Avant la pandémie, les établissements correctionnels de l'ensemble des provinces et territoires étaient surpeuplés, ce qui laissait les personnes incarcérées confinées à proximité les unes des autres. Les cellules à double et à triple occupation constituent une pratique de longue date au Canada, particulièrement à l'échelon provincial et territorial (Piché, 2014). Avant la COVID-19, les administrateurs utilisaient souvent des mesures de confinement pour punir les inconduites et reprendre la maîtrise des unités carcérales. Dans le contexte de la COVID-19, les mesures de confinement sont utilisées comme stratégie pour empêcher la propagation du virus, en ce qu'elles limitent la circulation des prisonniers. Les personnes incarcérées sont détenues dans leurs cellules pour des durées de 22 à 23,5 heures par jour, une situation qui limite profondément leur vie privée et qui a des incidences importantes sur leur santé mentale (Arrigo et Bullock, 2008; Grassian, 2006; Haney, 2018a, 2018b). La suspension des visites en personne marginalise et isole les personnes incarcérées. Plusieurs établissements ont également suspendu les programmes destinés aux personnes incarcérées (p. ex. l'éducation et les loisirs) pour éviter que le personnel et les bénévoles qui animent les activités entrent dans les établissements et y introduisent possiblement le virus.

La désincarcération réduit les problèmes associés aux mesures de confinement et à la surpopulation. Diminuer la population des prisons résout la question de la surpopulation et diminue la nécessité d'avoir recours à la double occupation des cellules. Elle facilite aussi la distanciation physique entre les personnes incarcérées et permet d'offrir aux personnes qui demeurent en prison un plus grand accès aux services, aux ressources et aux programmes, comme les programmes éducatifs et de formation professionnelle. C'est une bonne raison, par conséquent, de croire que les prisons sont plus efficaces lorsqu'elles sont moins peuplées ainsi que lorsque leur niveau de « qualité morale » est élevé (Auty et Liebling, 2020). Ceux et celles qui demeureront en prison auront davantage la possibilité de s'occuper de leur santé et de leur bien-être ainsi que d'acquérir des compétences essentielles, pourvu que les programmes reprennent ou se poursuivent pendant la pandémie, possiblement en employant d'autres moyens pour assurer leur prestation. Les recherches démontrent que les personnes emprisonnées préfèrent les activités qui favorisent la croissance personnelle et la réadaptation et qui accroissent la probabilité de réinsertion (Ricciardelli, 2014b; Ricciardelli et Mooney, 2017).

De plus, maintenir les réseaux sociaux est extrêmement difficile pour les personnes hébergées en prison (Austin et Hardyman, 2004). Les réseaux sociaux constituent des systèmes de soutien à la réinsertion (réinsertion sociale et professionnelle) et la perte de son réseau social peut avoir des incidences néfastes sur le bien-être et les chances de réinsertion de la personne emprisonnée (Berg et Huebner, 2011; Lin, 2001; Wright et Cesar, 2013) (comme nous l'avons vu dans notre section sur la désincarcération). Réduire la population des prisons par la désincarcération ouvrira des possibilités pour le déplacement des personnes dans le système carcéral (ce qui permettra notamment d'héberger les personnes incarcérées plus près de leurs familles et de leurs réseaux sociaux) et diminuera, nous l'anticipons, la nécessité d'appliquer des mesures de confinement, puisque la diminution des interactions entre les personnes réduira les conflits entre les personnes emprisonnées et le personnel. Une diminution du recours aux mesures de confinement permettra aussi à ceux et celles qui demeureront en prison de rester davantage en contact avec leurs réseaux sociaux à l'extérieur de la prison et d'avoir des interactions sociales à l'intérieur de la prison.

Comme les services correctionnels ne peuvent pas libérer sans danger toutes les personnes incarcérées dans la collectivité, nous formulons plusieurs recommandations qui s'adressent particulièrement aux personnes qui demeureront en prison, ainsi qu'au personnel qui continuera de s'en occuper.

Recommandations pour les personnes vivant en prison

1. Introduire le dépistage rapide de la COVID-19 pour les personnes nouvellement incarcérées et imposer la quarantaine jusqu'à ce que leurs résultats soient négatifs. Réduire les populations carcérales crée aussi davantage d'espace pour l'auto-isolement lorsque la quarantaine devient nécessaire.
2. Mettre en place des mesures de dépistage quotidiennes qui comprennent l'autodéclaration des symptômes et la prise de la température pour toutes les personnes incarcérées.
3. Veiller à ce que des mesures rapides de dépistage et de suivi des contacts soient mises en place pour surveiller la propagation de la COVID-19 chez les prisonniers et le personnel. Ces mesures devraient inclure le dépistage quotidien ou routinier des personnes qui travaillent dans les prisons pour réduire la propagation de la COVID-19.
4. Créer des cohortes de détenus et de membres du personnel pour réduire la transmission de la COVID-19 entre les unités, les ailes des établissements et les établissements eux-mêmes. À l'instar des mesures de prévention utilisées dans la collectivité, tester toutes les personnes qui présentent des signes de maladie et toutes celles qui ont été en contact avec les personnes qui présentent de signes de maladie (personnel et personnes incarcérées) est essentiel, tout comme les mesures de quarantaine, jusqu'à ce que ces personnes reçoivent un résultat négatif.
5. Évaluer le ratio optimal entre la population et les employés/agents pour chaque établissement afin de favoriser la distanciation physique et le respect sécuritaire des directives de la santé publique pendant la pandémie sans devoir recourir aux mesures de confinement.
6. Veiller à ce que les personnes incarcérées et les employés et agents de prisons soient parmi les premiers groupes à recevoir un vaccin au Canada, à l'instar des autres personnes qui vivent ou qui travaillent dans des milieux à forte densité de population.

Les problèmes de santé mentale touchent aussi le personnel et les agents, considérant que le nombre de travailleurs correctionnels ayant reçu un diagnostic positif de trouble mental est quatre fois plus élevé que pour la population en général (les personnes employées dans TOUS les systèmes correctionnels et à tous les échelons professionnels) (Carleton, Afifi, Turner, Taillieu, Duranceau *et al.*, 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier *et al.*, 2018; Carleton *et al.*, 2020; Ricciardelli *et al.*, 2019). Nous prévoyons que les besoins en santé mentale des travailleurs correctionnels seront exacerbés par la pandémie, particulièrement lorsque les personnes incarcérées ou leurs collègues décéderont ou tomberont malades en raison de la COVID-19. En outre, il subsiste des inquiétudes quant à la possibilité que des employés ou des agents rapportent le virus de la COVID-19 chez eux ou dans leur établissement, ce qui influerait aussi sur leur bien-être.

Recommandations pour les personnes travaillant en prison

7. Encourager les employés et les agents ayant reçu un résultat positif à la suite d'un test ou d'un dépistage prendre des journées de maladie et des congés payés.
8. Veiller sans faute à ce que les règles concernant les mesures de protection contre la COVID-19 soient appliquées par les employés, les sous-traitants et l'équipe de direction, ainsi que par toutes les personnes qui entrent dans les établissements afin de limiter la propagation de la COVID-19.
9. Pendant la COVID-19, veiller au bien-être du personnel des établissements correctionnels et des fournisseurs de services essentiels qui ont besoin de ressources en santé mentale, physique et sociale, que ce soit à des fins préventives ou curatives.

Comme la désincarcération ouvre la possibilité d'apporter des changements supplémentaires et cruciaux aux services correctionnels, nous souhaitons attirer une attention particulière sur les services de santé mentale, qui sont actuellement insuffisants dans la plupart des établissements. Une recherche récente (Bucerius, Haggerty *et al.*, 2020) a révélé que presque toutes les personnes incarcérées ont eu des expériences négatives au cours de leur enfance (ENE), telles que la victimisation, un dysfonctionnement familial, avoir été témoin d'actes de violence familiale, avoir grandi avec des membres de la famille qui avaient des problèmes de consommation de substances, la négligence à leur égard, des expériences de familles d'accueil et de pensionnats, ainsi que des violences physiques et sexuelles. Les chercheurs qui ont examiné les conséquences des ENE ont constaté que les personnes qui ont eu des ENE sont plus susceptibles que la population en général de consommer des drogues et d'avoir des problèmes de dépendance (Dube *et al.*, 2003), d'avoir des infections et des troubles de santé mentale, ainsi que d'adopter des comportements sexuels à haut risque (Felitti et Anda, 2010). De plus ceux et celles qui ont eu quatre ENE ou plus ont une possibilité plus élevée d'avoir une maladie cardiaque, le cancer ou un problème de consommation d'alcool ou de dépendance à une drogue et sont plus susceptibles de commettre des délits et d'être incarcérés plus tard au cours de leur vie (Danese et McEwen, 2012; Felitti et Anda, 2010; Felitti *et al.*, 1998; Schilling, Aseltine et Gore, 2008).

Bien que cela soit bien documenté ailleurs dans le monde, des chercheurs canadiens ont récemment montré que la majorité des personnes hébergées en prison ont subi des violences physiques et/ou sexuelles bien longtemps avant d'avoir été accusées pour la première fois d'avoir commis un crime. Parmi toutes les femmes et tous les hommes condamnés à l'échelon fédéral, 95 % et 87 % respectivement auraient été l'objet de victimisation physique ou sexuelle, ou les deux (Bucerius, 2020). Lorsque la victimisation physique et la victimisation sexuelle sont considérées séparément,

84 % des femmes condamnées au fédéral ont été victimisées sexuellement tout au long de leur vie, alors que 90 % d'entre elles ont été victimisées physiquement. Chez les hommes, 48% ont été victimisés sexuellement et 79% physiquement, ces chiffres étant substantiellement plus élevés dans la population autochtone (71 % des hommes autochtones en prison ayant été victimisés sexuellement et 86 % physiquement). La vaste majorité ont été maltraités pendant leur enfance et par la suite au cours de leur vie. En même temps, la vaste majorité des personnes dans les prisons canadiennes ont des problèmes d'abus de substances (Kouyoumdjian, Schuler, Matheson et Hwang, 2016). Ces expériences influent de façon importante sur la santé mentale, sociale et physique des personnes incarcérées.

Recommandations en matière de santé mentale

10. Fournir aux personnes emprisonnées des services de counseling pour les traumatismes ainsi que des programmes qui tiennent compte des traumatismes afin de traiter les causes profondes de leurs difficultés – voir nos recommandations dans la section sur les Autochtones hébergés en prison (p. 24 à 27) – notamment compte tenu des effets potentiels d'exacerbation de la COVID-19.
11. Fournir de manière soutenue des services de counseling pour traiter les dépendances.
    a. Permettre à des psychiatres et à des psychologues de la collectivité d'aider à établir les diagnostics. Les personnes incarcérées qui reçoivent un diagnostic ainsi que des services de counseling et une médication appropriés sont plus susceptibles de faire des efforts en vue d'une libération fructueuse, laquelle pourrait être accélérée pendant la COVID-19.
12. Pour les travailleurs des établissements correctionnels, offrir des formations sur les traumatismes qui fournissent des éclairages sur l'expérience de vie des personnes incarcérées avec qui ils traitent quotidiennement.
    a. Nous recommandons de jeter un coup d'œil à la série sur la compassion que le Service de police d'Edmonton a produite. Il faut toutefois préciser que cet outil de formation n'a pas encore été évalué.
13. Une aide en santé mentale est nécessaire pour les travailleurs correctionnels pendant et après la pandémie.

Outre les efforts de désincarcération, les services correctionnels devraient clairement informer le personnel, les personnes incarcérées et leurs proches des protocoles de gestion de la COVID-19, y compris des politiques liées à l'isolement approprié des travailleurs correctionnels et des personnes incarcérées exposés, ainsi qu'à la prévention de l'exposition à la COVID-19 dans les prisons. Informer les familles des personnes incarcérées et du personnel est particulièrement important en cette période de pandémie. Toutefois, bien que nécessaires, la transmission d'informations ainsi que les politiques et les pratiques restrictives à l'intérieur des prisons et sur le plan des visites, ont engendré du stress et occasionné de l'anxiété dans les familles au sujet de la santé et du bien-être de leurs proches incarcérés. Par exemple, les proches des personnes incarcérées ne savent souvent pas si le membre incarcéré de leur famille est en sécurité et en santé lorsqu'un confinement est appliqué.

Recommandations en matière de communications

14. Les administrations des prisons devraient clairement informer le personnel de toute modification aux politiques ou aux directives avant sa mise en place. Les recherches dans le domaine de la science de mise en œuvre montrent qu'une modification à une politique ne peut être appliquée avec succès que lorsque la population qui sera responsable de la mettre en pratique adhère à la modification (Dramschroder e& Hagedorn, 2011).
15. Favoriser des communications transparentes entre le personnel et leurs êtres chers pendant (et après) la pandémie.
    a. Permettre aux personnes incarcérées d'informer en temps utile leurs proches au sujet de leur bien-être.
    b. Tenir les personnes incarcérées informées sur les infections et les décès qui surviennent en prison, dans leur collectivité et dans la province ou le territoire où réside le personnel.
    c. Informer les personnes incarcérées des changements apportés aux procédures et au calendrier possible de levée et d'augmentation des restrictions.
16. Offrir aux personnes hébergées en prison des appels téléphoniques gratuits; appliquer premièrement un moratorium sur les frais téléphoniques pendant la COVID-19, puis revoir les frais téléphoniques afin de trouver une solution à long terme qui rendra les appels plus abordables.
    a. Envisager la mise en place d' appels téléphoniques gratuits pendant la COVID-19 comme une façon de faire évoluer les pratiques en prison plus généralement, considérant que de nombreuses familles de personnes incarcérées habitent loin des établissements, ce qui rend difficiles les visites régulières, et que les chercheurs ont démontré que les contacts réguliers avec les proches sont très importants, voire indispensables à une réinsertion fructueuse. Il en va de même pour la recommandation 3.
    b. Offrir aux personnes hébergées dans les prisons un accès à des visites virtuelles pendant et après la pandémie.
17. Mettre en place des mesures de dépistage rapide des visiteurs pour faciliter le maintien des visites pendant la pandémie.

Autochtones en prison

Le Département des affaires économiques et sociales des Nations Unies (2020) a exhorté les États membres à prendre des mesures préventives pour répondre aux besoins et aux priorités uniques des peuples autochtones dans le contexte de la gestion de la pandémie de la COVID-19. L'héritage colonial au Canada a eu pour conséquence qu'un nombre disproportionné d'Autochtones ont souffert de problèmes de santé et de mauvaises conditions de vie, ce qui les ont rendus particulièrement vulnérables pendant la pandémie (C. Bourassa, Blind, Dietrich et Oleson, 2015; C. A. Bourassa, 2008; Gould, MacQuarrie, O'Connell et Bourassa, 2020; Noakes, 23 août 2018; Reading et Wien, 2009; Sarangi, 2020; Statistique Canada, 2017a; Yellowhead Institute, 2020). Bien que la plupart des collectivités autochtones aient réussi à limiter la propagation de la COVID-19 par des déclarations d'état d'urgence, les taux d'infection chez les peuples autochtones augmentent actuellement à certains endroits, comme au Manitoba (Yellowhead Institute, 2020). Selon le Secrétariat à la santé et au développement social des Premières Nations du Manitoba (2020), les Autochtones représentent approximativement 9 % de la population du Manitoba, mais

représentent 18 % des cas de COVID-19 dans la province, 24 % des hospitalisations, 35 % des patients aux USI et 12 % des décès (Pauls, 13 novembre 2020).

Les précédents risques sont exacerbés dans le système carcéral canadien et le Bureau de l'enquêteur correctionnel au Canada (2019), le Comité contre la torture des Nations Unies (2018) et le Rapporteur spécial de l'ONU sur la violence contre les femmes (Šimonović, 2018) ont reconnu la crise de la surreprésentation des personnes autochtones emprisonnées au Canada.

Au sein des populations criminalisées, les disparités raciales ont cru de manière constante au cours des 15 dernières années. Selon un rapport de 2013 du Bureau de l'enquêteur correctionnel, le taux d'incarcération des personnes de couleur a augmenté de 75 % de 2003 à 2013. Le taux d'incarcération des peuples autochtones a aussi augmenté au cours de cette période, et ces derniers continuent d'être largement surreprésentés dans l'ensemble des prisons fédérales et provinciales/territoriales au Canada (Owusu-Bempah et Wortley, 2014). Selon un rapport de 2020, au cours de la dernière décennie, l'incarcération des personnes non autochtones a diminué de 14 % alors que la population autochtone en prison a augmenté de 43 % (Zinger, 2020). Les adultes autochtones représentent 28 % des admissions dans les prisons provinciales et territoriales et 28 % des admissions dans les pénitenciers fédéraux, alors qu'ils ne représentent que 5 % de la population adulte canadienne.[2] Cette surreprésentation des Autochtones est particulièrement marquée dans la région des Prairies – dans les systèmes correctionnels provinciaux et fédéraux. Par exemple, bien qu'ils comptent pour 6,5 % de la population albertaine, les Autochtones représentent plus de 45 % des personnes dans les prisons provinciales et fédérales (en moyenne) de cette province. Les Autochtones sont aussi plus susceptibles d'être incarcérés à un plus jeune âge que les non-Autochtones canadiens (Bucerius, 2020).

La surreprésentation est encore plus prononcée chez les femmes autochtones, qui composent 4 % de la population générale, mais représentent 43 % des femmes admises au pays (par rapport à 26 % des hommes autochtones) et plus de 41 % des femmes incarcérées dans les pénitenciers fédéraux (Maleakieh, 2018; Zinger, 2019). De plus, à l'*Edmonton Institution for Women* (un pénitencier fédéral pour toutes les femmes condamnées de la région des Prairies), 65 % en moyenne de la population carcérale sont des femmes autochtones (Short, 22 janvier 2020).

Un des fils conducteurs des expériences d'incarcération au Canada est l'héritage du colonialisme, qui continue aujourd'hui d'avoir des incidences sur la santé des Autochtones (C. A. Bourassa, 2008, p. 24). Des recherches ont révélé que les traumatismes intergénérationnels, aussi appelés traumatismes transgénérationnels et traumatismes historiques, entraînent une augmentation des problèmes de toxicomanie et de violence (Bombay, Matheso et Anisman, 2009). Un traumatisme intergénérationnel est un traumatisme qui peut être transmis d'une génération à la suivante. La Rafle des années 1960 et les pensionnats autochtones, qui ont traumatisé les survivants et qui continuent aujourd'hui d'avoir des effets sur leurs familles, en constituent de bons exemples. Ce traumatisme intergénérationnel peut affecter le bien-être et les expériences de vie des Autochtones, y compris de ceux qui sont hébergés en prison. L'enquêteur correctionnel, Ivan Zinger (2019), a montré que 92 % des femmes autochtones incarcérées dans des pénitenciers fédéraux avaient un problème modéré à élevé de toxicomanie et que 97 % avaient un trouble de santé mentale diagnostiqué. Des recherches menées dans les prisons provinciales en Alberta montrent que les personnes autochtones incarcérées sont plus susceptibles d'avoir été victimes de crimes sexuels et violents que les personnes non autochtones incarcérées et sont plus susceptibles

2 Aucune statistique officielle n'indique précisément de quelle race sont les personnes incarcérées dans les prisons provinciales.

d'avoir été victimisées à un plus jeune âge lorsque ces crimes ont été commis à leur endroit. Cette disparité est encore plus prononcée pour les femmes autochtones incarcérées (Bucerius, Oriola et Jones, en cours d'examen). Comme le suggère l'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées (2019), nous adoptons une « approche qui tient compte des traumatismes subis » en intégrant le savoir qui peut être extrait de l'histoire de victimisation des personnes incarcérées à nos recommandations (173).

L'héritage du colonialisme au Canada est responsable des taux plus élevés de pauvreté dans les communautés autochtones, favorisant et perpétuant des inégalités structurelles qui ont des incidences sur la santé et sur l'accès aux soins de santé. Par exemple, chez les peuples autochtones, les enfants membres inscrits de Premières Nations vivant dans une réserve ou hors réserve sont associés à des taux de pauvreté de 53 % et 41 % respectivement. De plus, 32 % des enfants des Premières Nations non inscrits, 25 % des enfants inuits et 22 % des enfants métis vivent dans la pauvreté (Sarangi, 2020). Les recherches indiquent clairement que vivre dans un état de pauvreté peut conduire à des risques pour la santé et avoir une incidence sur l'espérance de vie (Noakes, 23 août 2018). Les estimations de l'espérance de vie témoignent des différences marquées qui opposent les populations autochtone et non autochtone au Canada (Statistique Canada, 2017a). L'espérance de vie des femmes non autochtones canadiennes est de 84 ans, alors qu'elle n'est que de 73 ans pour les femmes inuites, de 80 ans pour les femmes métisses et de 78 ans pour les femmes des Premières Nations (Statistique Canada, 2017a). L'espérance de vie moyenne des hommes non autochtones canadiens est de 79 ans, ce qui contraste avec l'espérance de vie de 73 ans des hommes des Premières Nations et celle de 64 ans des hommes inuits (Statistique Canada, 2017a). Les problèmes de santé chroniques sont également plus répandus au sein de la population autochtone qu'au sein de la population non autochtone canadienne. (Reading et Wien, 2009) C. A. Bourassa (2008) explique que les personnes autochtones sont plus susceptibles d'être touchées par des affections comorbides à un plus jeune âge (p. ex., des maladies respiratoires, le diabète), ce qui augmente leur morbidité et donc, dans le contexte de la COVID-19, accroît leur vulnérabilité aux complications possibles des infections.

Néanmoins, pour certaines personnes autochtones incarcérées, la prison constitue leur seule ou principale source « d'aide » (Bucerius, Haggerty *et al.*, 2020), un lieu où elles peuvent avoir accès à des soins de santé, à des programmes éducatifs et culturels, à une alimentation et à un logement auxquels elles n'auraient peut-être pas autrement accès dans la collectivité. Nos recommandations tiennent compte de cette vision de la prison et encouragent les programmes carcéraux et les efforts de libération qui s'appuient sur une collaboration avec les organismes locaux pour les questions de santé, de transport, d'emploi et de culture. Nos recommandations incorporent aussi les « appels à l'action » de la Commission de vérité et réconciliation du Canada et les « appels à la justice » du rapport de l'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées. Nous citons les « appels » les plus pertinents en annexe.

Recommandation pour les Autochtones dans le système correctionnel

1. Donner un rôle accru aux dirigeants et aux aînés des communautés et favoriser leur plus grande participation à toutes les décisions qui concernent les Autochtones qui se trouveront en prison pendant et après la COVID-19, notamment les décisions sur la façon dont les programmes pertinents et les pavillons de ressourcement devraient être bâtis et mis en œuvre et sur leur utilité comme de solution de remplacement à la prison. Actuellement, des réserves

et d'autres communautés autochtones appliquent des mesures d'urgence qui peuvent avoir des incidences sur les personnes libérées (Yellowhead Institute, 2020).

   a. Si possible, rendre plus d'aînés et de dirigeants des communautés autochtones accessibles aux personnes incarcérées et faire en sorte qu'ils visitent plus fréquemment les prisons. Pendant la pandémie, les moyens technologiques, comme les visites en vidéo, peuvent faciliter les interactions.

2. Tenir compte des facteurs Gladue lors de toutes les prises de décisions concernant les Autochtones dans le système de justice pénale, notamment en accentuant les efforts visant à libérer les Autochtones à des fins de désincarcération.
   a. Encourager et promouvoir le recours à la *Loi sur le système correctionnel et la mise en liberté sous condition*, particulièrement ses articles 81 et 84.
   b. Veiller à ce que des services de transport adéquats soient fournis aux Autochtones libérés de prison, notamment ceux et celles qui habitent dans des communautés et des réserves éloignées.
3. Promouvoir un environnement qui tient compte des traumatismes subis. Bien que cette recommandation concerne toutes les personnes incarcérées, elle est particulièrement importante pour les Autochtones. Les initiatives éclairées par les traumatismes subis ont aussi joué un rôle fondamental dans l'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées (2019, p. 173). Les approches éclairées par les traumatismes font prendre conscience des effets psychologiques et sociologiques des crimes sexuels et/ou violents, qui touchent plus fréquemment et plus durement les populations autochtones. Ces approches incorporent les enseignements autochtones sur la guérison mentale et physique afin de créer un appui pour les personnes qui souffrent de toutes sortes de traumatismes non résolus.
   a. Fournir davantage d'occasions liées aux programmes axés sur la personne et éclairés par les traumatismes, comme des séances en groupe qui portent sur le stress post-traumatique et la guérison personnelle et collective.
   b. Veiller à ce que les programmes culturels généraux offerts aux personnes autochtones incarcérées tiennent compte de leurs traumatismes afin qu'ils contribuent davantage à leur guérison et qu'ils n'infligent pas de nouveaux traumatismes. Il faudrait peut-être pour cela donner une formation aux coordonnateurs et aux concepteurs de ces programmes.
   c. Former le personnel afin qu'il centre son travail sur la personne et qu'il tienne compte des traumatismes subis. Il faudrait notamment sensibiliser le personnel au fait que les personnes autochtones incarcérées sont touchées de manière disproportionnée et plus gravement par la victimisation. Si possible, faire participer les membres autochtones du personnel aux processus de formation et expliquer au personnel pourquoi les programmes culturels et éclairés par les traumatismes sont nécessaires pour les personnes autochtones.
   d. Former le personnel et l'encourager à permettre plus fréquemment la pratique de la sudation (dirigée par des personnes incarcérées), et faire en sorte que les objets de culte nécessaires soient disponibles, tels que des tambours, du foin d'odeur, des calumets et des briquets ou des allumettes.

e. Créer un pavillon de ressourcement ou désigner comme tel un espace, où les pratiques religieuses et de guérison autochtones (comme la sudation, la fumigation et l'interaction avec un aîné) peuvent avoir cours.

Les recommandations suivantes s'appliquent aux Autochtones qui demeureront en prison pendant et après la pandémie de la COVID-19

4. Continuer d'évaluer, de mettre à jour et de mettre au point des échelles et des outils de classification des cotes de sécurité qui sont sensibles aux subtilités des antécédents et des réalités des Autochtones. Par exemple, la cote de sécurité maximale limite de manière disproportionnée l'accès des femmes autochtones purgeant une peine de ressort fédéral aux services, à l'aide et aux programmes qui pourraient faciliter leur réinsertion sécuritaire et en temps opportun dans la société.
5. Veiller à ce que les Autochtones aient accès à des services juridiques pour soutenir et évaluer leurs droits en tant que personnes et en tant qu'Autochtones.
6. Veiller à ce que toutes les personnes qui fournissent des services de santé aux Autochtones soient formées, éduquées et sensibilisées de manière soutenue relativement à des domaines comme : le rôle du colonialisme dans l'oppression et le génocide des Inuits, des Métis et des Premières Nations; la lutte contre les préjugés et le racisme; les langues et cultures locales; et les pratiques de santé et de guérison.

Besoins des services correctionnels assurés dans la collectivité pour soutenir la désincarcération

Au Canada, la majorité des personnes sous la surveillance des services correctionnels aux échelons fédéral ou provincial et territorial vivent dans la collectivité en liberté sous condition (https://www.securitepublique.gc.ca/cnt/rsrcs/pblctns/ccrso-2018/index-fr.aspx). Tous les anciens détenus, qu'ils profitent d'une libération anticipée ou qu'ils aient purgé l'intégralité de leur peine, ont besoin d'un plan de réinsertion plausible, individualisé et adapté. Un tel plan doit tenir compte des considérations liées aux besoins de logement et aux besoins de la vie quotidienne, au soutien social et à l'emploi, à la continuité des soins de santé ainsi qu'à l'aide nécessaire pour comprendre les restrictions associées aux conditions de libération. Concernant l'avenir des services correctionnels assurés dans la collectivité, nous recommandons de réexaminer de manière rigoureuse le nombre de dossiers dont les employés des services correctionnels assurés dans la collectivité doivent s'occuper et de leur fournir un soutien en santé mentale préventif et curatif.

Logement et soutien. Lorsque les personnes incarcérées sont libérées, elles ont besoin d'un logement sécuritaire à la fois sur le plan de la propagation possible de la COVID-19, de leur propre sécurité personnelle et de la réussite de leur réinsertion sociale. Le manque de logements pour les personnes libérées est un problème indéniable au Canada (Gaetz et O'Grady, 2009; Novac, Hermer, Paradis et Kellen, 2009). Les personnes précédemment incarcérées peuvent être confrontées à des difficultés d'ordre pratique au-delà du manque de logements, notamment l'accès à des services de garde, l'incapacité de payer les coûts du transport en commun ou les problèmes liés à la révocation de leur permis de conduire (Hoskins, 2014; Luther *et al.*, 2011; Solomon, Johnson, Travis et McBride, 2004; Thompson et Cummings, 2010). Avant leur incarcération, les personnes précédemment incarcérées sont plus susceptibles d'avoir eu des difficultés à subvenir à leurs besoins fondamentaux (alimentation, logement, habillement). Elles auront donc besoin

d'aide après leur libération (Luther *et al.*, 2011), ce qui pourrait se révéler plus difficile, parce qu'elles devront simultanément satisfaire aux dispositions de leurs conditions de mise en liberté (Ricciardelli et Mooney, 2017).

Les conditions de mise en liberté, telles que les contrôles au moyen d'un téléphone fixe, les heures de rentrée, les restrictions géographiques, les dépistages de drogue aléatoires, les restrictions sur l'utilisation de l'Internet et les réunions de gestion de cas (pour n'en nommer que quelques-unes, varient en substance et en quantité et peuvent être très difficiles à respecter. Les personnes précédemment incarcérées ont besoin de temps pour s'adapter à la vie à l'extérieur de la prison et, possiblement, pour renouer avec leurs proches (McKendy et Ricciardelli, 2019; Ricciardelli, 2014a). Les personnes libérées peuvent également vivre d'autres stress, comme celui d'intégrer prématurément le marché du travail pour répondre à leurs conditions de libération (Ricciardelli et Mooney, 2017; Richards et Jones, 2004). Elles peuvent devoir respecter un ensemble complexe de rendez-vous, d'exigences de travail et d'obligations scolaires ou familiales, chacun de ces éléments pouvant représenter pour elles un obstacle à leur réinsertion (Kerley et Copes, 2004; Ricciardelli et Mooney, 2017). De plus, les bris potentiels de conditions de mise en liberté créent un stress et peuvent conduire à une réincarcération (Graffam *et al.*, 2004).

Après leur libération, les anciens détenus ont besoin d'un soutien social valable et efficace, surtout que les périodes d'incarcération entraînent souvent un appauvrissement notable des réseaux sociaux qu'ils peuvent avoir (Austin et Hardyman, 2004). Bien que les personnes en libération conditionnelle ou sous probation puissent bénéficier des réseaux sociaux que les travailleurs des services correctionnels assurés dans la collectivité ou des maisons de transition peuvent aider à construire, ces arrangements prennent fin au terme de leur période de liberté conditionnelle. Généralement, les personnes précédemment incarcérées ne sont pas non plus autorisées à s'associer à d'autres personnes qui ont un passé criminel, ce qui limite encore plus leurs sources de soutien social et les occasions qu'elles peuvent avoir d'apprendre au contact d'autres personnes précédemment incarcérées comment composer avec les exigences de la réinsertion sociale et comment s'y retrouver dans les systèmes des services correctionnels assurés dans la collectivité.

Recommandations relatives au logement pour les personnes libérées et à leur soutien

1. Examiner le parc de logements sûrs et durables disponibles pour les personnes précédemment incarcérées et investir ce type de logement.
2. Aider les personnes précédemment incarcérées à acquérir les connaissances et les compétences dont elles auront besoin pour subvenir à leurs besoins élémentaires en tant que citoyens respectueux de la loi une fois libérées – y compris en leur offrant une formation pratique sur la gestion de leurs finances, l'équilibre d'un budget qui permet une saine alimentation et la gestion des autres tâches de la vie quotidienne.
3. Envisager de recourir au soutien des bénévoles communautaires, en particulier pour les personnes incarcérées qui ne peuvent pas compter sur un réseau de soutien hors de leur milieu carcéral. Comme source de soutien, une personne précédemment incarcérée qui a réussi sa réinsertion sociale est peut-être la personne la mieux outillée pour reconnaître les obstacles et les frustrations liés à une démarche de réinsertion et pour savoir comment les surmonter.
    a. Soutenir et renforcer les partenariats avec les organisations locales et autres intervenants locaux pour faire en sorte que les personnes incarcérées aient accès à des réseaux

d'aide à l'extérieur du système carcéral. Les partenariats devraient déjà être bâtis avant la libération des personnes incarcérées.

4. Examiner les conditions de libération au cas par cas pour déterminer si elles sont appropriées ou si elles imposent aux personnes précédemment incarcérées des restrictions potentiellement inutiles en période de COVID-19 (p. ex. les contrôles au moyen d'un téléphone fixe).

Emploi. L'emploi d'une personne constitue un élément fondamental de la perception qu'elle a d'elle-même (Harding, 2003). Avoir un emploi permet donc aux personnes précédemment incarcérées de s'affranchir de l'identité imposée par l'étiquette de leur passé criminel ou de leur historique d'incarcération (Maruna, 2001; Uggen, Wakefield et Western, 2005). Obtenir et conserver un emploi est essentiel à la transition de la prison vers la vie dans la collectivité et constitue un élément clé d'une réinsertion réussie (Brazzell et La Vigne, 2009; Laub, Nagin et Sampson, 1998; Sampson et Laub, 1993; Uggen, 2000). Il peut être ardu pour les personnes précédemment incarcérées de trouver un emploi durable et les emplois auxquels peuvent espérer les personnes précédemment incarcérées sont souvent faiblement rémunérées, de premier échelon, sans avantages sociaux et temporaires ou saisonniers, et offrent peu ou pas de possibilités de croissance, d'avancement ou d'acquisition de compétences (Holzer, Raphael et Stoll, 2003; Ricciardelli, 2014a; Sheppard et Ricciardelli, 2020; Western, 2002)[3]. Dans le contexte de la COVID-19, obtenir et maintenir un emploi est presque impossible pour nombre d'anciens détenus et les démarches associées (p. ex., passer des entrevues, recherche d'emplois, distribution de CV) peuvent augmenter le risque de contracter la COVID-19 dans les régions touchées par des éclosions.

Recommandations concernant l'emploi après l'incarcération

5. Pour empêcher la propagation de la COVID-19, suspendre temporairement l'exigence de chercher et de maintenir un emploi comme condition de libération jusqu'à ce que la COVID-19 soit maîtrisée.
6. Rediriger les ressources vers des programmes de réinsertion dans le marché du travail et envisager des programmes de transition vers le marché du travail qui s'amorceront en prison et qui se poursuivront dans la collectivité au moment de la libération et subséquemment.

Continuité des soins de santé. Pour que les efforts de désincarcération soient efficaces et conduisent notamment à une réinsertion sociale réussie des personnes libérées, les soins des personnes incarcérées doivent être maintenus pendant la transition vers la vie dans la collectivité. Toutes les personnes libérées devraient quitter la prison avec une carte santé en main, ce qui n'est actuellement pas le cas à Terre-Neuve-et-Labrador, à l'Île-du-Prince-Édouard et en Colombie-Britannique. Dans ces provinces, les personnes libérées de prison n'ont pas de carte santé jusqu'à ce qu'elles se trouvent physiquement dans le territoire où elles peuvent présenter une demande, ce qui rend la continuité des soins pratiquement impossible. Dans d'autres provinces, comme le Manitoba, une personne incarcérée peut faire une demande de carte santé pendant qu'elle est toujours en prison, mais ne recevra pas sa carte avant sa libération. En Alberta, en Saskatchewan et au Québec, les personnes incarcérées peuvent faire une demande de carte et la recevoir avant leur libération. Par conséquent, de bonnes pratiques sont mises en œuvre à certains endroits

3 Des chercheurs ont observé qu'une situation d'emploi précaire augmente la probabilité d'une arrestation (Sampson et Laub, 1993) et qu'une augmentation du salaire (ou de toute forme de revenu légitime) est associée à une diminution de la probabilité de commettre un crime (Uggen et Thompson, 2003; Western et Pettit, 2000).

au pays pour faciliter une planification opportune d'une libération centrée sur le patient qui permettra la continuité des soins, mais il y a aussi des endroits où les pratiques sont entravées par des obstacles politiques qui rendent la continuité des soins difficile sur le plan administratif. Pour les personnes qui se méfient déjà des autorités, qui sont extrêmement vulnérables, qui ont subi des expériences traumatiques ou qui ont un problème de dépendance, un trouble de la santé mentale ou une affection cérébrale, la discontinuité des soins de santé peut avoir des conséquences néfastes. Une des premières choses à faire pour favoriser la continuité des soins serait de procurer une carte santé aux personnes incarcérées avant leur libération, la carte santé étant essentielle pour aplanir les inégalités structurelles qui subsistent encore aujourd'hui dans les soins de santé. L'accès à une carte santé permet aussi de lever les obstacles qui se posent aux personnes handicapées qui ont besoin d'un soutien spécialisé (et d'une planification en conséquence) au moment de leur libération.

Parmi les autres obstacles à la continuité des soins de santé, on peut souligner que les personnes libérées qui sont hébergées dans des centres correctionnels dans la collectivité vivent souvent sous surveillance. Une personne incarcérée au Canada n'est pas couverte par la *Loi canadienne sur la santé* et ne reçoit pas de carte santé. La *Loi canadienne sur la santé* n'exclut pas les personnes qui vivent dans la collectivité. Malgré cette règle, les résidents des centres correctionnels dans la collectivité en Nouvelle-Écosse, par exemple, ne peuvent pas recevoir de carte d'assurance maladie ou d'assurance médicament provinciale.

Un autre obstacle découle du fait qu'une preuve d'identité doit être fournie lors de la présentation d'une demande de carte santé. L'Alberta, la Nouvelle-Écosse et le Québec n'acceptent pas cependant les moyens d'identification pénitentiaires (ou une lettre et une photo par exemple, Service correctionnel Canada) comme preuve de l'identité d'une personne et, par conséquent, les personnes précédemment incarcérées ne peuvent utiliser ces formes d'identification pour obtenir une carte santé au Canada.

Recommandations pour favoriser la continuité des soins de santé après la prison

7. Donner aux personnes incarcérées la possibilité de faire une demande, au moins six mois avant leur libération, pour l'obtention d'une carte santé afin que les organisations des services correctionnels puissent aider à la planification efficace de leur libération.
8. Donner aux personnes hébergées dans des centres correctionnels dans la collectivité accès à une carte santé : comme ces personnes ne sont pas incarcérées, elles ne sont donc pas exclues de la *Loi canadienne sur la santé.*
9. Rendre l'identification utilisée par le système carcéral et/ou une lettre/photo attestant de l'identité de la personne suffisante pour obtenir une carte santé au terme de son incarcération. Ne pas accepter la documentation d'identification du système carcéral comme preuve valable de l'identité de la personne pour l'obtention d'une carte santé force les personnes à débourser plus d'argent pour obtenir une autre preuve d'identité et, en conséquence, occasionne des délais d'attente plus longs et une plus grande interruption de la continuité des soins.

Investir dans les travailleurs des services correctionnels assurés dans la collectivité. Pour que les efforts de désincarcération portent leurs fruits (y compris en ce qui a trait au soutien et aux services fournis aux personnes libérées), le Canada devrait investir dans les employés des services correctionnels assurés dans la collectivité – qui sont des fournisseurs de services

essentiels qui ont continué de s'acquitter de leurs responsabilités tout au long de la pandémie de la COVID-19. Une recherche récente sur les agents de probation et de libération conditionnelle œuvrant dans le système correctionnel provincial de l'Ontario a rapporté des taux de prévalence de 25,5 % et de 37,4 % relatifs aux états de trouble de stress et de trouble dépressif caractérisé respectivement, et révélé que 27,5 % des agents de probation et de libération conditionnelle avaient reçu un résultat positif pour trois troubles de la santé mentale ou plus (Carleton *et al.*, 2020). De plus, des recherches qualitatives ont révélé que les agents de probation et de libération conditionnelle en Ontario sont affectés par l'exposition à des événements potentiellement traumatiques sur le plan psychologique, y compris des traumatismes secondaires et vicariants. Selon les agents de probation et de libération, trois principaux facteurs de stress organisationnels minent leur capacité à s'acquitter de leurs tâches professionnelles : les tâches documentaires et administratives, le manque de ressources humaines et les relations et tensions en milieu de travail (Norman et Ricciardelli, en cours d'examen). Dans le système fédéral, les agents de libération conditionnelle ont signalé une exposition à des événements potentiellement traumatiques sur le plan psychologique, des traumatismes secondaires et des charges de travail importantes, lesquelles ont parfois été alourdies pendant la COVID-19, alors que les agents doivent surmonter des obstacles pour remplir leurs obligations à l'égard de leurs clients (Ricciardelli, données non publiées).

Recommandations relatives aux travailleurs des services correctionnels assurés dans la collectivité

10. Fournir des ressources en santé mentale aux employés des services correctionnels assurés dans la collectivité, surtout qu'ils sont considérés comme des fournisseurs de services essentiels pendant la COVID-19.
11. Mettre place des mesures préventives, interventionnelles et curatives pour soutenir la santé mentale et le bien-être des employés des services correctionnels assurés dans la collectivité et, ultimement, pour les aider à s'acquitter de leurs responsabilités professionnelles.

Résumé

Nos suggestions concernant la réponse à apporter à la crise de la COVID-19 créent également un espace pour repenser certains aspects plus généraux de l'incarcération, au Canada comme ailleurs dans le monde. Nous suggérons aux responsables des politiques, aux intervenants et autres personnes concernées de revoir la pertinence des peines et le bien-fondé de l'incarcération des personnes, et de se demander si certaines personnes incarcérées ne pourraient pas être réintégrées de manière sécuritaire. En particulier, nous recommandons que les autorités envisagent de libérer les personnes incarcérées qui posent un risque minime de récidive. Les autorités devraient réfléchir à tous les moyens qui pourraient être pris pour réduire la surpopulation dans les établissements carcéraux – sans toutefois construire de plus vastes établissements, ce qui serait contraire aux objectifs de la désincarcération. Parmi les autres questions urgentes qui doivent être traitées, nous considérons qu'il faudrait se pencher sur les moyens qui pourraient être pris, au-delà des simples appels téléphoniques et vidéo, pour favoriser l'unification familiale, ainsi que les moyens qui aideraient les personnes incarcérées à entretenir des liens positifs et sains avec la collectivité. Nous exhortons les gouvernements et les responsables des politiques à considérer ces questions et à évaluer la possibilité de lancer un processus éclairé et structuré de désincarcération et de

mettre en place des solutions de rechange à l'incarcération pour les personnes incarcérées qui pourraient vivre sans danger dans la collectivité. La crise de la COVID-19 nous offre une excellente occasion de repenser nos vieilles pratiques et de réformer l'ensemble du système.

Références

Arrigo, B. A., & Bullock, J. L. (2008). The psychological effects of solitary confinement on prisoners in supermax units: Reviewing what we know and recommending what should change. *International Journal of Offender Therapy and Comparative Criminology, 52*(6), 622-640.

Atkin, C. A., & Armstrong, G. S. (2013). Does the Concentration of Parolees in a Community Impact Employer Attitudes Toward the Hiring of Ex-Offenders. *Criminal Justice Policy Review, 24*(1), 71-93. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/0887403411428005

Austin, J., & Hardyman, P. L. (2004). The risks and needs of the returning prisoner population. *Review of Policy Research, 21*(1), 13-29.

Auty, K. M., & Liebling, A. (2020). Exploring the relationship between prison social climate and reoffending. *Justice Quarterly, 37*(2), 358-381.

Beaudette, J. N., Power, J., & Stewart, L. A. (2015). National prevalence of mental disorders among incoming federally-sentenced men offenders (Research Report, R-357). *Ottawa, Ontario: Correctional Service Canada*.

Berg, M. T., & Huebner, B. M. (2011). Reentry and the Ties that Bind: An Examination of Social Ties, Employment, and Recidivism. *Justice Quarterly, 28*(2), 382-410. Retrieved from http://resolver.scholarsportal.info/resolve/07418825/v28i0002/382_ratttbostear.xml

Boe, R. (2005). *Unemployment risk trends and the implications for Canadian federal offenders.* Paper presented at the Forum on Corrections Research.

Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma. *Journal de la santé autochtone, 5*, 6-47.

Bourassa, C., Blind, M., Dietrich, D., & Oleson, E. (2015). Understanding the intergenerational effects of colonization: Aboriginal women with neurological conditions—their reality and resilience. *International Journal of Indigenous Health, 10*(2), 3-20.

Bourassa, C. A. (2008). *Destruction of the Métis nation: Health consequences*: University of Regina.

Brazzell, D., & La Vigne, N. G. (2009). *Prisoner Reentry in Houston: Community Perspectives*: Urban Institute.

Brown, G. P., Barker, J., McMillan, K., Norman, R., Derkzen, D., & Stewart, L. A. (2018). *National prevalence of mental disorders among federally sentenced women offenders: In custody sample*. Retrieved from Ottawa, ON:

Bruch, T. (2020, October 31). 'Everybody is sick': Those inside the massive Calgary prison outbreak look to the province for help. *CTV News*. Retrieved from https://calgary.ctvnews.ca/everybody-is-sick-those-inside-the-massive-calgary-prison-outbreak-look-to-the-province-for-help-1.5169560

Bucerius, S. (2020). Prison as a Temporary Refuge. *TEDx UAlberta*.

Bucerius, S., Haggerty, K. D., & Dunford, D. T. (2020). Prison As Temporary Refuge: Amplifying the Voices of Women Detained In Prison. *The British Journal of Criminology*. doi:10.1093/bjc/azaa073

Bucerius, S., Jones, D. J., Kohl, A., & Haggerty, K. D. (2020). Addressing the Victim–Offender Overlap: Advancing Evidence-Based Research to Better Service Criminally Involved People with Victimization Histories. *Victims & Offenders*, 1-16.

Bucerius, S., Oriola, & Jones, D. (under review). Policing with a Public Health Lens.

Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2019). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.0).

Cardoso, T. (November 29 2020, November 29 2020). Bias behind bars: A Globe investigation finds a prison system stacked against Black and Indigenous inmates. *Globe & Mail*. Retrieved from https://www.theglobeandmail.com/canada/article-investigation-racial-bias-in-canadian-prison-risk-assessments/

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., . . . Asmundson, G. J. G. (2018). Mental Disorder Symptoms among Public Safety Personnel in Canada. *The Canadian Journal of Psychiatry, 63*(1), 54-64. doi:10.1177/0706743717723825

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., . . . Groll, D. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology/Psychologie canadienne*.

Carleton, R. N., Ricciardelli, R., Taillieu, T., Mitchell, M. M., Andres, E., & Afifi, T. O. (2020). Provincial Correctional Service Workers: The Prevalence of Mental Disorders. *International Journal of Environmental Research and Public Health, 17*(7), 2203.

Carter, P. (2003). *Managing offenders, reducing crime: A new approach*: Strategy Unit.

CBC News. (April 9 2020, April 9, 2020). More than 2000 inmates released, 6 COVID-19 cases confirmed insider. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/toronto/ontario-jails-coronavirus-1.5527677

CBC News. (November 29, 2020, November 29, 2020). COVID-19 cases at Saskatoon Correctional Centre climb to 128. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/saskatoon/spcc-cases-surpass-100-1.5821298

Correctional Service Canada. (2019). CSC Statistics - Key facts and figures. *Quick Facts*. Retrieved from https://www.csc-scc.gc.ca/publications/005007-3024-en.shtml

Correctional Service Canada. (2020). Testing of inmates in federal correctional institutions for COVID-19. Retrieved from https://www.csc-scc.gc.ca/001/006/001006-1014-en.shtml

Cousins, B. (2020, August 12, 2020). Provincial jails released thousands of inmates amid calls to slow the spread of COVID-19. *CTV News*. Retrieved from https://www.ctvnews.ca/canada/provincial-jails-released-thousands-of-inmates-amid-calls-to-slow-the-spread-of-covid-19-1.5061829

Danese, A., & McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & behavior, 106*(1), 29-39.

Decker, S., Spohn, C., Ortiz, N., & Hedberg, E. (2014). *Criminal stigma, race, gender, and employment: An expanded assessment of the consequences of imprisonment for employment*. Retrieved from http://thecrimereport.s3.amazonaws.com/2/fb/e/2362/criminal_stigma_race_crime_and_unemployment.pdf

DeFina, R. H., & Arvanites, T. M. (2002). The weak effect of imprisonment on crime: 1971–1998. *Social Science Quarterly, 83*(3), 635-653.

del Rio, C., & Malani, P. N. (2020). COVID-19—New Insights on a Rapidly Changing Epidemic. *JAMA, 323*(14), 1339-1340. doi:10.1001/jama.2020.3072

Deshman, A. C., & Myers, N. (2014). *Set up to fail: bail and the revolving door of pre-trial detention*: Canadian Civil Liberties Association.

Dramschroder, L., & Hagedorn, H. (2011). A guiding framework and approach for implementation research in substance use disorder treatment. *Psychol Addict Behav, 25*(2), 194-205.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics, 111*(3), 564-572.

Fazel, S., & Baillargeon, J. (2011). The health of prisoners. *The Lancet, 377*(9769), 956-965.

Felitti, V. J., & Anda, R. F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. *The impact of early life trauma on health and disease: The hidden epidemic*, 77-87.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine, 14*(4), 245-258.

Fletcher, D. R. (2001). Ex-Offenders, the Labour Market and the New Public Administration. *Public Administration, 79*(4), 871-891. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/1467-9299.00284/full

Gaetz, S., & O'Grady, B. (2009). Homelessness, incarceration and the challenge of effective discharge planning: A Canadian case. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwang, & E. Paradis (Eds.), *Finding home: Policy options for addressing homelessness in Canada (e-book)* (pp. 672-693). Toronto: Cities Centre, University of Toronto.

Ghonaim, H. (December 4, 2020, December 4, 2020). Pandemic management questioned as Grand Valley Institution sees new COVID-19 cases. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/kitchener-waterloo/pandemic-management-grand-valley-kitchener-1.5826858

Gould, B., MacQuarrie, C., O'Connell, M. E., & Bourassa, C. (2020). Mental wellness needs of two Indigenous communities: Bases for culturally competent clinical services. *Canadian Psychology/Psychologie canadienne*.

Graffam, J., Shinkfield, A., Lavelle, B., & McPherson, W. (2004). Variables Affecting Successful Reintegration as Perceived by Offenders and Professionals. *Journal of Offender Rehabilitation, 40*(1-2), 147-171. doi:10.1300/J076v40n01_08

Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington University Journal of Law and Policy, 22*(1), 327-380

Haney, C. (2018a). The psychological effects of solitary confinement: A systematic critique. *Crime and Justice, 47*(1), 365-416.

Haney, C. (2018b). Restricting the use of solitary confinement. *Annual Review of Criminology, 1*, 285-310.

Harding, D. (2003). Jean Valjean's dilemma: The management of ex-convict identity in the search for employment. *Deviant Behavior, 24*(6), 571-595. doi:10.1080/713840275

Harris, F., Hek, G., & Condon, L. (2007). Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity. *Health & social care in the community, 15*(1), 56-66.

Herring, J. (2020, October 31, 2020). Infected inmates allowed to mingle, spreading virus throughout Calgary jail: union. *Calgary Herald*. Retrieved from https://calgaryherald.com/news/local-news/inmates-with-covid-19-symptoms-in-calgary-jail-allowed

Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). Employment barriers facing ex-offenders. *Center for the Study of Urban Poverty Working Paper Series.*

Hoskins, Z. (2014). Ex-offender Restrictions: Ex-offender Restrictions. *Journal of Applied Philosophy, 31*(1), 33-48. doi:10.1111/japp.12028

Kerley, K. R., & Copes, H. (2004). The Effects of Criminal Justice Contact on Employment Stability for White-Collar and Street-Level Offenders. *International Journal of Offender Therapy and Comparative Criminology, 48*(1), 65-84. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/0306624X03256660

Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, É. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health, 5*(4), e188-e189.

Kouyoumdjian, F., Schuler, A., Matheson, F. I., & Hwang, S. W. (2016). Health status of prisoners in Canada: Narrative review. *Canadian Family Physician, 62*(3), 215-222.

Lappi-Seppälä, T. (2009). Imprisonment and penal policy in Finland. *Scandinavian studies in law, 54*(2), 333-380.

Laub, J. H., Nagin, D. S., & Sampson, R. J. (1998). Trajectories of change in criminal offending: Good marriages and the desistance process. *American Sociological Review*, 225-238.

Lin, N. (2001). *Social capital: A theory of social structure and action*. Cambridge, UK: Cambridge University Press.

Luther, J. B., Reichert, E. S., Holloway, E. D., Roth, A. M., Aalsma, M. C., & CouponDropDown, C. t. C. b. (2011). An exploration of community reentry needs and services for prisoners: A focus on care to limit return to high-risk behavior. *AIDS Patient Care and STDs, 25*(8), 475-481. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1089/apc.2010.0372

Malakieh, J. (2018). *Adult and youth correctional statistics in Canada, 2016/2017*. Ottawa, ON: Canadian Centre for Justice Statistics

Maleakieh, J. (2018). Adult and youth correctional statistics in Canada 2016/17. *Ottawa: Canadian Centre for Justice Statistics*.

Manitoba Government and General Employees' Union. (February 9, 2012). MGEU President Wales' presentation underscores the overcrowding crisis in Manitoba jails. Retrieved from http://nupge.ca/content/4806/mgeu-president-wales-presentation-underscores-overcrowding-crisis-manitoba-jails

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington: American Psychological Association.

Maruschak, L. M., Berzofsky, M., & Unangst, J. (2015). *Medical problems of state and federal prisoners and jail inmates, 2011-12*: US Department of Justice, Office of Justice Programs, Bureau of Justice ….

McKendy, L., & Ricciardelli, R. (2019). Women Offenders Under Community Supervision: Comparing the Profiles of Returners and Non-Returners to Federal Prison. *Frontiers in Psychiatry, 10*(875). doi:10.3389/fpsyt.2019.00875

Miller, A. (2020, November 4). Canada quietly updates COVID-19 guidelines on risk of aireborne spread: Public Health Agency of Canada previously made no mention of aerosol transmission in federal recommendations. *CSC News*. Retrieved from https://www.cbc.ca/news/health/coronavirus-canada-aerosol-transmission-covid-19-1.5789906

Murray, J., & Farrington, D. P. (2008). The effects of parental imprisonment on children. *Crime and Justice, 37*(1), 133-206.

Nagin, D., & Waldfogel, J. (1995). The effects of criminality and conviction on the labor market status of young British offenders. *International Review of Law and Economics, 15*(1), 109-126.

Nally, J., Lockwood, S. R., & Ho, T. (2011). Employment of Ex-Offenders During the Recession. *Journal of Correctional Education, 62*(2), 47-61. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/884339757/abstract?accountid=15182

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). Reclaiming power and place. The final report of the national inquiry into missing and murdered indigenous women and girls. Retrieved from https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

Noakes, S. (August 23 2018, August 23 2020). Rich man, poor man: The high-income guy can expect to live 8 years longer. *CBC News*. Retrieved from https://www.cbc.ca/news/business/longevity-gap-life-expectancy-canada-cd-howe-1.4795121

Nolan, A., & Stewart, L. (2014). *Self-reported physical health status of incoming federally-sentenced women offenders*. Retrieved from Ottawa, ON:

Novac, S., Hermer, J., Paradis, E., & Kellen, A. (2009). A revolving door? Homeless people and the justice system in Toronto. *Finding Home: Policy options for addressing homelessness in Canada*.

Novisky, M. A. (2018). Avoiding the runaround: The link between cultural health capital and health management among older prisoners. *Criminology, 56*(4), 643-678.

Owusu-Bempah, A., & Wortley, S. (2014). Race, crime, and criminal justice in Canada. *The Oxford handbook of ethnicity, crime, and immigration*, 281-320.

Pauls, K. (November 13 2020). Manitoba First Nations lock down, seek help as COVID-19 threatens communitiesCBC News Manitoba. *CBC News*. Retrieved from https://www.cbc.ca/news/canada/manitoba/manitoba-first-nations-lock-down-seek-help-as-covid-19-threatens-communities-1.5802086

Piché, J. (2014). A contradictory and finishing state. Explaining recent prison capacity expansion in Canada's provinces and territories. *Champ pénal/Penal field, 11*.

Porter, L., & Calverley, D. (2011). *Trends in the use of remand in Canada*. (85-002-X). Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2011001/article/11440-eng.pdf?st=FXNRC6QK

Pyrooz, D. C., Labrecque, R. M., Tostlebe, J. J., & Useem, B. (2020). Views on COVID-19 from Inside Prison: Perspectives of High-security Prisoners. *Justice Evaluation Journal*, 1-13.

Quan, D. (August 5, 2020, August 5 2020). Remember the chatter about releasing inmates early to ease spread of COVID-19? It didn't happen. *The Star*. Retrieved from https://www.thestar.com/news/canada/2020/08/05/remember-the-chatter-about-releasing-inmates-early-to-ease-spread-of-covid-19-it-didnt-happen.html

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian journal of psychiatry*, 102066.

Reading, C. L., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health*: National Collaborating Centre for Aboriginal Health Prince George, BC.

Reinhart, E., & Chen, D. L. (2020). Incarceration And Its Disseminations: COVID-19 Pandemic Lessons From Chicago's Cook County Jail. *Health Affairs, 39*(8), 1412-1418. doi:10.1377/hlthaff.2020.00652

Reitano, J. (2017). *Adult correctional statitstics in Canada 2015/2016* (85-002-X). Retrieved from Ottawa, ON:

Ricciardelli, R. (2014a). *Evaluation of Klink Coffee Social Enterprise*. Retrieved from Toronto, ON:

Ricciardelli, R. (2014b). *Surviving incarceration: Inside Canadian prisons*. Brantford: Wilfrid Laurier University Press.

Ricciardelli, R., & Bucerius, S. (2020). Canadian prisons in the time of COVID-19: Recommendations for the pandemic and beyond. *Globe and Mail*. Retrieved from https://www.theglobeandmail.com/opinion/article-canadian-prisons-in-the-time-of-covid-19-recommendations-for-the/

Ricciardelli, R., & Mooney, T. (2017). Vulnerabilities and barriers in post-release employment reintegration as indicated by parolees. In R. Ricciardelli & A. M. Peters (Eds.), *After prison: Navigating employment and reintegration* (pp. 105-134). Waterloo: Wilfred Laurier Press.

Ricciardelli, R., Taillieu, T., Carleton, N. R., Afifi, T., Mitchell, M. M., Barnim, N., . . . Groll, D. (2019). Correctional Work, wellbeing and mental health disorders. *Advancing Corrections Journal, 8*.

Richards, S. C., & Jones, R. S. (2004). Beating the perpetual incarceration machine: Overcoming structural impediments to re-entry. *After crime and punishment: Pathways to offender reintegration*, 201-232.

Robertson, G. (2020, November 4, 2020). [Correctional Officers for Correctional Services Canada: Information regarding COVID-19].

Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge: Havard University Press.

Sarangi, L. (2020). 2020: Setting the Stage for a Poverty-Free Canada. *Campaign 2000*.

Schilling, E. A., Aseltine, R. H., & Gore, S. (2008). The impact of cumulative childhood adversity on young adult mental health: Measures, models, and interpretations. *Social Science & Medicine, 66*(5), 1140-1151.

Sheppard, A., & Ricciardelli, R. (2020). Employment after prison: Navigating conditions of precarity and stigma. *European Journal of Probation, 12*(1), 34-52.

Short, D. (January 22, 2020, January 22, 2020). Indigenous inmates make up 45 per cent of all people in Alberta's federal prisons. *Edmonton Journal*. Retrieved from https://edmontonjournal.com

Šimonović, D. (2018). *End of mission statement by Dubravka Šimonović, United Nations Special Rapporteur on Violence against women, its causes and consequences - Official visit to Canada*. Retrieved from United Nations Human Rights Office of the High Commissioner:

Solomon, A. L., Johnson, K. D., Travis, J., & McBride, E. C. (2004). The Urban Institute. *Outside the Walls: A national snapshot of community-based prisoner reentry programs. Education & Employment: Briefing paper*.

Statistics Canada. (2016). 2014 General social survey, Cycle 28: Canadians' safety (Victimization). Retrieved from https://www150.statcan.gc.ca/n1/en/catalogue/12M0026X

Statistics Canada. (2017a). *Chart 13: Projected life expectancy at birth by sex, by Aboriginal identity, 2017* (89-645-X). Retrieved from Ottawa: https://www150.statcan.gc.ca/n1/pub/89-645-x/2010001/c-g/c-g013-eng.htm

Statistics Canada. (2017b). *Trends in the use of remand in Canada, 2004/2005 to 2014/2015*. (85-002-X). Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14691-eng.htm

Statistics Canada. (2018). *2015 Canadian Community Health Survey*. Ottawa

Statistics Canada. (2020a). *After three months of unprecedented declines, monthly decreases in the adult custodial population in Canada slowed in June*. Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/201027/dq201027b-eng.htm

Statistics Canada. (2020b). *Table 1: Average daily counts of adults in custody, by jurisdiction and by month (February to June 2020)* Ottawa: Government of Canada Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/201027/t001b-eng.htm

Stephenson, J. (2020). *COVID-19 pandemic poses challenge for jails and prisons*. Paper presented at the JAMA Health Forum.

Stewart, L. A., Farrell□MacDonald, S., & Feeley, S. (2017). The impact of a community mental health initiative on outcomes for offenders with a serious mental disorder. *Criminal Behaviour and Mental Health, 27*(4), 371-384.

Stewart, L. A., Sapers, J., Nolan, A., & Power, J. (2014). *Self-reported physical health status of newly admitted federally-sentenced men offenders*: Research Branch, Correctional Service Canada.

Thompson, M. N., & Cummings, D. L. (2010). Enhancing the Career Development of Individuals Who Have Criminal Records. *The Career Development Quarterly, 58*(3), 209-218. Retrieved from http://search.proquest.com/docview/219448380/abstract/141AE1C7ECD177033B9/5?accountid=15182

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 0020764020915212.

Turney, K., & Wildeman, C. (2013). Redefining relationships: Explaining the countervailing consequences of paternal incarceration for parenting. *American Sociological Review, 78*(6), 949-979.

UCCO-SACC-CSN. (2020, March 12). COVID-19 - UCCO-SACC-CSN is taking it seriously. Retrieved from https://ucco-sacc-csn.ca/news/covid-19-ucco-sacc-csn-is-taking-it-seriously/

Uggen, C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review, 65*(4), 529-546. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/218817821/abstract/13DC721270151C10F53/13?accountid=15182

Uggen, C., & Thompson, M. (2003). The socioeconomic determinants of ill-gotten gains: Within-person changes in drug use and illegal earnings. *American Journal of Sociology, 109*(1), 146-185.

Uggen, C., Wakefield, S., & Western, B. (2005). Work and family perspectives on reentry. *Prisoner reentry and crime in America*, 209-243.

Unger, D. (2020, November 3). COVID-19 cases rise within Manitoba's largest jail outbreak. *CTV News*. Retrieved from https://winnipeg.ctvnews.ca/covid-19-cases-more-than-double-within-manitoba-s-largest-jail-outbreak-1.5173047

United Nations. (2018). *Convention against torture and other cruel, inhuman or degrading treatment or punishment*. Retrieved from United Nations Committee against Torture. CAT/C/CAN/CO/7:

United Nations. (2020). COVID-19 and Indigenous peoples. Retrieved from https://www.un.org/development/desa/indigenouspeoples/covid-19.htmlhttps://www.un.org/development/desa/indigenouspeoples/covid-19.html

Uppal, S. (2017). Young men and women without a high school diploma. *Insights on Canadian Society*. Retrieved from https://www150.statcan.gc.ca/n1/pub/75-006-x/2017001/article/14824-eng.htm

Wakefield, S., & Wildeman, C. (2013). *Children of the prison boom: Mass incarceration and the future of American inequality*: Oxford University Press.

Waldfogel, J. (1994). The Effect of Criminal Conviction on Income and the Trust "Reposed in the Workmen". *The Journal of Human Resources, 29*(1), 62-81. doi:10.2307/146056

Wang, E. A., Western, B., Backes, E. P., & Schuck, J. (2020). *Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety*. Washington, D.C.: The National Academies Press.

Webster, C. M., Doob, A. N., & Myers, N. M. (2009). The parable of Ms Baker: Understanding pre-trial detention in Canada. *Current Issues in Criminal Justice, 21*(1), 79-102.

Western, B. (2002). The impact of incarceration on wage mobility and inequality. *American Sociological Review, 67*(4), 526-546. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/218820045/abstract?accountid=15182

Western, B., & Pettit, B. (2000). Incarceration and racial inequality in men's employment. *Industrial & Labor Relations Review, 54*(1), 3-16. Retrieved from http://search.proquest.com.ezproxy.library.yorku.ca/docview/236333316/abstract?accountid=15182

Wilper, A. P., Woolhandler, S., Boyd, J. W., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). The health and health care of US prisoners: results of a nationwide survey. *American Journal of Public Health, 99*(4), 666-672.

World Health Organization. (2020). What is the WHO definition of health? *Frequently asked questions.* Retrieved from https://www.who.int/about/who-we-are/frequently-asked-questions

Wright, K. A., & Cesar, G. T. (2013). Toward a more complete model of offender reintegration: Linking the individual-, community-, and system-level components of recidivism. *Victims & Offenders, 8*(4), 373-398.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., . . . Majeed, A. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.

Yellowhead Institute. (2020). COVID-19 in Community: How are First Nations Responding? Retrieved from https://yellowheadinstitute.org/2020/04/07/corona-in-community-the-first-nation-response/

Young, J. (2017). Work after prison: One man's transition. In R. Ricciardelli & A. M. Peters (Eds.), *After prison: Navigating employment and reintegration* (pp. 23-34). Waterloo: Wilfred Laurier Press.

Zinger, I. (2019). *Annual report of the Office of the Correctional Investigator 2018-2019*. Retrieved from Ottawa: https://www.ocibec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20182019-eng.pdf .

Zinger, I. (2020). *"Indigenous people in federal custody surpasses 30%"*. Retrieved from Ottawa: https://www.ocibec.gc.ca/cnt/comm/press/press20200121-eng.aspx



The Royal Society of Canada
282 Somerset Street West
Ottawa, Ontario K2P 0J6
www.rsc-src.ca
613-991-6990

La Société royale du Canada
282, rue Somerset ouest
Ottawa (Ontario) K2P 0J6
www.rsc-src.ca
613-991-6990

From: Michael.MacLennan
To: Andrea Monteiro
Cc: William.Sibold; Valerie.Goodkey; Robert.Clarke
Subject: FW: UPDATED COVID 19 Vaccine Clinic WCC
Date: February 18, 2021 10:34:37
Attachments: image001.png
February 18 2021 - COVID VACCINE CLINIC UPDATE.pdf
image002.png

Hi Andrea,
We will implement a more focused informational approach with the inmates to have more buy-in and hopefully have increased numbers for the first dose clinic on the 24th. Val, Robert and I discussed this after the morning meeting and we will engage Lucy Ann, Healthcare & programs staff to educate the inmates and also answer any questions they may have. Hopefully we will have more participation this time around.
Mike

Yukon

Michael MacLennan
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | F 867-455-2992 | Yukon.ca
I acknowledge and respect that I live and work within the traditional territory of the Kwanlin Dün First Nation and the Ta an Kwäch än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta an Kwäch än.

From: William.Sibold
Sent: February 18, 2021 9:33 AM
To: JUS-CJPS-CC-WCC
Cc: Andrea.Monteiro ; Grant.MacDonald
Subject: UPDATED COVID 19 Vaccine Clinic WCC
Hello All,
Please see attached memorandum RE: ***COVID-19 Vaccination Clinic - UPDATE at WCC*** on February 24, 2021. This is very good and exciting news ☺.
Please ensure all relevant members of your Team(s) receive a copy of this Memo ☺.
Kindest regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

Yukon

MEMO

Date: 2021-02-18

To: All WCC Staff, Contractors, Volunteers, and Justice Staff Partners who conduct business at or out of WCC

RE: COVID-19 Vaccination – Upcoming WCC Clinic **IMPORTANT UPDATE**

This memo is a follow-up to my previous memo sent on February 12, 2021, entitled *"COVID-19 Vaccination – Upcoming Dose #2 Clinic & Possible Future COVID-19 Clinics"*.

I am very pleased to announce that there has been a change in the COVID-19 vaccine supply for Yukon. As such, YCDC now has sufficient vaccine supply to open the planned February 24, 2021 COVID-19 Vaccination Clinic at WCC to **any and all WCC Inmates, Staff, Officer's, Contractors, Volunteers, & Department of Justice Partners who conduct business at or out of WCC.** Dose 1 will be offered to those who are previously unvaccinated, and Dose 2 will be offered to those who have already received Dose 1.

YCDC will be at WCC on **February 24, 2021** between **0900** and **1630** to offer you your vaccine. The vaccination clinic will take place in the Gathering Space/ Room. In order to streamline the process, I have implemented an appointment based system. Walk-In's will still be accepted, however you may need to wait. 10 minute appointments are available (on the 10's) starting at 0900 (first) and ending at 1630 (last).**Please e-mail me 2 preferred time slots** (eg: 0920 & 1040), and I will reply to you with your appointment time. If you have already booked an appointment, there is no need to contact me again as your appointment time is secured already.

For those of you who have already received Dose 1, please bring your COVID-19 vaccination card/ record with you to your Dose 2 appointment. If you have not yet picked up your vaccination card, it will be waiting for you at the clinic on February 24, 2021.

Please let me know if you have any questions or concerns.

Sincerely,

William Sibold RN, MN
Supervisor, Health Services - WCC

From: Mathieya Alatini
To: Andrea.Monteiro
Subject: Fwd: Vaccine Q&A for Inmates at Corrections Facility
Date: February 23, 2021 18:09:55
Attachments: KM-B2lsZ8zCCZnr7W1GFvOcsN6Gyf65wwlwbu7IU8ssojrtX7PvosAG3SxhTxxBjOnCByncTFubIoT3ZfolKtM2bj2EqEancCcs0BCc_LgMNOmH4eAv6r1-l3ieCM0n7OqQ--PYWJ8HtUVmEA8RlI7hLt36cJ-NvDW6VFwew2tvUTqU-NtAIDYuYS2SDYz8f_tbN2LA0byxfLF6Phw=s0-d-e1-ft.png
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image001.png
ATT00003.htm
image002.png
ATT00004.htm
COVID-19_Vaccine_Mailer_EN_3MB-compressed.pdf
ATT00005.htm
Hesitancy Q&As Feb. 23.docx
ATT00006.htm

***** External email: Do not click on links or attachments except from trusted senders. *****
*****

Mathieya Alatini, Chief Strategist
GSD Strategies
C. 70(1)

Begin forwarded message:

From: <Shari-Lynn.MacLellan@yukon.ca>
Subject: RE: Vaccine Q&A for Inmates at Corrections Facility
Date: February 23, 2021 at 5:44:44 PM MST
To: <William.Sibold@yukon.ca>, <mza@gsdstrategies.ca>, <Lucy-Anne.Kay@yukon.ca>
Cc: <Odile.Nelson@yukon.ca>, <Clarissa.Wall@yukon.ca>

Hi there,

I've attached a few information sheets and website links that can be used to answer questions about the vaccine.

Attached:

- Vaccine Mailer – this is being send to all Whitehorse households and have some FAQs
- Hesitancy Q&As – detailed Q&As to answer some of the hesitancy questions that are coming up

Links:
- COVID-19 vaccine frequently asked questions for health care providers
- Moderna vaccine immunization information sheet
- Moderna vaccine immunization after-care sheet

I hope these are helpful,

Shari-Lynn MacLellan
Strategic Communications Advisor | Aboriginal Relations
Executive Council Office | A-14
T 867-336-0777 | Yukon.ca

From: William.Sibold <William.Sibold@yukon.ca>
Sent: February 23, 2021 4:21 PM
To: 'Mathieya Alatini' <mza@gsdstrategies.ca>; Lucy-Anne.Kay <Lucy-Anne.Kay@yukon.ca>; Clarissa.Wall <Clarissa.Wall@yukon.ca>
Cc: Shari-Lynn.MacLellan <Shari-Lynn.MacLellan@yukon.ca>; Odile.Nelson <Odile.Nelson@yukon.ca>
Subject: RE: Vaccine Q&A for Inmates at Corrections Facility

Thank you so much for these ideas. I wish we had gotten acquainted earlier… While I'd love to be able to offer more vaccinations, I had to put my final number of doses ordered in at 1330 today…and they will only be bringing that amount ☹.

But I really appreciate the suggestions and I want to keep communication open for the possibility of a future clinic here at WCC, for COVID-19 and possibly others…

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 |Yukon.ca

From: Mathieya Alatini <mza@gsdstrategies.ca>
Sent: Tuesday, February 23, 2021 4:18 PM
To: Lucy-Anne.Kay <Lucy-Anne.Kay@yukon.ca>; Clarissa.Wall <Clarissa.Wall@yukon.ca>; William.Sibold <William.Sibold@yukon.ca>
Cc: Shari-Lynn.MacLellan <Shari-Lynn.MacLellan@yukon.ca>; Odile.Nelson <Odile.Nelson@yukon.ca>
Subject: Re: Vaccine Q&A for Inmates at Corrections Facility
Importance: High

***** External email: Do not click on links or attachments except from trusted senders. *****
*****

Mathieya Alatini, Chief Strategist
GSD Strategies
C. 70(1)

On Feb 23, 2021, at 8:25 AM, <Lucy-Anne Kay@yukon ca> <Lucy-Anne Kay@yukon ca> wrote:

Good Morning Mathieya,

I spoke with our deputy superintendent last night; unfortunately I was away last week and now it's too last minute to get any new visitors in to the facility without prior approvals. Our staff , especially those who have been vaccinated, will engage with clients today to try to increase vaccinations. There seems to be a core group that is spreading misinformation – so it will be interesting to find how many new intakes we get this week. I will follow up with medical this morning to when the next clinic is planned. I will follow up with you once I get more information.

Lucy-Anne

Haii' choo | Mahsi' | Shàw níthän | Másį | Sógá sénlá' | Tsin'įį choh | Gùnèłchīsh | Gunałchîsh

<image003.png>

Lucy-Anne Kay
First Nations Liaison Officer
Justice | Whitehorse Correctional Centre
T 867-455-2900 | F 867-455-2992 | Yukon.ca

Acknowledging that we live and work in the shared traditional territory of the Kwanlin Dün First Nation and the Ta an Kwäch än Council.

From: Mathieya Alatini <mza@gsdstrategies.ca>
Sent: Monday, February 22, 2021 4:37 PM
To: Shari-Lynn.MacLellan <Shari-Lynn.MacLellan@yukon.ca>; Clarissa.Wall <Clarissa.Wall@yukon.ca>; Lucy-Anne.Kay <Lucy-Anne.Kay@yukon.ca>
Subject: Vaccine Q&A for Inmates at Corrections Facility
Importance: High

***** External email: Do not click on links or attachments except from trusted senders. *****
*****

0400

this is our Shot

Let's take it

Sleeves up, Yukon.
The future is looking bright.
yukon.ca/this-is-our-shot

A safe and effective COVID-19 vaccine is here, and suddenly there's light on the horizon.

Find answers to your questions, and book your appointment online. If you need help booking, call 1-877-374-0425.

Yukon

WHY GET VACCINATED?

Why should I get the vaccine?

Of people diagnosed with COVID-19 in Canada, 1 in 13 have required hospitalization and about 3 out of every 100 have died. Even people with mild symptoms may feel unwell for a long time after a COVID-19 infection.

Widespread immunization is the best way to protect Yukoners. It will reduce the spread of the virus that causes COVID-19. Over time, this will allow Yukoners to live with fewer restrictions.

WHO CAN GET IT?

Who can and cannot get vaccinated?

All Yukoners, 18+. There is enough vaccine for every eligible, adult Yukoner who wants it.

If you're unsure if you should get vaccinated due to concerns surrounding pregnancy, autoimmune conditions, or if you have an allergy to polyethylene glycol (PEG), talk with your health-care provider.

HOW DO I GET THE VACCINE?

You will need to book an appointment to get vaccinated. Visit **yukon.ca/this-is-our-shot** to book your vaccine appointment online. If you need help booking, call 1-877-374-0425.

IS IT EFFECTIVE?

How does the vaccine protect me from COVID-19?

A vaccine is a way to build your immune system. The Moderna vaccine teaches our bodies to produce protection to prevent us from getting sick if we're exposed to the COVID-19 virus.

In a large study where people were given 2 doses of the Moderna vaccine, they were 94.1% less likely to become sick with COVID-19.

this is our Shot
Let's take it

IS IT SAFE?

How do I know the vaccine is safe?

Just like every vaccine we use in Canada, this one is Health Canada approved, which means it's a vaccine you can trust. Health Canada-approved vaccines go through 3 stages of development: the exploratory stage; the pre-clinical stage; and the clinical stage. Closely following these 3 stages ensures high quality products and trustworthy results. It's a proven and world-class regulatory system.

Why and how was a COVID-19 vaccine discovered so much faster than normal?

Simply put, because there's nothing normal about a pandemic. The efforts to find a vaccine for COVID-19 have been on a scale that's never been seen before. With so many resources put towards it, this vaccine was developed in record time. While the need to deliver the vaccine quickly was important, no steps in the approval process were missed. Instead, with more resources came faster results.

What is my risk of having serious side effects?

In a large study, half of the people who received the Moderna vaccine were monitored for at least 2 months. No serious side effects have been found to date. People in studies who received the vaccine continue to be monitored for longer-term side effects.

Very rarely, a vaccine can cause an allergic reaction. Staff at the vaccine clinic are prepared to manage an allergic reaction if it happens.

There is so much conflicting information out there. Who do I trust?

When you look for information online, make sure it's from a trusted source. The federal or Yukon government health websites are examples. Your health-care provider is another great trusted source. Don't hesitate to ask them your questions.

Additional Q&As about the Moderna vaccine

About the Moderna COVID-19 vaccine

The Moderna COVID-19 vaccine (mRNA-1273) is used to prevent COVID-19. This disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The vaccine is approved for people who are 18 years of age and older. Its safety and effectiveness in people younger than 18 years of age has not yet been established.

The Moderna COVID-19 mRNA vaccine is manufactured by Moderna Therapeutics Inc. Health Canada authorized this vaccine with conditions on December 23, 2020, under the Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19.

What is in the vaccine?

Medicinal ingredient

mRNA: known as messenger ribonucleic acid, mRNA is the only active ingredient in the vaccine. The mRNA molecules contain the genetic material that provide instructions for our body on how to make a viral protein that triggers an immune response within our bodies. The immune response is what causes our bodies to make the antibodies needed to protect us from getting infected if exposed to the coronavirus.

Non-medicinal ingredients

Potential allergens

1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000- DMG).

Other components:

cholesterol; 1,2-distearoyl-sn-glycerophosphocholine (DSPC); tromethamine; tromethamine hydrochloride; acetic acid, sodium acetate, sucrose

How does the vaccine work and provide protection?

The Moderna vaccine is an mRNA vaccine. mRNA vaccines are different from traditional vaccines mRNA vaccines do not expose you to any real viruses instead, they're made with messenger Ribonucleic Acid or mRNA. This is a type of molecule that gives instructions to the cell for how to make different kinds of proteins.

mRNA molecules are a natural part of our cells and how our bodies work. Researchers have been working with mRNA vaccines for many years.

When you receive the COVID-19 mRNA vaccine it is injected into the muscle in the upper arm. Some muscle cells take the mRNA instructions in the vaccine and make a harmless piece of a

protein called a spike protein. This protein is found on the outside of the SARS-CoV-2 virus that causes COVID-19.

The muscle then destroys the instructions for how to make the spike protein. The mRNA never goes into the nucleus of your cells where your DNA is stored. The newly made spike protein now sits on the surface of the muscle cells.

Your immunize system senses the spike protein as a foreign threat to destroy, and it starts making antibodies to fight anything with that spike protein on it. This will help your body's immune system recognize and fight the real virus if it ever shows up. It's like recognizing someone by the hat they always wear. Your body is prepared to spot COVID-19 and fight it off before it grows in your body's cells.

Are COVID-19 vaccines safe?

Hundreds of millions of people around the world have received COVID-19 vaccines, and these vaccines have undergone the most intensive safety monitoring in Canada and the world. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

VIDEO: https://www.canada.ca/en/public-health/services/video/covid-19-how-vaccines-developed.html?utm_source=pdf-link&utm_medium=vaccine-toolkit-healthcare-pro&utm_content=tab4-en&utm_campaign=hc-sc-covid-20-21

VIDEO: https://www.canada.ca/en/public-health/services/video/vaccine-safety.html?utm_source=pdf-link&utm_medium=vaccine-toolkit-healthcare-pro&utm_content=tab4-en&utm_campaign=hc-sc-covid-20-21

When were the Moderna COVID-19 vaccines authorized?

Health Canada authorized the Moderna vaccine, with conditions, on December 23, 2020, under an Interim Order.

What are the possible side effects?

In general, the side effects observed during the clinical trials are similar to what you might experience with other vaccines.

The side effects that followed vaccine administration in clinical trials were mild or moderate. They included things like pain at the site of injection, body chills, feeling tired and feeling feverish. This may start the evening after getting the vaccine or up to 8 days later. You can take some acetaminophen (Tylenol) or ibuprofen (Advil, Motrin etc.) and should drink extra fluids if

you feel feverish. A cool, damp cloth or wrapped ice pack where the vaccine was given may help if your arm is tender.

These are common and normal side effects of vaccines and do not pose a risk to health, but let you know that your body is doing what it is supposed to be and making antibodies to fight COVID-19.

As with all vaccines, there's a chance that there will be a serious side effect, but these are rare. A serious side effect might be something like an allergic reaction. Speak with your health professional about any serious allergies or other health conditions you may have before you receive this vaccine.

Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the Moderna COVID-19 vaccine. No major safety concerns have been identified in the data that we reviewed.

As for all medicines, Health Canada will continue to monitor the safety of the Moderna COVID-19 vaccine in Canada closely.

Along with the Public Health Agency of Canada and working in close collaboration with the provinces and territories and the manufacturer, we will monitor for any adverse events that may develop after immunization.

Once the product is on the market, the manufacturer (Moderna Therapeutics Inc.) is legally required to submit reports of adverse events and other safety information to Health Canada.

The manufacturer is planning to follow clinical trial participants for at least 2 years after the second dose of the vaccine is given. It must communicate any safety concerns to Health Canada.

https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious

https://youtu.be/F6NKbQzo4aE5 *Vaccine Development and normal reactions, FDA Dr. Lyke and Dr. Offit*

What are the adverse reactions recorded so far?

In Canada, to Feb 17, 2021:

The current reports do not suggest any unusual characteristics of adverse events following administration of COVID-19 vaccines. There continues to be NO vaccine safety issues identified.

If a safety issue is found to be related to immunization, Health Canada will take appropriate action. This could include updating the product information, communicating new risks to Canadians and healthcare providers or changing the recommended use of the product.

https://health-infobase.canada.ca/covid-19/vaccine-safety/

A total of six adverse event reports identified deaths that occurred after the administration of a vaccine. Following medical case review, it has been determined that NO deaths are linked to a COVID-19 vaccine.

In Canada, to Feb 17, 2021
Number of deaths due to COVID-19 disease in Canada: 21,412

Number of deaths due to the Moderna vaccine: 0

COVID-19 has real risks. The risk of death is real. There's also the risk of long-term health effects, such as ongoing fatigue, coughing and shortness of breath that greatly affect your quality of life. The vaccine may make you feel sore or unwell for 24-48 hours, but protects you from any serious illness or complications if you are exposed to COVID-19.

What are the long-term effects of the vaccine? How can we guarantee it's safe?

All vaccines approved for use in Canada, including the COVID-19 vaccines, have been rigorously tested and carefully reviewed by Health Canada and will be followed for any adverse effects reported to the Health Canada.

VIDEO: https://www.canada.ca/en/public-health/services/video/vaccine-safety.html?utm_source=pdf-link&utm_medium=vaccine-toolkit-healthcare-pro&utm_content=tab4-en&utm_campaign=hc-sc-covid-20-21

Over 184 million doses of vaccine have been delivered world wide, in Canada 1.3 million doses have been given and in Yukon 11,514 doses.

In Yukon, we encourage you to **sign up for the CANVAS-Covid.ca study**, which is a vaccine safety survey gathering follow-up information on vaccine reactions in Yukon and other parts of Canada. For more information contact: the Vaccine Evaluation Centre, yukon@canvas-covid.ca **or 1-855-675-2187.** Safety surveys are being done throughout Canada, the U.S. and internationally.

How effective is the vaccine against variants?

COVID-19 vaccines provide excellent protection against the virus that causes COVID-19 – preventing up to 94% of infections.

The vaccine protects you and the people around you, too. The more people that are vaccinated, the harder it is for COVID-19 to spread and mutate. We want to protect people and get herd

immunity to reduce to risk of more variants and “virus drift” (which is what happens with influenza virus every year).

A virus is always changing over time. The new versions of a virus that emerge are called variants. Since COVID-19 first emerged, scientists have been monitoring the virus for variants. As of Feb 1, 2021, the B117 (UK), B1351 (south African) and P1 (Brazil) variants have made it to Canada. These can spread more quickly and could lead to rising cases.

In late January 2021, Moderna shared that its vaccine does protect against both the UK and South African variants. It is also working on a booster shot, intended to ensure immunity against the evolving virus.

Why do I need a second dose?

The first dose helps the immune system create a response against SARS-CoV-2, the virus that causes COVID-19. The second dose further boosts the immune response to ensure long-term protection.

Research shows that the vaccines are more than 50% effective 10 days or so after the first shot and nearly 95% effective several days after the second.

You do need both. The reality is that getting two shots isn't new to vaccines. Several vaccines require that, including for hepatitis B, HPV, and shingles.

Why do I need to get vaccine if it won’t protect others?

We do not know yet if the vaccine will totally reduce community transmission. New research coming from Israel is indicating evidence that community transmission is slowing down upon mass vaccination and herd immunity.

Meanwhile, by maintaining the Safe 6 and getting immunized, you are adding extra protection to our community from potential severe illness. As more data is available about the disease and vaccine effectiveness, information will be reported and shared.

Will there be enough doses for the second shot? I don’t want to get the first if I can’t get my second.

Yukon government has secured vaccine for the 2nd doses. Other provinces have kindly released some of their Moderna vaccine to Yukon to allow us to continue to deliver vaccine to our rural communities, as those provinces anticipate getting more of the Pfizer product.

Youth – I’m not going anywhere, I’m healthy, why do I need it? Why bother?

The vaccine protects you from serious COVID-19 disease and the people around you, too. The more people that are vaccinated, the harder it is for COVID-19 to mutate and spread.

When you are immune to COVID-19 that means you can be exposed to it without becoming sick or if you do become infected, it prevents more severe illness.

COVID-19 vaccination protects the person being vaccinated and also the people around them, including those unable to be vaccinated. By getting your vaccine you are also protecting those more vulnerable in your community.

Concerns about risk

Risk of getting a vaccine where long-term effects not studied is greater to my health than risk of getting coronavirus in Yukon

Yukoners travel and viruses like to travel too. COVID-19 is only a plane ride away. Epidemiology indicates our cases in Yukon have been from people travelling, either back to Yukon or through Yukon. In Yukon, case contacts are within household bubbles, not wide mass community transmission yet. Cases are linked and traceable so far, if people follow self-isolation rules. With vaccination, we have a better shot at crushing the virus' spread. We have seen COVID-19 cases surge in Nunavut, NWT, Newfoundland and northern Manitoba with their travellers returning. All it takes is one case of COVID-19 getting in, even by someone with no symptoms.

Risk of getting a vaccine where long-term effects not studied is greater to my health than risk of getting coronavirus because I am young and healthy

We do know getting COVID-19 has long-term effects, and even if you do not get seriously ill, you can end up with prolonged fatigue, brain fog, breathing difficulties, and loss of smell or taste. You can also spread it to others. We know the disease can cause long-term effects.

The vaccine definitely decreases the risk of severe illness by 94% which is very good. Long-term effects of the vaccine are being studied. The first vaccines were developed and trialed in March 2020. Follow-up is being done on these groups.

We know there are some young, healthy people who have become severely ill with, and died from COVID-19. Other young and healthy people have experienced long-term health effects, such as ongoing fatigue, coughing and shortness of breath that greatly affect their quality of life.

Even without these personal health risks, young people can unknowingly spread the virus to others who are more vulnerable to the disease and to those who cannot be vaccinated for medical reasons. Widespread vaccination is essential to our efforts to fight COVID-19 and we encourage everyone who is medically able to get the vaccine to get it when it becomes available to you. By protecting yourself, you also protect everyone around you.

Other concerns or conspiracies

No need to get vaccine – both Health Canada and Yukon government have exaggerated lethality of Covid.

As of Feb 16 , 2021 from WHO https://covid19.who.int/covid19/statisticsCanada

- Worldwide confirmed cases of COVID-19: 109,217,366
- Worldwide deaths from COVID-19: 2,413,912
- Canadian confirmed cases of COVID-19: 833,000
- Canadian deaths from COVID-19: 21,420
- Yukon confirmed cases of COVID-19: 72
- Yukon deaths from COVID-19: 1

mRNA is an unproven technology in humans. It could lead to long-term impacts on my body – including cancer.

It will protect you from serious complications from the disease or bringing the serious disease into your household bubble. The use of RNA vaccines goes back to the 1990s. In fact, mRNA vaccines have been used for cancer, ebola and HIV research.

mRNA will not mutate your genes. mRNA cannot enter the cell and breaks down after 24-48 hours and are discharged from the body.

Phase 3 trials aren't finished. How can I be sure it's safe?

Full Phase III clinical trials were conducted to determine safety and effectiveness prior to manufacturers applying for the Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19 in Canada and US.

As of Feb 16, 2021, the vaccine has now been given to over

- 184,000,000 people, worldwide
- 1,306,784 Canadians
- 11,514 Yukoners

Moderna vaccine caused many allergic reactions in California, deaths in Norway and Germany. It is not safe to take.

This is misinformation. Thorough investigations have been completed and no deaths have been caused directly by the COVID-19 vaccine. All allergic reactions were treated with medications and to date all people have recovered after a couple of days.

The vaccine did not undergo the same kind of review as a Health Canada approved product – the approval was for emergency use only.

All vaccines go through thorough testing and review before being approved by NACI for use in Canada. The vaccine is being monitored closely for the next 2 years.

All previous efforts to develop a coronavirus vaccine over the last 60 years have failed because the vaccine caused an exaggerated immune response upon re-exposure to the virus. In the rush to develop a COVID vaccine, Health Canada has permitted vaccine makers to bypass animal testing and move directly to testing on humans.

Safety and efficacy testing was done on 30,000 people in the initial phases before the vaccines were approved for general release. The vaccines continue to be monitored closely for any unusual signs. The benefits of the vaccine outweigh the current risk of disease in Canada. It is recommended to offer the vaccine to those at greatest risk of disease and complication, and to try to reach herd immunity (75%) to stop the spread of disease, ongoing pandemic restrictions and lockdowns and possible mutations.

Data shows the COVID-19 vaccine has been widely used now, and is safe and effective, but we have a long way to go before we can stop the pandemic and get our lives back. We need to get at least 75% protected worldwide. Yukon needs to do our part and lead the way to our new normal.

As of Feb 16, 2021, the vaccine has now been given to over

- 184,000,000 people, worldwide
- 1,306,784 Canadians
- 11,514 Yukoners

From: Michael.MacLennan
To: Andrea Monteiro
Cc: Robert.Clarke
Subject: FW: WCC + sweat lodge
Date: March 11, 2021 12:44:48
Attachments: image001.png
image002.png
Importance: High

FYI from Val and Lori
Mike

Michael MacLennan
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | F 867-455-2992 | Yukon.ca
I acknowledge and respect that I live and work within the traditional territory of the Kwanlin Dün First Nation and the Ta an Kwäch än Council.
Je reconnais respectueusement que je vis et travaille sur le territoire traditionnel de la Première nation des Kwanlin Dün et du Conseil des Ta an Kwäch än.

From: Valerie.Goodkey
Sent: March 11, 2021 11:08 AM
To: Michael.MacLennan ; Robert.Clarke
Subject: FW: WCC + sweat lodge
Importance: High

We have been approved by YCDC to have a ceremony

From: Lori Strudwick <Lori Strudwick@yukon.ca>
Sent: Wednesday, March 10, 2021 4:57 PM
To: Valerie.Goodkey <Valerie.Goodkey@yukon.ca>
Cc: Cathy Stannard <Cathy.Stannard@yukon.ca>
Subject: WCC + sweat lodge
Importance: High

Hi Valerie,
As per our chat I have connected with Cathy Standard, who I have cc'ed above for a second review.
You have a few key pieces within WCC that lends itself to this being a bit safer specifically the 14 day observation period for new inmates, maintaining a bubble approach to inmates as well as a capacity to have a controlled event.
Based on our conversation of:

- 5 persons total in the lodge
- Applying 6 feet distancing
- Keeping participating inmates from the same bubble/pod
- The structure as described – tarp top, wood/tree frame and wool/blanket sides- not air tight
- No reusing of materials in the sweat lodge to a different group of persons participating.

I will add a few more pieces, I'm sure this was always apart of it, but just to add in writing:

- Inmates nor the Elder can have any s/s of COVID
- Nor be on isolation for any public health reason ie- awaiting for a test result, being a contact ect

Provided the above pieces are in place, there is support for this to occur within the WCC setting tomorrow. We will look to more of a plan in writing for a fulsome review to support the session in the 23rd these are the key pieces to permit this important culture activity to occur in a COVID safe manner.
Please keep a record of all attendees (both Elder and inmate) as well as duration of the event if needed in the future to support contact tracing.
It doesn't sound like we were aware of a regular occurring sweat lodge in the community setting so I will leave it to the CRU to do some future follow-up.
Take care,
Lori

Lori Strudwick MN RN
Clinical Manager, Yukon Communicable Disease Control (YCDC)
Health & Social Services | Community Health Programs
T 867-667-8178 | F 867-667-8349 | Yukon ca

From: William.Sibold
To: JUS-CJPS-CC-WCC
Cc: Claudia.Morgan; Andrea.Monteiro; Mitchell.Croteau-Walker
Subject: WCC COVID 19 Protocol Update
Date: March 11, 2021 13:56:59
Attachments: image001.png
WCC COVID 19 Protocol March 2021.pdf
COVID Screening Tool Officer WCC March 2021.pdf
WCC PUI Form Feb 25.pdf
Importance: High

Hello All WCC Staff,

Please see the attached **updated** WCC COVID-19 protocol, with an effective date of March 12, 2021. There are minimal changes to the existing protocol, however please familiarize yourself with the attached protocol and reach out if you have any questions or concerns. A summary of the major changes is below:

- NEW screening form and tool for all RCMP Prisoners and WCC new Admissions
- NEW guidelines on inmate mask use (if your work area needs masks – please arrange to pick up same from Health Services)
- The isolation of objects/ books from inside the cells of Inmates on COVID-19 protocols is no longer required/ appropriate (based on new research)
- The use of disposable meal trays is optional for Inmates on isolation protocols (I will leave this decision to the discretion of Kitchen) – based on new research

I will be reaching out to the MCS's of particular areas of WCC in short order to discuss any changes particularly relevant to that area.

Kind regards,

Yukon

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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Whitehorse Correctional Centre COVID-19 Isolation Protocol

(Effective Date: 2021-March-12)

Intent:

- The intent of this protocol is to prevent the transmission of COVID-19 from the community into WCC, and within WCC. This protocol recognizes the unique Correctional Environment and mandates of the *Corrections Act.* This protocol strives to find the best "middle ground" between potentially conflicting obligations under the *Corrections Act* and Yukon's *Public Health and Safety Act* and/or Public Health Agency of Canada (PHAC), Yukon Communicable Disease Control (YCDC) & Medical Officer of Health (MOH) recommendations/ guidelines.

New RCMP Prisoners:

*All New RCMP Prisoners – **APU Process***

- All newly arrived RCMP prisoners will be screened by the Arrest and Processing Correctional Officer for COVID-19 symptoms and risk factors as per Appendix 'A' – ***COVID-19 Screening Tool WCC***
- All RCMP Prisoners with a "Positive" screening as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** **must** be isolated in their own APU cell and **must** wear a mask if they need to exit same for any reason.
- RCMP prisoners who are unwilling or unable to participate in the screening process on arrival (eg: A prisoner with severe intoxication, etc.) shall be treated as a "Positive" screening until such time as they are able to complete the screening process.
    - If the RCMP prisoner is unable to complete the screening due to a disability or language barrier, appropriate accommodations will be made to facilitate the inmate in completing the screening to the greatest extent they are able.
    - If the RCMP prisoner is unable to complete the screening process, the Arrest and Processing Correctional Officer will gather as much information as possible from the admitting RCMP member.
- RCMP prisoners who screen "Negative" as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** may share an APU cell (if required). The use of a **mask** when outside the APU cell is still required for "Negative" screen RCMP Prisoners.
- WCC Nursing Staff **do not** provide medical care, nursing services, or medications to RCMP prisoners.
    - If an RCMP prisoner requires further medical assessment or intervention, Emergency Medical Services (EMS) and the RCMP Watch Commander are to be called.

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New WCC Inmate Admissions:

*All New WCC Inmate Admissions – **APU Process***

- All newly admitted WCC inmates will be screened by the Admission & Discharge (A&D) Correctional Officer for COVID-19 symptoms and risk factors as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** (If not already completed).
- The A&D Correctional Officer shall notify WCC Nursing Staff of any "Positive" screenings as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** as soon as possible.
    - WCC Nursing Staff will arrange to see any "Positive" screen WCC inmates for WCC secondary Nursing admission assessment on a priority basis.
    - Pending the WCC secondary Nursing admission assessment, all WCC inmates with a "Positive" screening as per Appendix 'A' – ***COVID-19 Screening Tool WCC*** **must** be isolated in their own A&D cell and **must** wear a mask if they need to exit same for any reason.
- WCC inmates who are unwilling or unable to participate in the screening process on admission (such as a WCC inmate with severe intoxication, etc.) shall be treated as a "Positive" screening until such time as they are able to complete the screening process.
    - If the WCC inmate is unable to complete the screening due to a disability or language barrier, appropriate accommodations will be made to facilitate the WCC inmate in completing the screening to the greatest extent they are able.
- Newly admitted WCC inmates who screen "Negative" as per Appendix 'A' – ***Admission Screening Tool WCC*** will also receive the WCC secondary Nursing admission assessment (as per routine practice & priority) prior to being cleared to leave the WCC A&D area. However, they may share an A&D cell (if required). The use of a **mask** when outside the A&D cell is still required for "Negative" screen admissions being admitted into WCC.

*"Positive" Screen WCC Inmate Admissions – **WCC Secondary Nursing Admission Assessment***

- If the WCC secondary nursing admission assessment confirms the "Positive" screening result, WCC Nursing will begin COVID-19 investigations with the WCC Inmate as required/ appropriate based on professional assessment and judgment. Action taken may include (but is not limited to):
    - Performing a COVID-19 nasopharyngeal swab to test for COVID-19.
        - Testing will be completed as soon as possible, using the standard nasopharyngeal swab method as per YCDC.
        - WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
    - WCC Nursing may consult with YCDC, Supervisor, Health Services, and/or institutional Physician for direction.
- If the WCC secondary nursing admission assessment determines the "Positive" screening is a "False Positive" (based on additional assessment data), WCC Nursing will inform the A&D Correctional Officer that the WCC inmate's screening status has changed to reflect a "Negative" screening result.

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*All New WCC Inmate Admissions – **Post A&D Process***

- All newly admitted WCC inmates (regardless of screening result) shall wear a mask when outside their cell for the first 14 days after admission into WCC.
- All newly admitted WCC inmates (regardless of screening result) **must** spend their first 14 days at WCC on the Designated Medical Observation Unit(s).
    - This protocol recognizes that the physical location of the Designated Medical Observation Unit(s) may be subject to change based on operational capacity and requirements.
    - WCC Nursing Staff will inform the A&D Correctional Officer and Designated Medical Observation Unit(s) Correctional Officer if a newly admitted WCC inmate's condition on admission requires a single cell, and for how long this may be required. This protocol recognizes this may not be operationally feasible, and if not, WCC Nursing Staff will provide a recommended course of action.
    - For the purposes of cell assignment and out-of-cell time "rotations", all efforts will be made to group WCC inmates in cohorts based on admission date/time to WCC (in 72-hour blocks). This protocol recognizes this may not always be operationally feasible, and if not, Correctional Officer's/ Staff are encouraged to contact WCC Nursing Staff for a recommended course of action.
- All inmates on the Designated Medical Observation Unit(s) will receive daily COVID-19 health checks conducted by WCC Nursing Staff.
    - If these daily health checks indicate a new concern for possible COVID-19 (such as a fever, symptoms, etc.). WCC Nursing will begin investigations for COVID-19, as required/ appropriate based on professional assessment and judgment. Action taken may include (but is not limited to):
        - Performing a COVID-19 nasopharyngeal swab to test for COVID-19.
            - Testing will be completed as soon as possible, using the standard nasopharyngeal swab method as per YCDC.
            - WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
        - WCC Nursing may consult with YCDC, Supervisor, Health Services, and/or the Institutional Physician for direction.

Currently Admitted WCC Inmates:

- Posters have been placed in the units asking inmates to report symptoms if they start to experience them.
- Any staff member who becomes aware of an ill or suspected ill inmate, **must** refer that inmate for assessment by WCC nursing staff (e.g.: inmate does not attend work due to reported illness, etc.).
- If any assessment by WCC nursing staff and/or WCC Medical Contractors confirms: **1)** symptoms potentially consistent with COVID-19 (that are not explained by another/ pre-existing medical condition) **AND/ OR 2)** Other concern for suspected COVID-19 (as per professional

assessment & judgment); WCC nursing staff will begin investigations for COVID-19, as required/ appropriate based on professional assessment and judgment.

- WCC nursing staff will offer to perform a nasopharyngeal swab for COVID-19 using the standard nasopharyngeal swab method as per YCDC.
- WCC nursing staff will **transfer** the inmate into isolation (on the Designated Medical Observation Unit) pending negative results **and** resolution of symptoms x 24 hours.
    - Should the inmate refuse COVID-19 testing, the inmate will be **transferred** to the Designated Medical Observation Unit on isolation protocols for a minimum period of 10 days (starting the date that symptoms first began and ending 24 hours after symptoms have resolved).
    - WCC nursing staff will inform the Officer in Charge and Designated Medical Observation Unit Officer if the condition of an inmate **transferred** into the unit requires a single cell, and for how long this may be required. This protocol recognizes this may not be operationally feasible, and if not, Nursing Staff will provide a recommended course of action.
    - Efforts will be made to assign cells and cohort (for rotation/ out-of-cell time) WCC inmates **transferred** into the Designated Medical Observation Unit(s) separately from the WCC inmates on the Medical Observation Unit(S) who are completing their mandatory 14-day admission observation. This protocol recognizes this may not always be operationally feasible, and if not, Correctional Officer's/ Staff are encouraged to contact Nursing Staff for a recommended course of action.
- WCC nursing staff will complete Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form*** and fax/ e-mail to YCDC for all WCC Inmates tested for COVID-19 at WCC, or who met testing criteria and refused to be tested for COVID-19.
- WCC nursing staff will perform daily COVID-19 health checks for all inmates on the Medical Observation Intake Unit(s).
- Once laboratory testing rules out COVID-19, **and** the WCC inmate's symptoms have resolved for at least 24 hours, the WCC inmate may return to standard placement and activities.
    - For WCC inmates who **refused** COVID-19 testing, they may return to standard placement and activities after 10 days have lapsed since symptoms first began **and** symptoms have fully resolved x 24 hours.

Medical Observation Unit(s) Health Considerations

- Staff working on a unit with WCC inmates on COVID-19 protocols will operate with an informed and enhanced awareness of risk, shall always wear a medical mask (provided to staff by WCC), and perform excellent hand hygiene.
- WCC inmates on this/these units must wear a mask anytime they are outside of their cell and should only leave the unit if necessary, for medical care or other mandatory activities that cannot be accommodated on the unit.
- Unless restricted for health or imminent security reasons, all WCC inmates under medical observations will be provided entertainment (books, movies) and access to programming and services consistent with the principle of least restrictive measures.
- The WCC inmate may leave their cell at designated times (as determined by Correctional Officer's/ Staff), in their assigned cohort.

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- WCC inmates must be instructed to follow the "Safe-Six" rule (staying six feet apart) and must wear a mask when outside of their cell, or off unit.

- Cleaning/ sanitation of the unit's common area housing individuals under COVID medical observation is required in between inmate/ inmate cohort use, with an approved sanitizing/ disinfecting product supplied by WCC.
  - A sufficient supply of approved sanitizing/ disinfecting product must always be available.
- WCC inmate clothing roll change on the Medical Observation Unit(s) will be provided every three (3) days. The WCC inmate will be provided with a clear plastic bag to put dirty linen in and then hand to the designated correctional staff. This linen must be put directly into the washing machine following contact precaution procedures (use of gloves).

- If a cell search is required for an inmate in a Medical Observation Unit(s) or on medical isolation, staff must wear a mask, and wear gloves (which need not be medical gloves but may be puncture proof gloves). Gloves (if reusable) should be sanitized after use with an approved sanitizing product.

Mandatory Protocol Review

- This protocol and any associated documents **must** be reviewed and potentially revised within 1 business day of the following:
  - A confirmed positive case of COVID-19 is detected at WCC **AND/OR**
  - Community transmission of COVID-19 is suspected or confirmed within the Yukon **AND/OR**
  - New orders are made under Yukon's *Public Health and Safety Act* **AND/OR**
  - New guidelines/ requirements are issued at the Federal level specific to COVID-19

Positive Test Result, Outbreak:

- WCC nursing staff will **immediately** respond to a POSITIVE COVID-19 test result as follows:
  - Verify WCC inmate is isolated as per protocol. WCC inmate to remain in cell, alone pending further direction from YCDC, MOH, institutional Physician, or Supervisor, Health Services (WCC).
  - Notify, without delay:
    - Institutional Physician
    - Supervisor, Health Services (WCC)
    - Officer in Charge
    - Inmate Affected
    - YCDC & Medical Officer of Health
    - Superintendent, Deputy Superintendent(s), Director of Corrections
    - Designated Medical Observation Intake Unit Officer(s) where inmate is located
- Organize an outbreak management meeting as soon as possible, including all relevant parties.
- Supervisor, WCC Health Services will work with The Person in Charge, Officer in Charge, & Director of Corrections, YCDC and the MOH to determine next steps and orders.
- Deputy Superintendent – Operations, Deputy Superintendent – Programs to conduct a contract tracing investigation via video, with assistance from Supervisor, Health Services in accordance

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with the contact tracing investigation procedure published by the Public Health Agency of Canada (PHAC).

This protocol was developed in consultation with YCDC, and the Office of the MOH in Yukon.

Protocol Effective March 12, 2021.

X

William Sibold RN, MN
Supervisor, Health Services - WCC

X

Michael MacLennan
Superintendant, WCC

Appendices:
Appendix 'A' - ***COVID-19 Screening Tool WCC***
Appendix 'B' - ***WCC – COVID-19 Person Under Investigation (PUI) Form***

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Prisoner/ Inmate Name: 0419

Prisoner/ Inmate DOB:

Date/ Time of Arrival to WCC:

COVID-19 Screening Tool – WCC

A&D Corrections Officer to Complete on all Prisoner & WCC Inmate Arrivals to WCC

Pre-Screening: Ability to Participate Is Prisoner/ WCC Inmate willing & able to participate in this screening at present?	
YES	**NO** (Deferred)
	Reason: *Date/ Time:*

If Prisoner/ Inmate is unable/ unwilling to participate in this screening at time of arrival at WCC (eg: due to severe intoxication) – Prisoner/ Inmate is to be considered a **POSITIVE** screening until such time that the screening can be completed.

Question 1: Symptom Screen ASK: Are you experiencing any of the following?		
Fever/ Chills	**YES**	**NO**
Cough	**YES**	**NO**
Shortness of Breath	**YES**	**NO**
Runny Nose	**YES**	**NO**
Sore Throat	**YES**	**NO**
Loss of sense of taste & smell	**YES**	**NO**
Headache	**YES**	**NO**
Fatigue	**YES**	**NO**
Loss of Appetite	**YES**	**NO**
Nausea or Vomiting	**YES**	**NO**
Diarrhea	**YES**	**NO**
Muscle Aches	**YES**	**NO**

Question 2: Contact Screening ASK: In the past 14 days have you had close contact* with someone who is **confirmed** or **suspected** of having COVID-19?	
YES	**NO**

**A close contact is someone who:*
- *provided care for the individual, including health care workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or*
- *who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious; or*
- *had direct contact with infectious bodily fluids of the person (such as, was coughed or sneezed on) while not wearing recommended personal protective equipment.*

Question 3: Mandatory Orders/ Directives ASK: Are you currently under a Public Health Order/ Directive in **any** jurisdiction requiring you to self-isolate or quarantine?	
YES	**NO**

Question 4: Mandatory Orders/ Directives ASK: Has any Public Health Official **any** jurisdiction told you to self-isolate or quarantine?	
YES	**NO**

*This includes Correctional Centre / RCMP Transfers from outside Yukon.

Question 5: Mandatory Orders/ Directives ASK: In the past 14 days have you returned from travel to any other locations outside Yukon (including airport transfers)?	
YES	**NO**

Question 6: Facility Exposure ASK: Do you reside in, or have you resided within 14 days in, a facility (prison, shelter, etc.) where there is a **confirmed** case of COVID-19 (regardless of whether or not you had any contact with the case)?	
YES	**NO**

If **YES** to **ANY** question; Screening is **POSITIVE**
- *Isolate in own A&D cell.*
- *Prisoner/ Inmate to wear mask if outside A&D cell for any reason.*
- *Notify WCC Nursing Staff ASAP for priority secondary nursing admission assessment *(For WCC Inmate Admissions ONLY)*

If **NO,** Screening is **NEGATIVE**
- *Prisoner/ Inmate may share cell (if necessary).*
- *Prisoner/ Inmate to wear mask if outside cell for any reason.*
- *To see WCC Nursing for secondary nursing admission assessment on a routine basis *(For WCC Inmate Admissions ONLY)*

<u>Screening Result:</u>
POSITIVE ☐
NEGATIVE ☐
Signature/ Designation: _____
Date/ Time: _____

<u>Reviewed by WCC Nursing (WCC Inmate Admissions ONLY):</u>
Screening Result Confirmed ☐
Screening Result Changed ☐ *Reason:*_____
Signature/ Designation: _____
Date/ Time: _____

Distribution:
-Retain on Inmate Health Record (WCC Inmate Admissions ONLY)
- Retain on APU Prisoner File (Prisoners ONLY)

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WCC – COVID-19 Person Under Investigation (PUI) Form

*Nursing to Complete for **ALL** Inmates being investigated/ tested for COVID-19 at WCC*

***Note:** Inmates completing the standard 14 day admission quarantine as per WCC COVID-19 Protocol, are not considered "Person(s) Under Investigation", unless symptomatic, known to have been exposed to suspected/ confirmed COVID-19, or otherwise specified)*

Demographic Information	
***Legal Name** (and Alias, if applicable):*	
DOB:	
***YT HCP #** (If Known):*	
***Address/ Town of Residence** (if Known):*	
Date of Admission to WCC:	
Vaccination Status:	☐ Vaccinated x 1 Dose (through YCDC/ Yukon) ☐ Vaccinated x 2 Doses (through YCDC/ Yukon) ☐ Vaccinated – Other Vaccine/ Outside Yukon *Specify:*_____ *# of Doses:*_____ ☐ Unvaccinated
Indication for COVID-19 Testing/ Investigation *(Check All That Apply):*	
☐ **Presents with Symptoms of COVID-19**	*Date of Symptom Onset:*
	Symptoms Experienced: ☐Fever/ Chills ☐Cough ☐Shortness of Breath ☐Runny Nose ☐Sore Throat ☐Loss of Sense of Taste and Smell ☐Headache ☐Fatigue ☐Loss of Appetite ☐Nausea/ Vomiting ☐Diarrhea ☐Muscle Aches
☐ **Close contact with a <u>confirmed</u> case of COVID-19 and/or Close contact with a <u>suspected</u> case of COVID-19**	*Name of Contact (if known):*
	Nature of Contact (Roommate, co-worker, etc.):
	Date of Contact or Estimated date of Contact:
☐ **Other** *(Specify):*	*Reason:*
	Any other pertinent information:
Actions Taken *(Check All That Apply)*:	
☐ **Tested for COVID-19**	*Date/ Time Test Collected:*
☐ **Refused Testing**	*Reason (if known):*
☐ **Admitted/ Transferred to Isolation Unit**	☐ *Pending negative test result AND resolution of symptoms x 24 hours* ☐ *For 10 days (starting on day 1 of symptom onset), if testing refused* ☐ *For 14 days to complete admission quarantine per WCC Policy* ☐ *For ___ days to complete admission quarantine per WCC Policy* ☐ *Other length of stay (Specify):*_____
Signature/ Designation:	
Date/ Time:	

Distribution:
Send Copy by Fax or E-mail to YCDC
Retain Original on Inmate Health Record

From: William.Sibold
To: JUS-CJPS-CC-WCC
Cc: Andrea.Monteiro
Subject: Inmate COVID 19 Vaccinations
Date: March 16, 2021 11:08:42
Attachments: image001.png
March 16, 2021 - Inmate COVID 19 Vaccinations WCC.pdf

Hello,

Please see attached memo RE: ongoing opportunities for Inmate COVID-19 vaccination at WCC.

Please let me know if you have any questions or concerns.

W.S

William Sibold RN, MN
Supervisor, Health Services
Justice | Whitehorse Correctional Center
T 867-455-2933 | F 867-455-2991 | Yukon.ca

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Date: 2021-March-16

To: All WCC Staff, Inmates
From: W. Sibold – Supervisor, Health Services - WCC

RE: Inmate COVID-19 Vaccinations at WCC

I am pleased to announce that an agreement has been made between WCC and YCDC/ Public Health for the ongoing COVID-19 vaccination opportunities for WCC Inmates.

Health Services will keep a list of Inmates who are interested in receiving the COVID-19 vaccine, and/or who are due to receive their second dose of COVID-19 vaccine. When the list hits 10 people, YCDC/ Public Health will send a Public Health Nurse to give the vaccinations at WCC.

The first date will be March 24, 2021. Inmates are encouraged to submit a request form if interested in receiving the vaccination, or if interested in learning more about the vaccine from one of the WCC Nurses.

Staff interested in receiving dose or dose 2 of the vaccination are directed to book an appointment online at the Public Vaccination Clinics, by following this link: **yukon.ca/this-is-our-shot**

Please let me know if any questions or concerns:

Sincerely,

William Sibold RN,MN
Supervisor, Health Services - WCC

From: Andrea.Monteiro
To: Robert.Clarke
Subject: Fwd: YCDC Site Visit March 18, 2021
Date: March 25, 2021 17:45:16
Attachments: Observations from Site visit to WCC.docx

For your action ASAP.

Andrea

From: Jeff.Simons
Sent: Thursday, March 25, 2021 4:55:11 PM
To: Andrea.Monteiro
Subject: FW: YCDC Site Visit March 18, 2021

For your information – these were the remarks/observations that CMOH had on hand.
Jeff

Observations from Site visit to WCC – 2021-03-18

Visitor spaces (ie external)

- Multiple signs posted for
  - s/s of COVID
  - travel restrictions to not enter building
  - hand hygiene
- evidence of visual cues to support distancing (ie taping off chairs)
- check-in for visitors includes
  - s/s check
  - travel/isolation/contact
- multiple hand sanitizer locations & visual cue to support use

Internal/restricted areas

Inmates- general units male & female (ie units D, G)

- No spacing in any of the common areas for inmates areas being practiced
- No mask (including no optional masks for inmates)
- No signage or visual cues to encourage:
  - Physical distancing
  - Hand hygiene
  - Cleaning
- Sinks in rooms, but no soap or soap dispenser noted
- No hand sanitizer use
- No evidence of washing hands prior to food intake for inmates or guards who eat on the floor
- No cohering, entire group mingles fully in all common locations ie stairs, when eating,
- 'craft room' communal and in use. Unsure of any cleaning or process within
- Generally good adherence to mask use by staff while working within inmates outside of meal setting.
  - Did witness interactions with corrections staff having a mask improperly worn (hanging over 1 ear)
  - did see staff have mask fall to the floor, pick it up & put it back on
- Each inmate unit has a "gym"
  - Verbally told 1 person only & inmates responsible for cleaning post
  - Based on ceiling height would assume adequate ventilation
- Observed supper being serviced following piece noted
  - Inmates:
    - High level of tight spacing of inmates when meals arrive on unit
    - No physical distancing at tables while eating
    - No evidence of supports for hand hygiene prior to eating
  - Correctional staff:
    - Also provided meals
    - no distancing between staff while eating

        - eating while using the computer
        - interacting with inmates within 2 metres without masks on
    -

Inmates in the "isolation" (units H east & H west – used for 14 day intake, those on CEMA violations, or 14 day's entry into YT, ect)

- No spacing in any of the common areas for inmates areas being practiced
    - Assume there is access out of room in common area for 6 hours/day (based on prior emphasis on this including legislation)
- Medical masks are being provided
    - No evidence of appropriate use from the inmate – ie witnessed no masks on/masks under chin ect.
- No signage or visual cues to encourage:
    - Physical distancing
    - Hand hygiene
    - Cleaning
- Did not witness/have no info on
    - Access to sinks or hand sanitizer for hand hygiene
    - Uncertain how meals are managed, I believe this is in room only
- Staff are in the restricted area for the vast majority of the time & no in direct contact with inmates. In this area:
    - Staff eat within secure area and not mingling with inmates
    - Consistent mask use
    - Appropriate spacing within the 'staff hub', based on existing layout
    - No signage for cleaning, spacing or distancing

Exclusive staff areas

- In walk through of the staff regions of the facility the following were observed:
    - No existing YG signage posted within the facility
    - no signage visible associated with
        - Physical distancing
        - Mask use
        - Hand hygiene
        - s/s of COVID infection to watch for
        - max capacity for meeting rooms
    - limited
        - Cleaning and only in the break room.
        - No evidence of this in other common areas
            - Ie- shared computer in hallway, boardroom. Many areas there is in cleaning solution present
    - board rooms with "pre Covid" levels of chairs

        - when asked staff who were meeting (appositely spaced with masks) about cleaning room post, they were unable to locate these items in the room
- mask use noted in the exclusive staff areas at a level of approx. 90%
- high risk common areas
    - kitchen/break room
        - dishes piled in the dishes dryer
        - communal dish towel & cloth
        - no signage/visual cues noted at all for:
            - Physical distancing
            - Mask use
            - Hand hygiene
            - s/s of COVID infection to watch for
            - max capacity for staff room
        - uncertain what the expectations are for staff using the area

    - Staff gym
        - Verbally told restricted to one user at a time
        - 1 B/W text 'sign' posted on wall about cleaning after use.
            - Crossed off with a black marker & text added in marker "stay hard"
        - Based on size of room, would assume adequate ventilation, if kept to one person and door open post
        - no signage/visual for:
            - Physical distancing
            - Mask use
            - Hand hygiene
            - max capacity for room
        - no tracking of who uses this room ie sign in/sign out log
        - uncertain what the expectations are for staff using the area

    - health services area
        - common charting/work room
            - high level of clutter over all counter tops/areas.
                - Even using a pre-pandemic expectations, this area would be a challenge to clean appropriately and would not meet basic ICP (ie food platter beside sink)
            - common/shared food (cracker & dip platter)
            - people appear to be eating in the common area which also services the following purposes
                - charting,
                - computer use
                - hand washing,
                - some supplies (ie cleaning, gloves, ect)
        - physical distancing not practiced
        - no evidence of a donning & doffing station within the medical area

- no signage/visual cues for:
    - Physical distancing
    - Mask use
    - Hand hygiene
    - max capacity for room

From: Andrea.Monteiro
To: William.Sibold
Cc: Robert.Clarke; Grant.MacDonald
Subject: HOC Presentation re: COVID Testing and Tacing
Date: April 1, 2021 08:45:09
Attachments: HOC Presentation on Testing and Tracing - 2021-03-18.pdf
image001.png

Hi William,
I am currently participating in a Heads of Corrections call and CSC just shared/presented the attached. I thought it might be of interest to you to support the amazing work you are doing to keep WCC clients and staff safe. I'm not 100% sure that some of what CSC has identified as correctional best practices are being supported by our CMOH/YCDC but you would know better than me.

Yukon

Andrea Monteiro
Director, Corrections
Justice | Community Justice and Public Safety
T 867-667-8294 | C 867-332-1464

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



Testing and Contact Tracing in CSC Institutions and Community Correctional Centres

Heads of Corrections

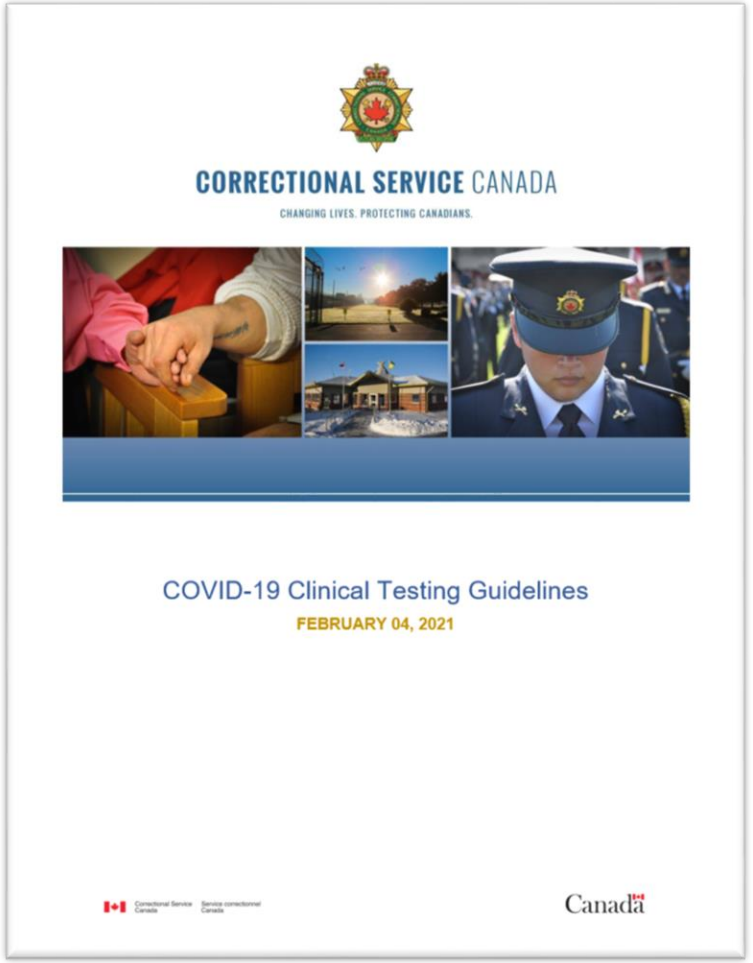
MARCH 25, 2021

Outline

- Review CSC's COVID-19 testing strategy
  - Introduction
  - Comparing testing modalities
  - Testing guidance
  - Infrastructure considerations
  - Key messages
- Review of CSC's contact tracing program
  - Scope and background
  - National Contact Tracing Unit (NCTU)
  - Contact tracing: process
  - Findings

CSC's COVID-19 Clinical Testing Guideline

- First version promulgated in May 2020
- Updated as testing capacity improved throughout the pandemic and new testing modalities emerged
- Draws on public health guidance and expert opinion to inform the framework for all testing, but in this update the focus has been largely on rapid point-of-care testing.
- Beyond this guideline, CSC has developed Emergency Operations Committees (EOCs) to support case-by-case decision making in outbreak sites.



Testing modalities used in CSC

- Lab PCR Testing
  - The ‘gold standard’ for COVID-19 diagnosis
  - Molecular test that amplifies the viral genetic material
  - Specimen typically sent to provincial lab for processing

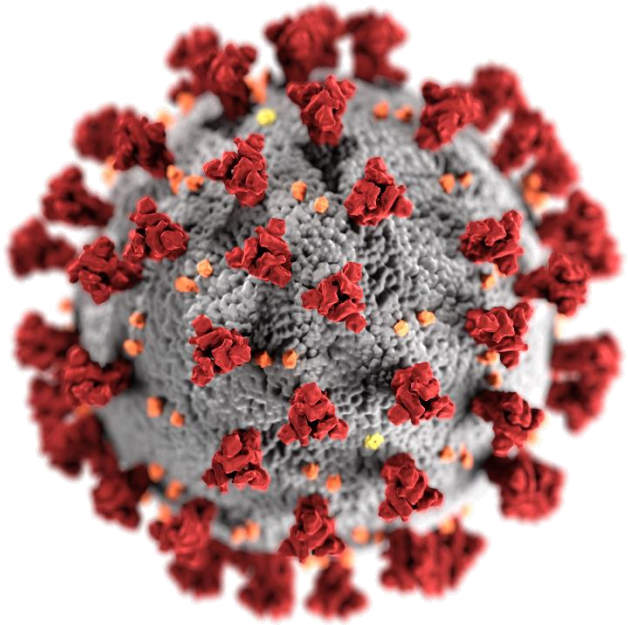


Image Credit: CDC/Alissa Eckert, MSMI, Dan Higgins, MAMS

Testing modalities used in CSC

- Rapid Point-of-Care Tests
  - Considered ‘point-of-care’ because the specimen can be processed on-site
    1. Abbott ID Now COVID-19 (rapid molecular test)
    2. Abbott Panbio (rapid antigen test)





***Left: Abbott ID Now COVID-19**, Image Credit: Abbott/ID Now COVID-19 Quick Reference Instructions.*
***Right: Abbott Panbio COVID-19 Ag Rapid Test**, Image Credit: Abbott/User Product Training*

Comparing testing modalities

Lab PCR

Pros

- Gold standard for COVID-19 clinical detection via nasopharyngeal swab
- Ideal in clinical situations that need high sensitivity (e.g. testing symptomatic individuals in a high risk setting or where critical decisions rest on a test result)
- Opportunities for genomic sequencing
- Typically, results are automatically reported to local public health authority via the lab

ID Now Rapid Test

Pros

- Acceptable performance when within 7 days following symptom onset
- Ideal in clinical situations where sensitivity needs to be balanced against the need for timely results (e.g. voluntary testing prior to release)
- Nasal or throat specimen may be more acceptable
- Results in under 20 minutes

Panbio Rapid Antigen Test

Pros

- Acceptable performance when within 7 days following symptom onset
- Ideal in clinical situations where sensitivity needs to balanced against the need for timely results among a large number of individuals, such as large-scale asymptomatic screening
- Easily scalable – can do a large number of swabs quickly
- Currently a nasopharyngeal swab but will soon transition to nasal, which may be more acceptable
- Results in under 20 minutes

Comparing testing modalities

Lab PCR

Cons

- Nasopharyngeal sample collection can cause discomfort and may not be as acceptable as nasal/throat collection
- When laboratory capacity is strained, testing turn-around time can exceed 48 hours, leading to possible delays in clinical decision making

ID Now Rapid Test

Cons

- May be less sensitive than lab PCR when used in an asymptomatic context, but as a molecular-based test it may afford greater performance than the Panbio antigen test
- Not as easily scalable – the device can only run one sample at a time
- When used as a screening tool, positive test results need to be confirmed
- Requires manual reporting to local public health authority

Panbio Rapid Antigen Test

Cons

- May be less sensitive than lab PCR when used in an asymptomatic context
- When used as a screening tool, positive test results need to be confirmed
- Should not be used to inform decisions to ease restrictions or medical isolation
- Requires manual reporting to local public health authority

Diagnostic vs. Screening

Diagnostics for COVID-19

- Lab PCR tests
- Definitive diagnosis of COVID-19 with higher sensitivity
- Less amenable to higher frequency of testing due to greater resource utilization

Screening for COVID-19

- Typically newer, rapid testing technologies (e.g. rapid molecular or antigen tests)
- Indicative of COVID-19 status, requires confirmation for diagnosis
- Amenable to higher frequency of testing, repeated testing, and more easily scalable

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
Symptomatic offender	Testing is indicated for all offenders presenting with symptoms of COVID-19.	Both lab PCR and rapid testing simultaneously • If they only consent to one test, lab PCR preferred.
Offender close contacts of a positive case	Testing is indicated for all offenders identified as close contacts of a confirmed case.	Both lab PCR and rapid testing simultaneously • If only able to conduct one, lab PCR is preferred. • Rapid testing can be used for any follow up testing. • Abbott ID Now is the preferred rapid test, especially when looking to increase offender movement following an exposure.

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
New admissions, transfers, and following a private family visit	Testing is offered near day 14 of medical isolation to help prevent the introduction of COVID-19 to the general population.	Lab PCR (preferred) or Abbott ID Now. • Test as close to the end of the 14 day incubation period as possible, accounting for testing turn-around time.
Release	Voluntary testing if offered prior to release. In some cases, the local public health authority may request testing prior to release.	Abbott ID Now or Panbio. • *Note: the local public health authority requesting testing prior to release may have specific requirements for what type of test is accepted.*

Testing guidance: offenders

Testing Scenario	Indications for Testing	Recommended Testing Method
Mass testing at outbreak sites	In the setting of an outbreak, the EOC may recommend broader testing for all offenders at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Repeated testing may be offered to monitor the outbreak response and facilitate decisions to increase offender movement.	Typically the Panbio rapid test, as it is easily scalable. • All positive rapid test results must be confirmed. • Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio rapid test when making decisions to increase offender movement.

Testing guidance: staff

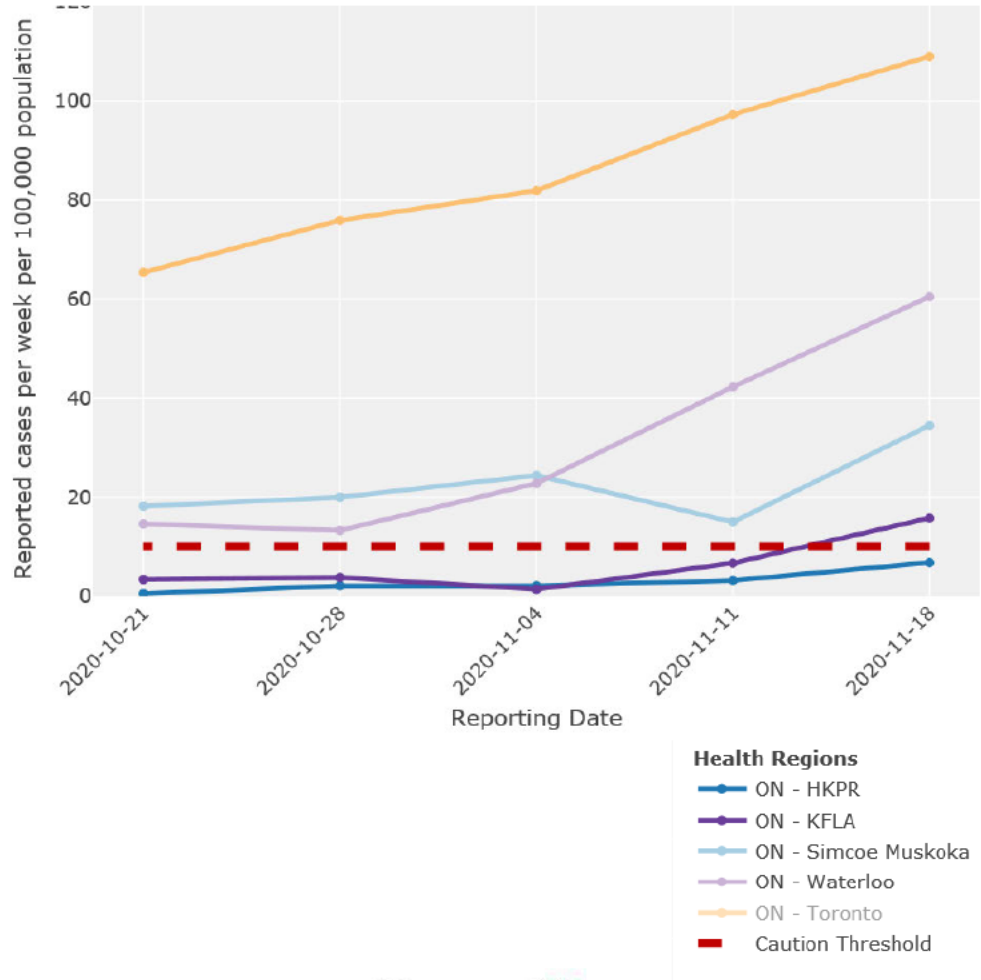
Testing Scenario	Indications for Testing	Recommended Testing Method
Symptomatic Staff	Testing is indicated for all staff presenting with symptoms of COVID-19.	Refer to local public health authority for testing and follow up.
Staff close contacts of a positive case	Testing is indicated for all staff identified as close contacts of a confirmed case.	Refer to local public health authority for testing and follow up.

Testing guidance: staff

Testing Scenario	Indications for Testing	Recommended Testing Method
Mass testing at outbreak sites	In the setting of an outbreak, the EOC may recommend broader testing for all staff at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Repeated testing may be offered to those working on ranges/units with suspected or confirmed COVID-19 cases.	Typically the Panbio rapid test, as it is easily scalable. • All positive rapid test results must be confirmed.

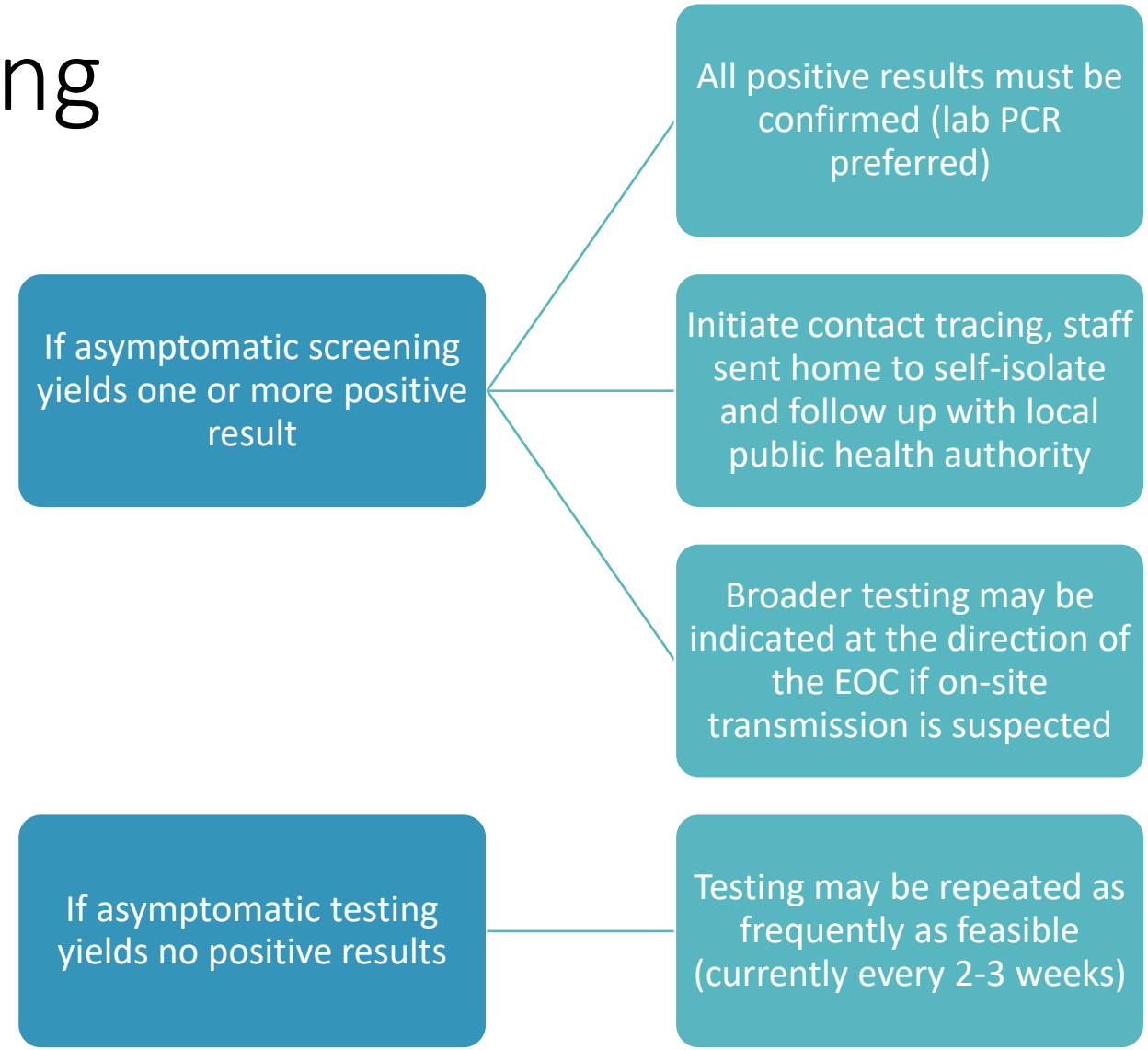
Asymptomatic screening based on community transmission

- Regular asymptomatic screening can complement existing measures to mitigate the risk of outbreaks within congregate settings.
- During the first wave, CSC implemented an asymptomatic screening program for all staff and offenders when community incidence is elevated.
  - The 'caution threshold' of 10 incidence cases per week per 100,000 people in the local health region is used to trigger asymptomatic screening.
  - Staff are offered testing every 2-3 weeks until the community incidence trend decreases below the caution threshold for two consecutive weeks.



Asymptomatic screening

- All staff, contractors, and essential volunteers that actively report to the site for duty will be offered testing;
- All offenders will be offered testing;
- Individuals who have previously tested positive for COVID-19 should be excluded from asymptomatic screening;
- Participation is voluntary.
- Testing Method: Most often the Panbio rapid test, as it is easily scalable.



Infrastructure considerations

- Physician authorization
  - Testing requires a physician order, as well as physician support and expertise to implement.
- Health care records
  - Protocols needs to be established for the managing of health care records
  - CSC has the infrastructure in place for offenders, as the provision of essential health services is part of CSC's mandate
  - Particularly important for CSC to establish a process for managing staff health care files, in keeping with legal and professional standards of confidentiality and privacy
- Human resources for the collection of swabs, processing of samples if using rapid tests
  - Typically nursing staff, but can also be contracted to other regulated health care professionals
- Ongoing collaboration with local public health authority
  - Reporting procedures, particularly with regards to rapid test results
  - Recommendations for confirmatory testing with lab PCR for positive rapid test results
  - Collaboration and shared decision-making through EOCs

Key messages

- Lab PCR continues to the 'gold standard' for COVID-19 clinical detection.
- Rapid testing can play an important role in screening. This might include:
  - Screening asymptomatic individuals in high risk settings (like congregate living settings) to prevent COVID-19 introduction.
  - Screening asymptomatic individuals in the setting of an outbreak.
  - The Panbio rapid antigen test is particularly well-suited for broad-based screening, as it is easily scalable.
  - When used in the context of screening, positive rapid test results must be confirmed.
- A testing strategy harnessing *both* lab-based testing and rapid testing will result in the most robust testing approach to support CSC's response to the pandemic.

Helpful resources on testing

- Public Health Agency of Canada
  - Pan-Canadian COVID-19 Testing and Screening Guidance
  - National polymerase chain reaction (PCR) testing indication guidance for COVID-19
  - Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection
  - Interim guidance on the use of the Abbott ID NOW instrument and COVID-19 assay
- Local/provincial jurisdictions may have developed their own resources and protocols regarding COVID-19 testing and screening

CSC’s Contact Tracing Program

Contact tracing: Introduction

- Contact tracing is a strategy for breaking transmission chains and controlling the spread of disease, in this instance COVID-19.
- It is one of 3 pillars in combating the pandemic; Test, Trace and Isolate
- For CSC, contact tracing is initiated with the goal of reducing the spread of COVID-19 within our workplaces, amongst inmates and staff and is the responsibility of the National Contact Tracing Unit (NCTU)

Contact tracing in numbers

- 13K+ staff working within CSC institutions
- 548 known cases of Covid-19 positive staff
- 475+ traces completed by the National Contact Tracing Unit (NCTU) since inception January 13, 2021
  - 7-8 - traces (risk assessments) per day
  - 1.96 – average close contacts per case
  - 17hrs - average length to complete a trace by the NCTU (includes multiple rounds of calls)

Contact tracing in numbers

- About 50% of transmissions are thought to occur from asymptomatic or presymptomatic persons.

  (Honein MA, Christie A, Rose DA, et al. Summary of guidance for public health strategies to address high levels of community transmission of SARS-CoV-2 and related deaths, December 2020. MMWR Morb Mortal Wkly Rep. 2020;69(49):1860-1867.)

- COVID-19 control efforts in countries that succeeded in limiting early pandemic spread included frequent and strategic testing and use of **extensive contact tracing**

  (Tenforde MW, Fisher KA, Patel MM. Identifying COVID-19 Risk Through Observational Studies to Inform Control Measures. JAMA. Published online February 22, 2021.)

Contact tracing

- CSC developed a non-test based approach to contact tracing, whereby contact tracing is **initiated at symptom onset,** for both offenders and staff, at all CSC institutions
- In the initial response, each region in CSC established their own contact tracing teams

Contact tracing

- January 13, 2021: CSC's NCTU came on-line
- In-line with the close contact descriptor, NCTU undertakes a risk assessment approach given complex nature of interactions
- National approach vs. regional

National Contact Tracing Unit (NCTU)

- ~70 full-time staff (staff from within the organization; working from home)
- 1 – National Lead
- 10 – Area Leads
- PHAC training and CSC training provided to staff joining the NCTU team
- Tracing activities take place between 0900h-2100h (local time in respective time zones)

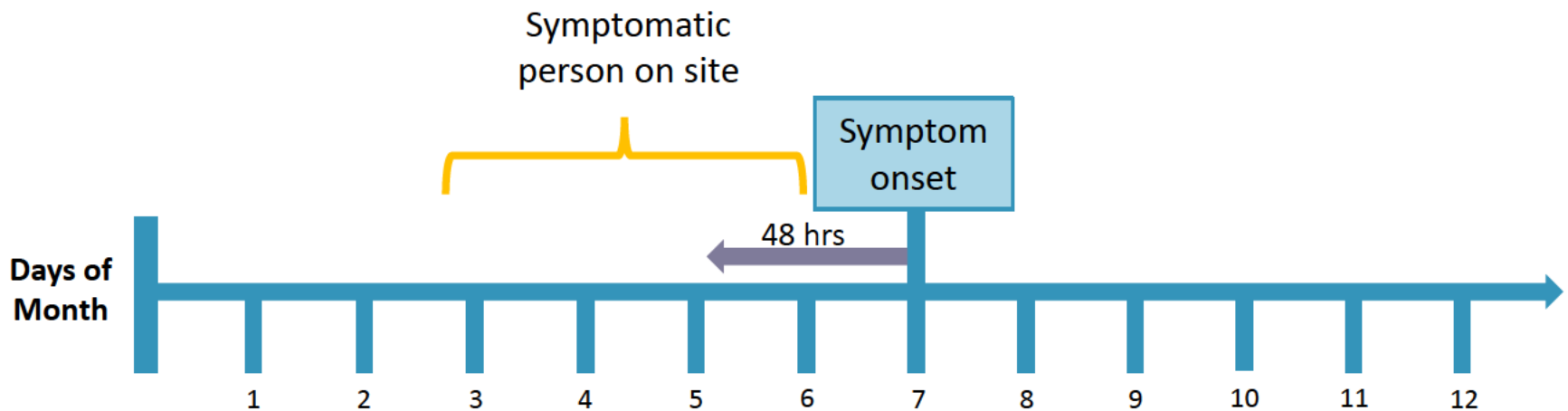
Close contact descriptor

- CSC undertakes a detailed review to determine the risk of exposure associated with contact with an COVID-19 infected individual(s).
- Factors considered include, but are not limited to:
  - The nature of the interaction
  - Who they interacted with
  - The setting in which the interaction took place
  - The proximity and duration of the interaction
  - PPE worn and if there was any breach of PPE

- The previously referenced timeframes (e.g. >15 minutes face-to-face or longer than 2 hours in shared closed space), may serve as a useful guide, but do not fully capture the potential risk of exposure associated with any given interaction or contact.
- The **safest approach is to minimize contact with all persons to the greatest extent possible**, maintain the greatest distance possible from others, and interact for the shortest time possible.
  - When required to have contact with other persons (even at greater than 2 metres), don PPE and take all precautions to avoid any breach of PPE.

Contact tracing in CSC: process

- We trace back 48 hrs from symptom onset, we do not wait for positive result. In the event the staff member reports a positive result, for example in the case of asymptomatic testing, we trace back 48hrs from the date the test is taken (not the date it is reported).



Contact tracing in CSC: process

- Initiated with report of symptomatic staff member or person under investigation (PUI)
- Manager completes template form providing staff information and submits to the NCTU
- NCTU engages (PUI) to obtain symptomology, symptom onset date, footprint information
- Site completes contact information and submits to the NCTU
- Area Leads communicate back to the site after each round of calls with updates on results

Findings: Top 5 reasons for close contact

- Conversation 15 min at 2 metre or less
- Shared objects or equipment
- Working in small work spaces (“bubbles”/offices)
- Eating / Drinking in company of others
- PPE Breach

Questions



- Contact info:
  - Kristina Ma, RN PhD (c)
    - Nursing Project Manager, Core COVID-19 Team, Correctional Service Canada
    - Kristina.Ma@csc-scc.gc.ca
  - Dan Heurter, RN
    - National Contact Tracing Unit Lead, Correctional Service Canada
    - Dan.Heurter@csc-scc.gc.ca

From: Robert.Clarke
To: Zoran.Petrovic
Cc: Andrea.Monteiro; Valerie.Goodkey
Subject: FW: Kitchen Health Inspection Report
Date: March 22, 2021 13:29:18
Attachments: image001.png
Kitchen Health Inspection Report - March 2021.pdf
image003.png

Well done Zoran – this is incredible news and I'm not surprised at all. You're an incredible asset to WCC – thank you so much for your leadership and professionalism. This inspection is a statement to how you run your shop – job well done!

Robert L. Clarke
Superintendent
Justice | Whitehorse Correctional Centre
T 867-455-2905 | **C** 75(1) | Yukon.ca

From: Zoran.Petrovic
Sent: Monday, March 22, 2021 1:27 PM
To: Valerie.Goodkey
Cc: Robert.Clarke
Subject: Kitchen Health Inspection Report

Hi Val,

Just to let you know that Health Officer Wilberforce conducted Health Inspection of WCC Food Services today, Monday March 22nd 2021.

All conditions and requirements of HACCP regulations and COVID-19 procedures observed, were satisfactory, no issues found.

Please see attached report,

Zoran

Zoran Petrovic
Food Services Manager
Justice| Whitehorse Correctional Centre
T 867-455-2981 | F 867-455-2992| Yukon.ca

March 22, 2021
1:00:32 PM

Yukon
Health & Social Services
Environmental Health Services

Correctional Facility Inspection Report

Inspected by: W. Wilberforce Obwona Ogaba
Supervisor: Benton Foster

Facility Inspected:

Yukon Corrections Infrastructure - Kitchen
Zoran Petrovic
(867) 455-2981

Mailing Address:

Zoran Petrovic
25 College Dr
Whitehorse YT Y1A 5B6
Canada

Inspection #:
Inspection Date: 22-Mar-2021
Completed: 22-Mar-2021

Site Address: 25 College Dr
Whitehorse YT Y1A 5B6

GPS: 60.7442622 -135.0915401
Facility Type: Correctional Facility
Inspection Type: Routine Inspection
Delivery Method: Email

Opening Comments and Observations:

I conducted the inspection in the presence of Zoran Petrovic, the Food Service Manager.
Observed 4 inmates preparing food.
Observed relevant Covid-19 signs posted in visible locations. Physical distancing observed.

*** = Critical Item**

Correctional Facility -

1. Protection from Food Handler Contamination

1.	1.1) A Separate hand washing basin is provided for food handlers	YES
2.	1.2) Hand washing basin with supplies of soap and paper towels in dispensers	YES
3.	1.3) Proper food handler hygiene is being practiced Observed all food handlers including the 4 inmates wearing clean outer garments and suitable hair restraints.	YES
4.	1.4) Only employees of food premises in food preparation area	YES
5.	1.5) Other Requirement (Described Below)	N/Ap

2. Food Handling: Thermometers/Cooking/Hot Holding/Cooling/Reheating of Hazardous Food

6.	2.1) Probe thermometers are used to verify food preparation and holding temperatures	YES
7.	*2.2) Thorough cooking to minimum internal food temperature	YES
8.	*2.3) Hot holding: minimum of 60°C (140°F) after cooking or re-heating Observed hot dog held hot at 60.2 C.	YES
9.	2.4) Food is cooled from 60°C (140°F) to 20°C (68°F) within 2 hours	N/Ob

Personal information is collected under the authority of the Public Health & Safety Act for the purpose of safeguarding public health. This information may be accessible under the Access to Information & Protection of Privacy Act. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391.

Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la Loi sur l'accès à l'information et la protection des renseignements personnels. Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygiè du milieu, au (867) 667-8391.

Yukon Corrections Infrastructure - Kitchen **Correctional Facility Inspection Report**

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

10.	2.5) Food is cooled from 20°C (68°F) to 4°C (40°F) within 4 hours	N/Ob
11.	*2.6) Re-heating: to an internal temperature of 74°C (165°F)	N/Ob
12.	2.7) Other Requirement (Described Below)	N/Ap

3. Food Storage: Refrigerated & Frozen Storage of Potentially Hazardous Food

13.	3.1) Thermometers are used to verify refrigeration and freezer temperatures	YES
14.	*3.2) Internal temperature of potentially hazardous food is maintained at 4°C (40°F) or less	YES
15.	3.3) Internal temperature of frozen food is maintained at -18°C (0°F) or less	YES
16.	3.4) Proper thawing of potentially hazardous foods Observed frozen food thawing in the walk-in cooler/fridge.	YES
17.	3.5) Other Requirement (Described Below)	N/Ap

4. Meat, Fish, Eggs, and Milk Products

18.	*4.1) Meat is obtained from a source that is approved by the government of Canada, the government of another province or territory, or an official or agency of any of those governments	YES
19.	*4.2) Only Graded eggs permitted	YES
20.	4.3) Proper storage and service of milk and milk products	YES
21.	4.4) Proper storage and handling of fish and fish products	YES
22.	4.5) Other Requirement (Described Below)	N/Ap

5. Protection from Adulteration & Contamination

23.	*5.1) Ample supply of potable hot and cold water under pressure	YES
24.	*5.2) Raw foods are separated from ready-to-eat foods during storage and handling	YES
25.	*5.3) Food protected from risk of contamination and adulteration	YES
26.	*5.4) Toxic / poisonous substances (chemicals / pesticides) stored separately from food preparation and storage areas Observed all chemicals stored separately from food and all containers labeled.	YES
27.	5.5) Other Requirement (Described Below)	N/Ap

6. Equipment & Utensils Sanitation

28.	6.1) Mechanical dishwashing: Chemical or High temperature sanitization Observed: 1) Wash and final rinse temperatures at 143 F and 188 F respectively. 2) Temperature sensitive test strip changed from black to solid orange. 3) Temperature log.	YES
29.	6.2) Manual dishwashing: Wash, rinse, sanitize technique	YES
30.	6.3) Food contact surfaces washed / rinsed / sanitized after each use and following any operations when contamination may have occurred Observed the Quat sanitizer solution in spray bottles at 400 ppm.	YES
31.	6.4) Sanitize test kit / thermometer / temperature test strips readily available for verifying dishwashing and sanitizing temperatures Observed Quat and Chlorine sanitizer test strips.	YES
32.	6.5) Other Requirement (Described Below)	N/Ap

7. Equipment and Utensils

33.	7.1) Proper use and storage of clean utensils (including single service utensils)	YES

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Yukon Corrections Infrastructure - Kitchen **Correctional Facility Inspection Report**

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

34.	7.2) Food contact surfaces properly designed, constructed, installed and maintained	YES
35.	7.3) Proper storage and maintenance of scoops and spoons	YES
36.	7.4) Equipment, non-food contact surfaces and linen are maintained, designed, constructed, installed to allow easy cleaning and to facilitate maintenance	YES
37.	7.5) Other Requirement (Described Below)	N/Ap
8. Sanitary Maintenance and Construction		
38.	8.1) Exclusion of live animals on the premises, subject to exemptions	YES
39.	*8.2) The premises is operated and maintained free from a condition that may create a health hazard	YES
40.	8.3) Mechanical ventilation operable where required	YES
41.	8.4) Lighting adequate for food preparation and cleaning	YES
42.	8.5) Premises is of satisfactory cleanliness	YES
43.	8.6) Floors, walls, and ceilings are clean and in good repair	YES
44.	8.7) Other Requirement (Described Below)	N/Ap
9. Pest Control		
45.	9.1) Protection against the entrance of insects, birds, rodents, and other pests Observed no signs of pest infestation.	YES
46.	9.2) Other Requirement (Described Below)	N/Ap
10. Washrooms		
47.	10.1) Sanitary maintenance of staff / public washroom facilities	YES
48.	10.2) Provision of required supplies in staff and public washroom facilities	YES
49.	10.3) Other Requirement (Described Below)	N/Ap
11. Garbage and Waste Management		
50.	11.1) Liquid wastes collected and disposed of in a sanitary manner	N/Ob
51.	11.2) Garbage or waste removal adequate to maintain the premises in a sanitary condition	YES
52.	11.3) Other Requirement (Described Below)	N/Ap
12. Sewage Disposal System		
53.	12.1) Facility is serviced by an approved Sewage Disposal System	YES
13. Drinking Water		
54.	*13.1) Facility is supplied by an adequate supply of water from a source approved by the Health Officer	YES
14. Other Category		
55.	Other Requirement (Described Below)	N/Ap

Closing Comments:
ALL CONDITIONS OBSERVED WERE SATISFACTORY.

Personal information is collected under the authority of the Public Health & Safety Act for the purpose of safeguarding public health. This information may be accessible under the Access to Information & Protection of Privacy Act. Questions regarding the collection of this information should be directed to the Manager, Environmental Health Services, at (867) 667-8391.

Les renseignements personnels sont recueillis en vertu de la Loi sur la santé et la sécurité publiques en vue de protéger la santé publique. Il est possible d'avoir accès à ces renseignements en vertu de la Loi sur l'accès à l'information et la protection des renseignements personnels. Prière d'adresser toute question relative à la collecte de ces renseignements à la direction du Service d'hygé du millieu, au (867) 667-8391.

Yukon Corrections Infrastructure - Kitchen

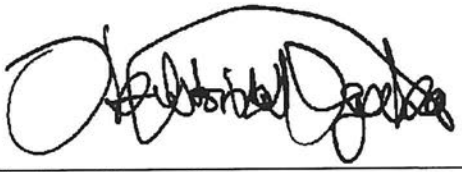
Correctional Facility Inspection Report

Facility Contact: Zoran Petrovic
Facility Address: 25 College Dr Whitehorse YT Y1A 5B6
Report Date: 22-Mar-2021

I have read and understood this report:



Zoran Petrovic



W. Wilberforce Obwona Ogaba

*By signing, I agree to ensure that this inspection report is provided to the responsible primary operator or manager as soon as possible.

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