

CORRECTIONAL SERVICE CANADA



CHANGING LIVES. PROTECTING CANADIANS.

HEALTH SERVICES PRACTICE REMINDER

May 8, 2020

Monitoring Vulnerable Individuals for COVID-19

As we respond to COVID-19, the role of health care professionals and the provision of health services is critical. Through this COVID-19 pandemic CSC continues to fulfill its obligations with respect to the care and custody of inmates including the provision for health care and upholds the Mandela rules that ensure health care that is in keeping with general public health administration and in a way that ensures continuity of treatment and care.

Health Services has implemented a number of measures to respond to COVID-19. Current evidence demonstrates that certain conditions put individuals at greater risk for severe illness, and poorer outcomes from COVID-19. For more information on conditions that put individuals at greater risk please refer to [Annex A](#).

In order to monitor the health symptoms of those persons identified as being at greater risk regular monitoring is being implemented. This will include basic questions related to general health and current wellbeing (see [Annex B](#) for a standard script). All health staff can be engaged in symptom monitoring.

The following are the requirements for monitoring:

Institutions with Outbreaks:

Where there is an outbreak of Covid-19, symptom monitoring will occur daily for those identified as high risk.

Institutions with No Outbreak:

Where there is no current outbreak all individuals identified as being at high risk will have Symptom Monitoring occur three times per week and the monitoring will be staggered.

In all institutions, symptom monitoring can be more frequent based on the individual's health needs.

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Documentation:

- NHQ will send a list of all inmates at the institution to the Chief of Health Services or Mental Health who is accountable for implementing the process.
- The Chief will assign cases to the health professional(s) conducting the monitoring visits.
- The health professional(s) will print the list of persons to be visited, and will initial next to the person's name to confirm that the visit took place, and will mark those cases where further follow-up is needed.
- The Chief will update the daily log, including indicating any newly identified high risk individuals and indicating those who required further follow-up after the monitoring visit, and will submit this list to NHQ.
- Any required follow up to the monitoring engagement must be documented on the EMR.

Annex A – Medical Conditions

The following medical conditions may put an individual at a greater risk of contracting COVID-19*.

- Asthma
- Chronic lung disease, includes for example:
 - COPD
 - Idiopathic pulmonary fibrosis
 - Cystic fibrosis
 - Chronic Pneumonia
- Diabetes
- Cardiovascular disease, includes for example:
 - Heart failure
 - Coronary artery disease
 - Congenital heart disease
 - Cardiomyopathies
 - Pulmonary hypertension
 - Atrial fibrillation
 - Ischemic heart disease
 - CVA
- Hypertension- defined as a systolic blood pressure (SBP) of 140 mm Hg or more, or a diastolic blood pressure (DBP) of 90 mm Hg or more, or taking antihypertensive medication, or a history of hypertension
- Chronic Kidney Disease on dialysis
- Severe Obesity body mass index of 40 or more
- 65 years of age or older
- Eating disorder, bulimia or anorexia
- Immunocompromised, includes for example:
 - Cancer treatment
 - Bone marrow or organ transplantation
 - Immune deficiencies
 - HIV with a low CD4 cell count or not on HIV treatment
 - Prolonged use of corticosteroids and other immune weakening medications
- Liver disease, examples include :
 - Cirrhosis with or without Hepatitis B or C
- Palliative or end of life care

*The medical conditions identified are based on information from the Public Health Agency of Canada and the Centre for Disease Control. CSC's National Medical Advisory Committee and Health Services has collaborated to ensure consistent identification of these conditions within CSC's inmate population. Examples are provided but they are not exhaustive, if you are unsure please consult with a physician

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Annex B – Standard Script for Monitoring

I am here to do a brief screening of your general health. I would like to ask you a few questions about your health.

Do you have any of the following?

- fever - May I take your temperature?
- cough
- shortness of breath
- difficulty breathing
- sore throat
- runny nose
- usual loss of taste or smell
- headache
- weakness

Are you experiencing any of the following?

- shortness of breath at rest
- inability to lie down because of difficulty breathing
- a worsening of a chronic health condition that you are having increased difficulty managing

In general, I would like to get a sense of how you have been feeling overall. Have there been any noticeable changes to your physical or mental health?

Please contact Health Services either directly or through other CSC staff if you are feeling unwell.