



COMMISSIONER'S DIRECTIVE 822		In Effect: 2020-07-16 Due for Review: 2023-07-01
Medical Isolation and Modified Routine for COVID-19		
CORE RESPONSIBILITY	Custody	
OFFICE(S) OF PRIMARY INTEREST	Health Services Sector	
ONLINE @	<ul style="list-style-type: none"> • http://thehub/En/collections/policy-legislation/CommissionersDirectives/822-cd-eng.pdf • http://lehub/Fr/Collections/politiques-lois/DirectivesDuCommissaire/822-cd-fra.pdf • http://www.csc-scc.gc.ca/politiques-et-lois/822-cd-en.shtml • http://www.csc-scc.gc.ca/policy-and-legislation/822-cd-fr.shtml 	
AUTHORITIES	<ul style="list-style-type: none"> • <i>Corrections and Conditional Release Act</i> (CCRA), sections <u>3</u>, <u>4</u>, <u>5</u>, <u>6(1)</u>, <u>70</u>, <u>96(b)</u>, <u>97</u> and <u>98</u> • <i>Corrections and Conditional Release Regulations</i> (CCRR), section <u>4</u> 	
PURPOSE	<ul style="list-style-type: none"> • To provide a framework and direction to implement a process to facilitate the early identification of COVID-19, as well as the management of inmates subject to medical isolation or modified routine for health purposes to help prevent the introduction and spread of COVID-19 • To ensure that the least restrictive measures are used and public health principles and guidance are considered in the implementation and use of medical isolation and modified routine for health purposes • To contribute to the safety of the public, staff, contractors and inmates 	
APPLICATION	Applies to all CSC staff and contractors working in institutions, excluding Community Correctional Centres	
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RESPONSIBILITIES

1. The Assistant Commissioner, Health Services, will:
 - a. authorize the development of guides and instructions that must be followed with respect to the use of medical isolation and modified routine for health purposes
 - b. ensure that policies, guides and instructions related to medical isolation and modified routine for health purposes are reviewed regularly and updated as required.
2. The Director General, Clinical Services and Public Health, will ensure that direction on the management of COVID-19 is consistent with the best available public health information and generally accepted public health practices.
3. The Institutional Head will:
 - a. authorize the medical isolation, in accordance with the Health Services’ algorithm, of all inmates admitted on a new warrant of committal or being returned to custody following suspension or revocation identified under paragraph 8(a) of this policy
 - b. upon the recommendation of a registered health care professional, authorize the medical isolation of an inmate identified in paragraph 8(b) to 8(g) of this policy
 - c. upon medical clearance by a registered health care professional, authorize, without delay, the discontinuation of the medical isolation of an inmate
 - d. authorize the implementation of a modified routine for health purposes upon the recommendation of the Chief, Health Services/Mental Health, Institutional Physician, or Nurse Practitioner

- e. ensure decisions to implement a modified routine for health purposes are communicated to impacted inmates
 - f. ensure that staff and contractors adhere to direction included in the Infection Prevention and Control Guidance for the Management of COVID-19 within CSC Institutions.
4. The Regional Director, Health Services, in collaboration with the local public health authority and the Institutional Head, will establish a process, in the context of the COVID-19 pandemic, to support safe transition of inmates being released into the community.
 5. The Chief, Health Services/Mental Health, and the Institutional Physician will immediately advise the Institutional Head of any concerns regarding local implementation of infection prevention and control measures, the use of medical isolation or modified routine for health purposes.
 6. The Chief, Health Services, and the Chief, Mental Health, will ensure health care staff document all interactions with an inmate related to the use of medical isolation in the Electronic Medical Record.
 7. All staff and contractors will collaborate to support open communication with the inmate subject to medical isolation and during their reintegration following its use.

PROCEDURES

Criteria for Medical Isolation

8. Medical isolation measures will be implemented for:
 - a. an inmate admitted with a new warrant of committal or being returned to custody following suspension or revocation
 - b. an inmate who has symptoms of COVID-19
 - c. an inmate who is diagnosed with COVID-19 (laboratory or clinical diagnosis)
 - d. an inmate who has been in close contact with other persons that have symptoms of, or a diagnosis of, COVID-19
 - e. an inmate transferring from an outbreak institution
 - f. an inmate transferring from an institution in an area with elevated community transmission
 - g. an inmate interregionally transferring to a province with a mandated medical isolation for those travelling from out of province
9. The Institutional Head will make every effort to identify and designate alternative cells/space to medically isolate identified inmates. Designated alternative cells/space will be allocated in priority to the following groups:

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- a. inmates admitted with a new warrant of committal or being returned to custody following suspension or revocation
- b. inmates diagnosed with COVID-19 (laboratory or clinical diagnosis)
- c. inmates with symptoms of COVID-19.

Authorization to Subject an Inmate to Medical Isolation

10. The registered health care professional will:

- a. document their recommendation to subject an inmate to medical isolation on the Medical Isolation Form
- b. provide the Medical Isolation Form to the Institutional Head for their authorization.

11. Upon the Institutional Head's authorization of medical isolation, the Offender Management System Medical Isolation Alert will be activated.

12. Following the authorization for medical isolation, the Institutional Head will:

- a. provide the inmate with an information package which will include:
 - i. written notice of the decision, via the Medical Isolation Form, including the reason for the authorization of medical isolation
 - ii. information on the purpose and use of medical isolation, and the nature of the required restrictions via the COVID-19 Medical Isolation Information Sheet for Inmates
 - iii. information on COVID-19
- b. without delay, inform the inmate of their rights, including the right to:
 - i. legal counsel
 - ii. contact organizations such as the Office of the Correctional Investigator of Canada, Citizen Advisory Committees, Canadian Association of Elizabeth Fry Societies and John Howard Society
 - iii. submit complaints and/or grievances pursuant to Commissioner's Directive (CD) 081 – Offender Complaints and Grievances and Guidelines (GL) 081-1 – Offender Complaint and Grievance Process
- c. provide an opportunity to contact legal counsel privately within 24 hours

- d. move the inmate, whenever feasible, to an alternative designated cell/space identified for medical isolation.

Conditions of Confinement While Subject to Medical Isolation

13. A registered health care professional will visit each inmate subject to medical isolation daily to conduct a wellness assessment. This assessment will include consideration of the inmate's physical and mental health, and the need for further interventions/follow up.
14. The Institutional Head, or designate, will:
 - a. attend designated cells/space used for medical isolation daily to inspect the conditions of confinement
 - b. visit each inmate subject to medical isolation daily
 - c. implement a local process to document daily visits.
15. All reasonable efforts will be made to provide the inmate opportunities to be out of their cell to attend activities of daily living (e.g., opportunity to shower), yard time, access to telephone calls, interactions with others on the range with appropriate infection prevention and control measures in place. Cleaning guidelines must be followed.
16. Inmates will have at least two metres of physical distance between themselves and any other inmate or staff when out of the designated cell/space for medical isolation, where feasible. When this physical distance cannot be maintained, Personal Protective Equipment will be used in accordance with the Guidelines for Personal Protective Equipment.

Medical Clearance from Medical Isolation

17. A registered health care professional must medically clear all inmates subject to medical isolation prior to a discontinuation.
18. Once the medical clearance has been received, the Institutional Head will:
 - a. authorize the discontinuation of the inmate's medical isolation
 - b. ensure the inmate returns to their normal routine as soon as practicable.
19. The Medical Isolation Alert will be deactivated once the medical isolation is discontinued.

Authorization of a Modified Routine for Health Purposes

20. The Chief, Health Services, Institutional Physician or Nurse Practitioner, normally in consultation with CSC's Regional Manager, Public Health, will recommend to the Institutional Head the implementation of a modified routine for health purposes.

21. Upon the recommendation of the Chief, Health Services, Institutional Physician or Nurse Practitioner, the Institutional Head will authorize the implementation of a modified routine for health purposes within an institution, or part of an institution, for site level assessments and implementation of infection prevention and control measures necessary to contain the spread of, and otherwise manage, COVID-19.
22. Inmates subject to medical isolation will remain under medical isolation should a modified routine for health purposes be implemented.
23. The decision to authorize a modified routine for health purposes will be communicated to impacted inmates.
24. Following the implementation of, or decision to continue the use of a modified routine for health purposes, the Institutional Head will ensure that inmates are informed of their rights, including the right to:
 - a. legal counsel
 - b. contact organizations such as the Office of the Correctional Investigator of Canada, Citizen Advisory Committees, Canadian Association of Elizabeth Fry Societies and John Howard Society
 - c. submit complaints and/or grievances pursuant to CD 081 – Offender Complaints and Grievances and GL 081-1 – Offender Complaint and Grievance Process.

Conditions of Confinement for Modified Routine for Health Purposes

25. Inmates will be seen daily by a staff member for the purpose of providing them the opportunity to identify any needs and to facilitate referrals to services including health care.
26. All reasonable efforts will be made to provide inmates with opportunities to be out of their cell to attend activities of daily living (e.g., opportunity to shower), yard time, access to telephone calls, interaction with others on the range with appropriate infection and control measures in place.
27. Inmates will have at least two metres of physical distance between themselves and any other inmate or staff when subject to a modified routine, where feasible. When this physical distance cannot be maintained, Personal Protective Equipment will be used in accordance with the Guidelines for Personal Protective Equipment.
28. Inmates will continue to have access to health care in accordance with professional standards and in response to identified health care needs.

Review of the Modified Routine for Health Purposes and its Termination

29. The Chief, Health Services, Institutional Physician or Nurse Practitioner, normally in consultation with CSC's Regional Manager, Public Health, and in consideration to public health principles and direction, will recommend to the Institutional Head the termination of a modified routine for health purposes, when appropriate.

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30. The decision to utilize a modified routine for health purposes will be reviewed at least weekly by the Chief, Health Services, Institutional Physician or Nurse Practitioner to ensure it is used for the shortest amount of time clinically required, and the decision on its continued use will be communicated to impacted inmates.

ENQUIRIES

31. Strategic Policy Division
National Headquarters
Email: Gen-NHQPolicy-Politi@CSC-SCC.gc.ca

Commissioner,

Original signed by:

Anne Kelly

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ANNEX A

CROSS-REFERENCES AND DEFINITIONS

CD 001 – Mission, Values and Ethics Framework of the Correctional Service of Canada

CD 081 – Offender Complaints and Grievances

CD 084 – Inmates' Access to Legal Assistance and the Police

CD 087 – Official Languages

CD 566-12 – Personal Property of Offenders

CD 701 – Information Sharing

CD 710-3 – Temporary Absences

CD 800 – Health Services

Infection Prevention and Control Guidance for the Management of COVID-19 within CSC Institutions

DEFINITIONS

COVID-19: an infectious disease caused by a newly discovered coronavirus. Coronavirus es can cause diseases ranging from the common cold to more severe respiratory diseases.

Medical isolation: short-term limitation to an inmate's movement to help prevent the introduction and spread of COVID-19.

Modified routine for health purposes: changes to daily routine within an institution, or part of an institution, to help prevent the introduction and spread of COVID-19.

Registered health care professional: an individual registered or licenced for the practice of health or mental health care in Canada and preferably in the province or territory of practice (certain positions however, require registration in the province or territory of practice).