Emma Small

From: Dean Blue
Sent: April 4, 2020 3:58 PM
To: Amy Elefson
Cc: Susan Nolt; Celine OBrien
Subject: FW: For Information: Corrections Documents
Attachments: COVID 19 CORRECTIONAL HEALTH SERVICES GUIDE MARCH 27 2020.docx; COVID 19 Correctional Health Services Update March 27, 2020.docx; COVID 19 Screening Direction for Correctional Health Services Staff Marc....docx; COVID 19 Script for Correctional Officers March 30 2020.doc; COVID 19 Correctonal Health Services Dental Guidelines March 30, 2020.docx; tms-crh-guidelines-outbreak-prevention-control.pdf; tms-ipc-corr-ili-algorithm.pdf; tms-ipc-corr-additional-precautions-managment.pdf; Temporary Suspension-Visits at Centres Mar 16 20 signed.pdf; COVID -19 Planning for the Scheduling of Matters.pdf; COVID-19 Self Assessment Memo Poster Apr 2 20 signed.pdf

N/R

From: Cheryl Bourassa <Cheryl.Bourassa@albertahealthservices.ca>
Sent: April 4, 2020 3:49 PM
To: AHW EOC 20(1)(m); 25 (1) (b)
Cc:
Subject: Re: Corrections Documents

Good afternoon – as promised, I am forwarding the Provincial Correctional Health documents. Attached are the following:

- Guide for Management of Coronavirus Disease (COVID-19) in Correctional and Remand Facilities in the Province of Alberta – March 27, 2020
- Correctional Health Services COVID 19 Update – March 27, 2020
- COVID 19 Screening Direction for Correctional Health Services Staff – March 31, 2020
- COVID 19 Script for Correctional Officers – March 30, 2020
- COVID 19 Correctional Health Services Dental Guides – March 30, 2020
- Guidelines for Outbreak Prevention, Control and Management in Provincial Correctional Centres including Influenza and Gastrointestinal Illness – December 2019
- Correctional Health Services Influenza-like Illness Algorithm – October 2019
- IPC Guidelines for Cohorting Isolation Patients in AHS Correctional Health – May 2019

- JSG Internal Memo – Temporary Suspension – Visitation at Correctional Facilities and Young Offenders Centres – March 16, 2020
- The Provincial Court of Alberta – COVID 19 Pandemic Planning for the Scheduling of Matters – March 17, 2020
- JSG Internal Memo – COVID-19 Self Reporting Protocol Prior to Reporting for Duty – April 2, 2020

I have also been advised that In terms of connection with CSC, Dr. Courtney, and the Facilities Medical Director, meets with the Physician Leads within Corrections in other provinces and CSC on a weekly basis and they often email and consult in between. Dr. Courtney has shared most of our AHS internal documents with this group (not the JSG ones above as we did not feel these were ours to share). Janet believes the CSC representative on the group is Dr. Jim Worthington. On March 19, 2020 , AHS Corrections Health had a request from Grande Cache Institution through an MOH to share our Outbreak Manual, which we did. Janet also received a message last weekend (through Calgary ZEOC from ECC) that Bowden and Drumheller were looking for information.

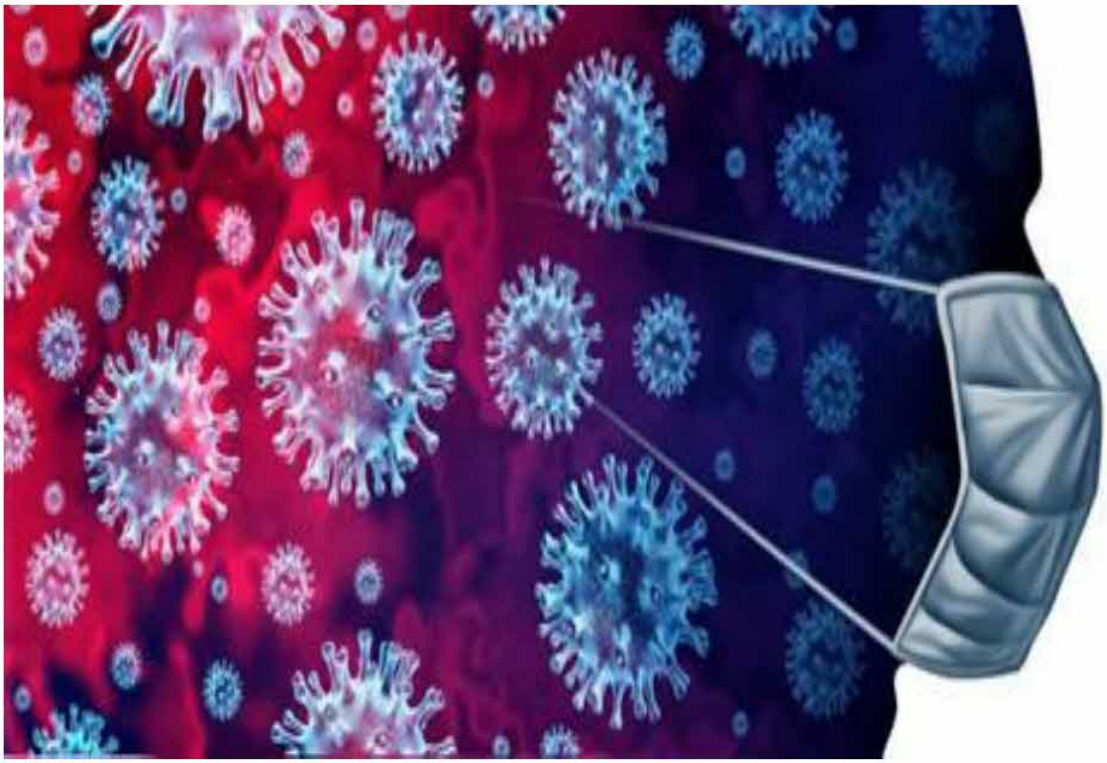
We also understood from today's meeting that AH (Dean) is looking to set up a meeting with Deena, Dr. Worthington and AHS Corrections Health. We would suggest he invite Dr. Keith Courtney and Janet Chafe,

I hope this is helpful . Please do let us know if you have any questions.

Cheryl Bourassa
AHS ECC Liaison
403-613-7308

Guide for Management of Coronavirus Disease (COVID-19) in Correctional and Remand Facilities in the Province of Alberta

Alberta Health Services
Correctional Health Services
March 27, 2020



Alberta Health Services

Table of Contents

This guide is based on what is currently known about and has been adapted from:

The Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities | CDC transmission and severity of coronavirus disease 2019 (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

Quick Reference Guide for Outbreak Management in Congregate Living Sites, Alberta Health Services (March 2020).

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-outbreak-congregate-quick-reference.pdf

For the most current Alberta Health Services Direction www.ahs.ca/covid.

Alberta Health Services (AHS), Correctional Health, in conjunction with Correctional Services Division (CSD), will update this guide and direction as needed and as additional information becomes available.

This document provides guidance specific for correctional centres, remand centres, and youth offender centres (collectively referred to as Correctional Facilities) during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated persons, staff, and visitors.

1. Intended audience

This document is intended to provide guidance to healthcare and correctional administrators of correctional facilities in Alberta to assist in the preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities.

The guide may need to be adapted based on an individual facility's physical space, staffing, population, operations, and other resources and conditions**.** Facilities should contact AHS or CSD leadership if assistance is required in applying, or addressing topics that are not specifically covered in this guide.

2. Purpose

Correctional Facilities may include, but are not limited to, custody, housing, education, recreation, healthcare, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/remanded persons, staff, and visitors. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission and severe disease from COVID-19.

- Incarcerated/remanded persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/remanded persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or remand facility, including daily staff ingress and egress; transfer of incarcerated/remanded persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members. Some settings, particularly remand centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/remanded in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through

work alternatives such as working from home or reduced/alternate schedules are limited for many staff roles.
- Correctional Facilities can be complex, multi-employer settings that include government, volunteers, private employers, and contractors. Each is organizationally distinct and responsible for its own operational, personnel, and occupational health protocols and may be prohibited from issuing guidance or providing services to other employers or their staff within the same setting.
- Incarcerated/remanded persons and staff may have medical conditions that increase their risk of severe disease from COVID 19.
- Because limited outside information is available to many incarcerated/remanded persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.
- The ability of incarcerated/remanded persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to fear of isolation or other security related concerns.

AHS/CSD have a co-authored Infection Control Manual (December, 2019) to assist with guidance of specific management for Influenza-Like Illnesses (ILI) which is referenced throughout this document. That guidance will not be reiterated here. However, it is known that there is specific and ever-changing information for COVID-19 that requires further guidance and in many cases, will override previous direction.

Due to the variability and differing infrastructure and other factors of the Correctional Facilities across the province of Alberta, it is recognized that sites should adapt these guiding principles to the specific needs of their facility.

3. Topics Included

The guidance below includes detailed recommendations on the following topics related to COVID-19 in Correctional Facilities:

- Operational and communications preparations for COVID-19
- Enhanced cleaning/disinfecting and hygiene practices
- Social distancing strategies to increase space between individuals in the facility
- How to limit transmission from visitors
- Infection control, including recommended personal protective equipment (PPE)
- Verbal screening and temperature check protocols for incoming incarcerated/remanded individuals, staff, and visitors

- Medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited
- Healthcare evaluation for suspected cases, including testing for COVID-19
- Clinical care for confirmed and suspected cases
- Considerations for persons at higher risk of severe disease from COVID-19

4. Definitions

Close contact of a COVID-19 case – In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Cohorting – Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative. See Quarantine and Medical Isolation sections below for specific details about ways to implement cohorting to minimize the risk of disease spread and adverse health outcomes.

Community transmission of COVID-19 – Community transmission of COVID-19 occurs when individuals acquire the disease through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, Correctional Facilities are more likely to start seeing cases inside their walls.

Confirmed vs. Suspected COVID-19 case – A **confirmed case** has received a positive result from a COVID-19 laboratory test, with or without symptoms. A **suspected case** shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation

ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinicians.

Quarantining – refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Group isolation for COVID-19 should last for a period of 14 days. Ideally, each individual would be isolated in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

Social Distancing – Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet (2 meters) between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although social distancing is challenging to practice in correctional and remand environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19.

Staff – In this document, “staff” refers to all public sector employees as well as those working for a private contractor within a correctional facility. Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff including private facility operators.

Symptoms – Symptoms of COVID-19 include fever, cough, sore throat, and shortness of breath. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood. Monitor the AHS COVID 19 website for updates on these topics.

5. Facilities with Limited Onsite Healthcare Services

Health care service hours, resources, and supporting infrastructure with the Correctional Facilities across the province are varied. The majority of the guidance below is

designed to be applied to any of the Correctional Facilities, either as written or with modifications based on a facility's individual structure and resources.

6. COVID-19 Guidance for Correctional Facilities

Guidance for Correctional Facilities is organized into 3 sections: **Operational Preparedness, Prevention, and Management of COVID-19.** Recommendations across these sections can be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

A. **Operational Preparedness:** This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Strategies focus on operational and communications planning and personnel practices.
B. **Prevention**: This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Strategies focus on reinforcing hygiene practices, intensifying cleaning and disinfection of the facility, screening (new intakes, visitors, and staff), continued communication with incarcerated/remanded persons and staff, and social distancing measures (increasing distance between individuals).
C. **Management**: This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases inside the facility and prevent further transmission. Strategies include medical isolation and care of incarcerated/remanded persons with symptoms (including considerations for cohorting), quarantine of cases' close contacts, restricting movement in and out of the facility, infection control practices for individuals interacting with cases and quarantined contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas visited by cases.

7. Operational Preparedness

Centre Directors and Health Managers should plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms. Signage and other educational materials are readily available. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and other correctional partners, and communicating clearly with staff and incarcerated/remanded persons about these preparations and how they may temporarily alter daily life.

Communication & Coordination

- Develop information-sharing systems.
    - Identify points of contact. Active engagement and collaboration between CSD and AHS management to understand in advance the partnership and collaboration required to develop, plan and implement control measures to limit the introduction and spread of COVID-19.
    - Create and test communications plans to disseminate critical information to incarcerated/remanded persons, staff, contractors, vendors, and visitors as the pandemic progresses.
    - Communicate with other correctional facilities to share information.
    - Where possible, put plans in place with other jurisdictions to prevent confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities.
    - Stay informed about updates to AHS and CSD as more information becomes known.
- Review existing pandemic and other contingency plans and revise for COVID-19.
    - Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to isolate known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or isolate simultaneously.
    - Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.
- Coordinate with local law enforcement and court officials.
    - Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.
    - Explore strategies to prevent over-crowding of Correctional Facilities during a community outbreak.
- Post signage throughout the facility communicating the following:
    - **For all:** symptoms of COVID-19 and hand hygiene instructions
    - **For incarcerated/remanded persons**: report symptoms to staff, hand washing, coughing etiquette

- **For staff**: follow CSD and AHS directions if you are ill. Do not report to work; if symptoms develop while on duty, leave the facility as soon as possible and follow AHS and CSD direction.
- Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

Personnel Practices

- Review the HR policies and directives for AHS/CSD for management during the COVD 19 outbreak.
- Plan for staff absences

Operations & Supplies

- Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.
  - Standard medical supplies for daily clinic needs
  - Tissues
  - Liquid soap when possible.
  - Hand drying and moisturizing supplies
  - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
  - Cleaning supplies
  - Recommended PPE (facemasks, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls).
  - Sterile viral transport media and NP swabs

- Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.
- Ensure that staff and incarcerated/remanded persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.

8. Prevention

Correctional and remand facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene

practices among incarcerated/remanded persons, staff, and visitors, intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified. Both good hygiene practices and social distancing are critical in preventing further transmission.

Operations

- Stay in communication with partners about your facility's current situation.
- Communicate with the public about any changes to facility operations, including visitation programs.
- Restrict transfers of incarcerated/remanded persons to and from other jurisdictions and facilities unless necessary.
    - Strongly consider postponing non-urgent outside medical visits.
    - If a transfer is absolutely necessary, perform verbal screening and a temperature check, when possible and as directed, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including having the individual wash their hands, putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has the capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE and that the transport vehicle is cleaned thoroughly after transport.

- Implement lawful alternatives to in-person court appearances where permissible.
- Limit the number of operational entrances and exits to the facility.

Cleaning and Disinfecting Practices

- Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to recommendations. These measures may prevent spread of COVID-19 if introduced. Cleaning protocols have been provided.
    - Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).

    - Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- Consider increasing the number of staff and/or incarcerated/remanded persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.
- Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.

Hygiene

- Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).
- Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis. Sample signage and other communication avenues are available AHS Insite www.ahs.ca/covid. Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
    - Practice good cough etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
    - Practice good hand hygiene: Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
    - Avoid touching your eyes, nose, or mouth without cleaning your hands first.
    - Avoid sharing eating utensils, dishes, and cups.
    - Avoid non-essential physical contact.

- Consider allowing staff to carry alcohol based sanitizer individual-sized bottles to maintain hand hygiene.
- Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.

Prevention Practices for Incarcerated/Remanded Persons

- Perform intake screening and when possible, temperature checks for all new entrants. Screening should take place at the earliest available opportunity, before beginning the intake process, in order to identify and immediately place individuals with symptoms under medical isolation. Follow screening direction and PPE instruction.
    - **If an individual has symptoms of COVID-19** (fever, cough, sore throat)**:**
        - Require the individual to wear a face mask and wash their hands.
        - Ensure that staff who have direct contact (less than 6 feet/2 metres) with the symptomatic individual wear PPE as directed.
        - Place the individual under medical isolation.
    - **If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms):**
        - Isolate the individual and AHS is to monitor for symptoms twice per day for 14 days. (See isolation section below.
- Implement social distancing strategies to increase the physical space between incarcerated/remanded persons (ideally less than 6 feet/2 metres between all individuals, regardless of the presence of symptoms). Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:
    - **Common areas:**
        - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)
    - **Recreation:**
        - Choose recreation spaces where individuals can spread out
        - Stagger time in recreation spaces
        - Restrict recreation space usage to a single housing unit per space (where feasible)
    - **Movement**
        - Minimize off unit movement and transfer between units/cohorts as much as possible
    - **Meals:**
        - Stagger meals
        - Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
        - Provide meals inside housing units or cells
    - **Group activities:**
        - Limit the size of group activities
        - Increase space between individuals during group activities

        - Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
        - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out
    - **Housing:**
        - If space allows, reassign bunks to provide more space between individuals, ideally 6 feet (2 metres) or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
        - Arrange bunks so that individuals sleep head to foot to increase the distance between them
        - Rearrange scheduled movements to minimize mixing of individuals from different housing areas
    - **Medical:**
        - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
        - Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact before they move to other parts of the facility.
- Communicate clearly and frequently with incarcerated/remanded persons about changes to their daily routine and how they can contribute to risk reduction.
- Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.
- Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.
- Provide up-to-date information about COVID 19 to incarcerated/remanded persons on a regular basis, including:
    - Symptoms of COVID 19 and its health risks
    - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.

Prevention Practices for Staff

- Following AHS/CSD direction, remind staff to stay at home if they are sick. Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.

- Screening for all staff daily on entry.
- Provide staff with up to date information about COVID-19 and about facility policies on a regular basis, including:
    - Symptoms of COVID-19 and its health risks
    - AHS/CSD sick leave policy and COVID-19 Human Resources (HR) direction
    - If staff develop a fever, cough, or sore throat while at work: immediately put on a face mask, inform supervisor, leave the facility, and follow AHS directions for persons who are ill with COVID-19 symptoms.
- When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet (2 metres) or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.
- Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.

Prevention Practices for Visitors

- If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.
- Perform screening for COVID-19 symptoms and close contact with cases for all visitors and volunteers on entry.
    - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- When possible, provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.
- Provide visitors and volunteers with information to prepare them for screening.
    - Instruct visitors to postpone their visit if they have symptoms of respiratory illness.
    - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19, and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
    - Display signage outside visiting areas explaining the COVID-19 screening process. Ensure that materials are understandable for non-English speakers and those with low literacy.
- Promote non-contact visits:
    - Encourage incarcerated/remanded persons to limit contact visits in the interest of their own health and the health of their visitors.
    - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.

  - Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.
- **Consider suspending or modifying visitation programs**
  - **Inform potential visitors of changes to, or suspension of, visitation programs.**
  - **Clearly communicate any visitation program changes to incarcerated/remanded persons, along with the reasons for them (including protecting their health and their family and community members' health).**
  - **If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/remanded individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.**
  - **Suspending visitation would be done in the interest of incarcerated/remanded persons' physical health and the health of the general public. However, visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them.**

- **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

9. Management

If there has been a suspected COVID-19 case inside the facility (among incarcerated/remanded persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

Operations

- Implement alternate work arrangements deemed feasible
- Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities

  - If a transfer is absolutely necessary, perform verbal screening and a temperature check before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the required protocol for suspected COVID 19 – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE and that the transport vehicle is cleaned thoroughly after transport.
- If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case). Subsequently, in this document, this practice is referred to as Routine Intake Quarantine.
- When possible, arrange lawful alternatives to in-person court appearances.
- Incorporate screening for COVID-19 symptoms into release planning.
  - Screen all released individuals for COVID-19 symptoms as directed.

Hygiene

- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.
- Continue to emphasize practicing good hand hygiene and cough etiquette.

Cleaning and Disinfecting Practices

- Continue adhering to recommended cleaning and disinfection procedures for the facility at large.
- Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time.

Medical Isolation of Confirmed or Suspected COVID-19 Cases

- As soon as an individual develops symptoms of COVID-19, they should wash their hands, put on a face mask and be immediately placed under medical isolation in a separate environment from other individuals.
- Keep the individual's movement outside the medical isolation space to an absolute minimum.
  - When possible, provide medical care to cases inside the medical isolation space.
  - Serve meals to cases inside the medical isolation space.
  - Exclude the individual from all group activities.
  - Assign the isolated individual a dedicated bathroom when possible.

- Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters.
- Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible. Cohorting should only be practiced if there are no other available options.
    - If cohorting is necessary:
        - Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.
        - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
        - Ensure that cohorted cases wear face masks at all times.
    - In order of preference, individuals under medical isolation should be housed:
        - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
        - Separately, in single cells with solid walls but without solid doors
        - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing related to housing in the prevention section above.
        - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.
        - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
        - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.

If the ideal choice does not exist in a facility, use the next best alternative.

- If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)

  - Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes.
  - Note that incarcerated/remanded populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.
- Custody staff should be designated to monitor these individuals exclusively where possible. These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation and should limit their own movement between different parts of the facility to the extent possible.
- Minimize transfer of COVID-19 cases between spaces.
- Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:
  - **Cover** their mouth and nose with a tissue when they cough or sneeze
  - **Dispose** of used tissues immediately in the lined trash receptacle
  - **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.
- Maintain medical isolation until all the following criteria have been met.
  - **For individuals who will be tested to determine if they are still contagious:**
    - The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
  - If an incarcerated/remanded individual who is a COVID-19 case is released from custody during their medical isolation period follow direction as provided by AHS or CSD staff in alignment with community requirements.

Cleaning Spaces where COVID-19 Cases Spent Time

- Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19.
  - Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).

- Ensure that staff and incarcerated/remanded persons performing cleaning wear recommended PPE.
- Food service items. Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- Laundry from a COVID-19 cases can be washed with other individuals' laundry.
    - Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
    - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
    - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
    - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.
- Consult cleaning recommendations to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.

Quarantining Close Contacts of COVID-19 Cases

- Incarcerated/remanded persons who are close contacts of a confirmed or suspected COVID-19 case should be placed under quarantine for 14 days
    - If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.
- In the context of COVID-19, an individual (incarcerated/detained person or staff) is considered a close contact if they:
    - Have been within approximately 6 feet (2 metres) of a COVID-19 case for a prolonged period of time **OR**
    - Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)

Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.
    - Provide medical evaluation and care inside or near the quarantine space when possible.
    - Serve meals inside the quarantine space.
    - Exclude the quarantined individual from all group activities.
    - Assign the quarantined individual a dedicated bathroom when possible.
- Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually. Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.
    - If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under medical isolation
    - If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
    - Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.
    - If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
- If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.)
- In order of preference, multiple quarantined individuals should be housed:
    - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
    - Separately, in single cells with solid walls but without solid doors
    - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet (2 metres) of personal space assigned to each individual in all directions
    - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet (2 metres) of personal space assigned to each individual in all directions, but without a solid door
    - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between

occupied cells creating at least 6 feet (2 metres) of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
    - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet (metres) of space between individuals housed in the same cell.
    - As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet (2 metres) of space between individuals.
    - Safely transfer to another facility with capacity to quarantine in one of the above arrangements
      (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)
- Quarantined individuals should wear face masks, as source control, under the following circumstances:
    - If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
    - If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
    - All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.
    - Asymptomatic individuals under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.
- Staff who have close contact (<2m) with quarantined individuals should wear recommended PPE.
    - Staff supervising asymptomatic incarcerated/remanded persons under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear PPE.
- Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.
    - If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See Medical Isolation section above.)
- If an individual who is part of a quarantined cohort becomes symptomatic:
    - If the individual is tested for COVID-19 and tests positive: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
    - If the individual is tested for COVID-19 and tests negative: the 14-day quarantine clock for this individual and the remainder of the cohort does

not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.

- Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.
- Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.
- Meals should be provided to quarantined individuals in their quarantine spaces. Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- Laundry from quarantined individuals can be washed with other individuals' laundry.
    - Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
    - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
    - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
    - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Management of Incarcerated/Remanded Persons with COVID-19 Symptoms

- If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- Incarcerated/remanded individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing.
- Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.
    - If the COVID-19 test is positive, continue medical isolation.
    - If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

Management Strategies for Incarcerated/Remanded Detained Persons without COVID-19 Symptoms

- Provide clear information to incarcerated/remanded persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.
    - Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
    - Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
- Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.
- Consider additional options to intensify social distancing within the facility.

Management Strategies for Staff

- Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.
    - Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.

10. Infection Control

Infection control guidance below is applicable to all Correctional Facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/remanded persons may have with confirmed or suspected COVID-19 cases.

- All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices as provided in the Correctional Health Services Infection Control Manual or as otherwise directed. Monitor these guidelines regularly for updates.

11. Clinical Care of COVID 19 cases

Facilities should ensure that incarcerated/remanded individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

- The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes.
- Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow AHS directives for clinical management of patients with confirmed COVID-19.
- Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the suspected case is wearing a face mask.
- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).
- The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.
- When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.

12. Recommended PPE and PPE training for staff and inmates

- Ensure that all staff (healthcare and non-healthcare) and incarcerated/remanded persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.
- Recommended PPE for incarcerated/remanded individuals and staff in a correctional facility will vary based on the type of contact they have with COVID-19 cases and their contacts as directed.

13. Screening Protocols for Incarcerated/Remanded Persons, Staff, and Visitors

Screening is required for incarcerated/remanded persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/remanded persons who are transferred to another facility or released from custody. Screening should include temperature checks wherever possible.

Follow the most recent screening direction provided by AHS or at ahs.ca/covid

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