

RESPONSE TO COVID-19 INFORMATION NOTE
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December 21, 2020

The purpose of this information note is to provide an overview of the current status of the Ministry of the Solicitor General's response to COVID-19. This document is prepared by the Assistant Deputy Minister's Office in the Institutional Services in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee healthcare, supply chain management, cleaning services, and daily operations.

Unless otherwise noted, the healthcare policies and procedures and the actions taken to stop transmission of the COVID-19 virus have been implemented at all provincial adult correctional institutions.

Compliance with policy is monitored locally by senior managers and daily meetings are held with superintendents to discuss implementation status and identify any challenges and develop solutions.

Stocks of critical supplies including PPE and cleaning products at all institutions are monitored daily. Any shortages are reported and addressed immediately.

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

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

Facts:

- There were 6,790 inmates registered in custody across all 25 institutions on December 21, 2020 when data was extracted.
- This is a 19% reduction since March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

Inmates – Positive by Institution (as of December 18, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	1	1	0
Central East Correctional Centre	0	1	2
Central North Correctional Centre	7	2	1
Elgin-Middlesex Detention Centre	0	2	0
Hamilton-Wentworth Detention Centre	0	3	1
Kenora Jail	0	2	0
Maplehurst Correctional Complex	2	10	5
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	1	1
Ontario Correctional Institute	0	89	2
Ottawa-Carleton Detention Centre**	0	3	1
Sarnia Jail	0	1	0
Southwest Detention Centre	0	3	0
Toronto East Detention Centre	5	4	1
Toronto South Detention Centre***	54	20	14
Vanier Centre for Women	0	2	5

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

**The inmate positive reported at Ottawa-Carleton Detention Centre in the August 5, 2020 information note was later confirmed to be a false positive and has been removed from the count.

Staff – Positive by Institution (as of December 18, 2020)

	Ongoing	Resolved*
Central North Correctional Centre	2	1
Elgin-Middlesex Detention Centre	0	1
Hamilton-Wentworth Detention Centre	0	2
Maplehurst Correctional Centre	1	3
Ontario Correctional Institute	0	25
Ottawa-Carleton Detention Centre	0	3
Southwest Detention Centre	2	0
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto East Detention Centre	7	1
Toronto South Detention Centre**	15	19
Vanier Centre for Women	0	1



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

Third Party – Reported positives by Institution (as of December 18, 2020)

	Positive	Resolved
Hamilton-Wentworth Detention Centre	0	1
Maplehurst Correctional Complex	0	1
Southwest Detention Centre	0	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's Office in consultation with the local Public Health Unit when relevant. Cases older than 14 days are deemed resolved.

Inmate testing data

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

Toronto South Detention Centre Outbreak:

- On December 9, 2020, Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health. As of December 11, 2020, there were 21 cases related to this outbreak.
- All potentially impacted inmates have been tested and affected units have been placed in medical isolation, in consultation with Toronto Public Health.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broader staff testing for TSDC began on site on Friday, December 11, 2020 and continued throughout the weekend. Over 250 staff were tested, and additional testing has been confirmed for December 16, 2020.

Toronto East Detention Centre Outbreak:

- On December 9, 2020 Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health. As of December 14, 2020, there are 6 cases related to this outbreak.
- The positive inmate cases at TEDC are placed in isolation units, single-celled.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broad staff testing began at TEDC on December 13, 2020 and continues.

Central North Correctional Centre Outbreak:

- On December 14, 2020, Simcoe Muskoka District Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Simcoe Muskoka District Health. As of December 17, 2020, there are 7 inmate cases related to this outbreak.
- All potentially impacted inmates have been tested and affected units have been placed on medical isolation, in consultation with Simcoe Muskoka District Health.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions
- Contact tracing is underway for all individuals and close contacts that are identified will be notified by Simcoe Muskoka District Health or Corporate Health Care.

Ontario Correctional Institute Outbreak

- On April 15, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to stop any potential spread of COVID-19.
- The ministry has protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Cleaning of high-touch points (e.g. door handles) is being conducted at a minimum twice per day.

- Comprehensive Personal Protective Equipment (PPE) guidelines exist for different circumstances.
- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate medical needs.
- The overall reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI self-isolated for 14 days before returning to work.
- On May 12, 2020, the OCI outbreak was deemed resolved by Toronto Public Health, with no institutional transmission of cases inside TSDC. Toronto Public Health took carriage of the file when inmates were moved to TSDC.
- As of June 9, 2020, all the inmates originally housed at TSDC have been transferred from TSDC to the Maplehurst Correctional Complex (MHCC).
- OCI continues to accept applicants for its treatment programs from its temporary location at MHCC.

Healthcare policies and procedures

Communicable disease outbreak process:

- If a reportable communicable disease occurs or is suspected, institution officials notify the local Medical Officer of Health, and Ministry provincial health professionals.
- The Medical Officer of Health determines whether to declare an outbreak and provides direction for containment.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health take immediate precautionary containment measures in accordance with operating procedures, including containment strategies which may include medical isolation and decontamination of affected areas.
- When an inmate tests positive they are immediately placed in medical isolation under droplet and contact precautions (or kept in medical isolation if they had been already be placed there pre-testing). The local Public Health Unit leads contact tracing in collaboration with the Ministry of the Solicitor General's Corporate Healthcare and Wellness Branch and the institution's healthcare team. While each case is managed individually, once resolved the individual could be integrated back into the general inmate population.

- Placement in medical isolation is temporary and non-punitive. Inmates placed in medical isolation are managed in accordance with ministry policy and still receive access to court and counsel, fresh air (“yard”), showers, use of telephone, and access to personal belongings as well as canteen.
- Contact tracing is the process used by Public Health Units to identify, educate, and monitor individuals who have had close contact with someone who is infected with the virus. The ministry works with Public Health units to support contact tracing for both staff and inmates.

Medical Care:

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

Housing for medically vulnerable inmates:

- Decisions about housing placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and consultation with health care takes place. Health care

staff provide recommendations based on the assessed health care needs of the inmate.

- The housing placement for an inmate with medical needs will also be influenced by the physical layout of an institution and the facilities that are available at that institution.
- Placement options to protect a vulnerable individual vary and are dependent on institution design. Options may include general population (including protective custody if required); behavioural units, managed clinical care, or special needs units; medical observation units, or an institutional infirmary. There are different areas where patients are housed within an institution that correspond to the level of health care services they require.

Actions taken to stop transmission of COVID-19 virus

Screening:

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

Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- All inmates are screened when they are admitted to the institution, including from police custody or transfers from other institutions.
- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits doing screening and by nursing staff conducting further medical assessments.
- Inmates are asked if they have a fever, new cough, difficulty breathing, or have travelled from outside the country in the last 14 days. Inmates answering yes to any question results in the inmate being immediately provided with a mask and asked to wash or sanitize their hands. The inmate will be kept at least two metres from other inmates and in a separate area where possible. Staff within two metres of the inmate will wear a mask and eye protection until they have been cleared by healthcare. Healthcare will be contacted for an assessment as soon as possible.
- All inmates continue to receive a full health assessment on admission which includes, vital signs, including temperature and a review of current and past medical history.

- If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team.
- Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date.
- Inmates housed on Intake Units are not eligible for institution work or group programs
- All meals will be issued to inmates in their cell by correctional staff.
- Vacated cells must be cleaned prior to another inmate occupying the cell.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

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

- They have not been in close contact with someone who recently travelled outside Canada.
- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions

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

Other policies and procedures implemented:

- As of November 13, 2020 regular personal visits have been suspended at institutions that are located within provincial zones that have been classified as grey, with exceptions granted for compassionate or emergency circumstances. Red zones may also be impacted by this suspension, depending on the individual institutional risk assessment. In addition to reducing the risk of introducing COVID-19 into the institution, individuals should not be travelling unless necessary. Professional visitors such as lawyers continue to be excluded from these restrictions.
- Visitors are not permitted to attend institutions when coming from Red or Grey zones.
- Institutions where personal visits are suspended have been directed to consider increasing access to telephones and stationary/postage to support communication between inmates and their family and friends.
- On December 8, 2020 the weekly “canteen” limit was once again increased from \$60 to \$90 across the province to help compensate for the suspension of personal visits.
- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.

- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.
- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program.
- Staff have access to PPE including face masks, eye protection, gloves and gowns, and are instructed to wear it when appropriate according to Guidelines developed by the Ministry of Health and Public Health Ontario.
 - As of April 27, 2020, all staff and visitors are required to wear a surgical/procedural mask at all times while at work in the institution unless otherwise specified. Masks are supplied by the institution.
 - Staff are trained in the proper usage of PPE, and the ministry has prepared a 30 minute e-learning module on the proper use, maintenance and conservation of PPE.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SOLGEN provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- Of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased

approach. As of June 22, voluntary testing has been offered to staff and inmates at all institutions.

- The COVID-19 Guidance Documents for Provincial Correctional Institutions have been published to the Ministry of Health website and can be found at http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

To reduce capacity:

- Intermittent inmates who serve time on the weekends are required to attend their reporting facility for their first reporting date, where they will be given a Temporary Absence Pass (TAP) from custody and permitted to return home. The TAP will be issued for February 28, 2021 or their sentence end-date, whichever comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.
- The ministry has begun to proactively perform a temporary absence review for all sentenced offenders to determine whether they are eligible for early release. Offenders chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Those who have been convicted of serious crimes, such as violent crimes or crimes involving guns, would not be considered for early release. Unlike the standard process, sentenced offenders are not required to apply for release and will be notified if they qualify and must agree to the terms and conditions of their release prior to leaving the institution.
- Where safely feasible, non-custodial options are considered by the Court for individuals charged with non-violent or less serious offences.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

RESPONSE TO COVID-19 INFORMATION NOTE
Author(s): Michael Walker, Strategic Advisor
Institutional Services Division, Assistant Deputy Minister's Office
December 30, 2020

The purpose of this information note is to provide an overview of the current status of the Ministry of the Solicitor General's response to COVID-19. This document is prepared by the Assistant Deputy Minister's Office in the Institutional Services in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee healthcare, supply chain management, cleaning services, and daily operations.

Unless otherwise noted, the healthcare policies and procedures and the actions taken to stop transmission of the COVID-19 virus have been implemented at all provincial adult correctional institutions.

Compliance with policy is monitored locally by senior managers and daily meetings are held with superintendents to discuss implementation status and identify any challenges and develop solutions.

Stocks of critical supplies including PPE and cleaning products at all institutions are monitored daily. Any shortages are reported and addressed immediately.

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

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

Facts:

- There were 6,606 inmates registered in custody across all 25 institutions on December 30, 2020 when data was extracted.
- This is 21% lower than March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

Inmates – Positive by Institution (as of December 29, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	0	1	1
Central East Correctional Centre	1	1	2
Central North Correctional Centre	1	20	2
Elgin-Middlesex Detention Centre	0	2	0
Hamilton-Wentworth Detention Centre	0	3	1
Kenora Jail	0	2	0
Maplehurst Correctional Complex	0	12	5
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	2	2	1
Ontario Correctional Institute	0	89	2
Ottawa-Carleton Detention Centre**	1	3	1
Sarnia Jail	1	1	0
Southwest Detention Centre	0	3	0
Toronto East Detention Centre	1	8	2
Toronto South Detention Centre	16	76	15
Vanier Centre for Women	0	2	5

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

**The inmate positive reported at Ottawa-Carleton Detention Centre in the August 5, 2020 information note was later confirmed to be a false positive and has been removed from the count.

Staff – Positive by Institution (as of December 29, 2020)

	Ongoing	Resolved*
Central North Correctional Centre	3	2
Elgin-Middlesex Detention Centre	1	1
Hamilton-Wentworth Detention Centre	1	2
Maplehurst Correctional Centre	2	4
Ontario Correctional Institute	0	25
Ottawa-Carleton Detention Centre	0	3
Southwest Detention Centre	0	2
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto East Detention Centre	2	8
Toronto South Detention Centre	5	31
Vanier Centre for Women	0	1

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Third Party – Reported positives by Institution (as of December 29, 2020)

	Positive	Resolved
Hamilton-Wentworth Detention Centre	0	1
Maplehurst Correctional Complex	0	1
Southwest Detention Centre	0	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's Office in consultation with the local Public Health Unit when relevant. Cases older than 14 days are deemed resolved.

Inmate testing data

- On July 14, 2020 the government published data related to COVID-19 testing of inmates in Ontario's Provincial Correctional Institutions.
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Toronto South Detention Centre Outbreak:

- On December 9, 2020, Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health.
- All potentially impacted inmates have been tested and affected units have been placed in medical isolation, in consultation with Toronto Public Health.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broader staff testing for TSDC began on site on Friday, December 11, 2020 and continued throughout the weekend. Over 250 staff were tested, and additional testing has been confirmed for December 16, 2020.

Toronto East Detention Centre Outbreak:

- On December 9, 2020 Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health.
- The positive inmate cases at TEDC are placed in isolation units, single-celled.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broad staff testing began at TEDC on December 13, 2020.

Central North Correctional Centre Outbreak:

- On December 14, 2020, Simcoe Muskoka District Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Simcoe Muskoka District Health.
- All potentially impacted inmates have been tested and affected units have been placed on medical isolation, in consultation with Simcoe Muskoka District Health.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions
- Contact tracing is underway for all individuals and close contacts that are identified will be notified by Simcoe Muskoka District Health or Corporate Health Care.

Ontario Correctional Institute Outbreak

- On April 15, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to stop any potential spread of COVID-19.
- The ministry has protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Cleaning of high-touch points (e.g. door handles) is being conducted at a minimum twice per day.
- Comprehensive Personal Protective Equipment (PPE) guidelines exist for different circumstances.

- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate medical needs.
- The overall reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI self-isolated for 14 days before returning to work.
- On May 12, 2020, the OCI outbreak was deemed resolved by Toronto Public Health, with no institutional transmission of cases inside TSDC. Toronto Public Health took carriage of the file when inmates were moved to TSDC.
- As of June 9, 2020, all the inmates originally housed at TSDC have been transferred from TSDC to the Maplehurst Correctional Complex (MHCC).
- OCI continues to accept applicants for its treatment programs from its temporary location at MHCC.

Healthcare policies and procedures

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- If a reportable communicable disease occurs or is suspected, institution officials notify the local Medical Officer of Health, and Ministry provincial health professionals.
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- Placement in medical isolation is temporary and non-punitive. Inmates placed in medical isolation are managed in accordance with ministry policy and still receive

access to court and counsel, fresh air (“yard”), showers, use of telephone, and access to personal belongings as well as canteen.

- Contact tracing is the process used by Public Health Units to identify, educate, and monitor individuals who have had close contact with someone who is infected with the virus. The ministry works with Public Health units to support contact tracing for both staff and inmates.

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 - Primary Care Physicians and Nurse Practitioners – each institution has one or more physicians and/or nurse practitioners who provide primary medical care to patients. There is a primary care practitioner on call during all hours of health care operations.
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 - Infectious disease;
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 - Acute or chronic health conditions such as diabetes or high blood pressure; and
 - Accommodation needs for health reasons, including medical devices (including prothesis, catheters, colostomies, ileostomies) and mobility devices.
- The institutional health care teams assess any inmates that require additional monitoring or would be deemed high risk.

Housing for medically vulnerable inmates:

- Decisions about housing placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and consultation with health care takes place. Health care staff provide recommendations based on the assessed health care needs of the inmate.

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- Placement options to protect a vulnerable individual vary and are dependent on institution design. Options may include general population (including protective custody if required); behavioural units, managed clinical care, or special needs units; medical observation units, or an institutional infirmary. There are different areas where patients are housed within an institution that correspond to the level of health care services they require.

Actions taken to stop transmission of COVID-19 virus

Screening:

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

Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- All inmates are screened when they are admitted to the institution, including from police custody or transfers from other institutions.
- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits doing screening and by nursing staff conducting further medical assessments.
- Inmates are asked if they have a fever, new cough, difficulty breathing, or have travelled from outside the country in the last 14 days. Inmates answering yes to any question results in the inmate being immediately provided with a mask and asked to wash or sanitize their hands. The inmate will be kept at least two metres from other inmates and in a separate area where possible. Staff within two metres of the inmate will wear a mask and eye protection until they have been cleared by healthcare. Healthcare will be contacted for an assessment as soon as possible.
- All inmates continue to receive a full health assessment on admission which includes, vital signs, including temperature and a review of current and past medical history.
- If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team.

- Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date.
- Inmates housed on Intake Units are not eligible for institution work or group programs
- All meals will be issued to inmates in their cell by correctional staff.
- Vacated cells must be cleaned prior to another inmate occupying the cell.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

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

- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions

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

- As of November 13, 2020 regular personal visits have been suspended at institutions that are located within provincial zones that have been classified as grey, with exceptions granted for compassionate or emergency circumstances. Red zones may also be impacted by this suspension, depending on the individual institutional risk assessment. In addition to reducing the risk of introducing COVID-19 into the institution, individuals should not be travelling unless necessary. Professional visitors such as lawyers continue to be excluded from these restrictions.
- Visitors are not permitted to attend institutions when coming from Red or Grey zones.
- Institutions where personal visits are suspended have been directed to consider increasing access to telephones and stationary/postage to support communication between inmates and their family and friends.
- On December 8, 2020 the weekly “canteen” limit was once again increased from \$60 to \$90 across the province to help compensate for the suspension of personal visits.
- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working

and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.

- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program.
- Staff have access to PPE including face masks, eye protection, gloves and gowns, and are instructed to wear it when appropriate according to Guidelines developed by the Ministry of Health and Public Health Ontario.
 - As of April 27, 2020, all staff and visitors are required to wear a surgical/procedural mask at all times while at work in the institution unless otherwise specified. Masks are supplied by the institution.
 - Staff are trained in the proper usage of PPE, and the ministry has prepared a 30 minute e-learning module on the proper use, maintenance and conservation of PPE.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SOLGEN provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- Of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, voluntary testing has been offered to staff and inmates at all institutions.

- The COVID-19 Guidance Documents for Provincial Correctional Institutions have been published to the Ministry of Health website and can be found at http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

To reduce capacity:

- Intermittent inmates who serve time on the weekends are required to attend their reporting facility for their first reporting date, where they will be given a Temporary Absence Pass (TAP) from custody and permitted to return home. The TAP will be issued for February 28, 2021 or their sentence end-date, whichever comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.
- The ministry has begun to proactively perform a temporary absence review for all sentenced offenders to determine whether they are eligible for early release. Offenders chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Those who have been convicted of serious crimes, such as violent crimes or crimes involving guns, would not be considered for early release. Unlike the standard process, sentenced offenders are not required to apply for release and will be notified if they qualify and must agree to the terms and conditions of their release prior to leaving the institution.
- Where safely feasible, non-custodial options are considered by the Court for individuals charged with non-violent or less serious offences.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

RESPONSE TO COVID-19 INFORMATION NOTE
Author(s): Michael Walker, Strategic Advisor
Institutional Services Division, Assistant Deputy Minister's Office
December 14, 2020

The purpose of this information note is to provide an overview of the current status of the Ministry of the Solicitor General's response to COVID-19. This document is prepared by the Assistant Deputy Minister's Office in the Institutional Services in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee healthcare, supply chain management, cleaning services, and daily operations.

Unless otherwise noted, the healthcare policies and procedures and the actions taken to stop transmission of the COVID-19 virus have been implemented at all provincial adult correctional institutions.

Compliance with policy is monitored locally by senior managers and daily meetings are held with superintendents to discuss implementation status and identify any challenges and develop solutions.

Stocks of critical supplies including PPE and cleaning products at all institutions are monitored daily. Any shortages are reported and addressed immediately.

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

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

Facts:

- There were 6,883 inmates registered in custody across all 25 institutions on December 14, 2020 when data was extracted.
- This is a 18% reduction since March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

Inmates – Positive by Institution (as of December 14, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	0	1	0
Central East Correctional Centre	0	1	2
Central North Correctional Centre	2	2	2
Elgin-Middlesex Detention Centre	0	2	0
Hamilton-Wentworth Detention Centre	0	3	1
Kenora Jail	0	2	0
Maplehurst Correctional Complex	1	10	5
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	1	1
Ontario Correctional Institute	0	89	2
Ottawa-Carleton Detention Centre**	0	3	1
Sarnia Jail	0	1	0
Southwest Detention Centre	0	3	0
Toronto East Detention Centre	6	2	1
Toronto South Detention Centre***	34	18	10
Vanier Centre for Women	0	3	4

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

**The inmate positive reported at Ottawa-Carleton Detention Centre in the August 5, 2020 information note was later confirmed to be a false positive and has been removed from the count.

Staff – Positive by Institution (as of December 14, 2020)

	Ongoing	Resolved*
Central North Correctional Centre	1	1
Elgin-Middlesex Detention Centre	0	1
Hamilton-Wentworth Detention Centre	0	2
Maplehurst Correctional Centre	1	3
Ontario Correctional Institute	0	25
Ottawa-Carleton Detention Centre	2	1
Southwest Detention Centre	2	0
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto East Detention Centre	6	1
Toronto South Detention Centre**	14	18
Vanier Centre for Women	0	1

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

Third Party – Reported positives by Institution (as of December 14, 2020)

	Positive	Resolved
Hamilton-Wentworth Detention Centre	1	0
Maplehurst Correctional Complex	1	0
Southwest Detention Centre	0	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's Office in consultation with the local Public Health Unit when relevant. The ministry may not be informed when the case is resolved.

Inmate testing data

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

Toronto South Detention Centre Outbreak:

- On December 9, 2020, Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health. As of December 11, 2020, there were 21 cases related to this outbreak.
- All potentially impacted inmates have been tested and affected units have been placed in medical isolation, in consultation with Toronto Public Health.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broader staff testing for TSDC began on site on Friday, December 11, 2020 and continued throughout the weekend. Over 250 staff were tested, and additional testing has been confirmed for December 16, 2020.

Toronto East Detention Centre Outbreak:

- On December 9, 2020 Toronto Public Health declared the institution to be under outbreak protocols. Outbreak control measures were established in consultation with Toronto Public Health. As of December 14, 2020, there are 6 cases related to this outbreak.
- The positive inmate cases at TEDC are placed in isolation units, single-celled.
- Positive inmates have been placed on medical isolation and under droplet and contact precautions.
- Contact tracing is underway for all individuals and close contacts will be notified by Toronto Public Health or the ministry's Corporate Health Care team.
- Broad staff testing began at TEDC on December 13, 2020 and continues.

Ontario Correctional Institute Outbreak

- On April 15, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to stop any potential spread of COVID-19.
- The ministry has protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Cleaning of high-touch points (e.g. door handles) is being conducted at a minimum twice per day.
- Comprehensive Personal Protective Equipment (PPE) guidelines exist for different circumstances.
- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate medical needs.
- The overall reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI self-isolated for 14 days before returning to work.

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

Healthcare policies and procedures

Communicable disease outbreak process:

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

Medical Care:

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

Housing for medically vulnerable inmates:

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

Actions taken to stop transmission of COVID-19 virus

Screening:

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Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
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 - Hoarse voice
 - Muscle aches
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 - Lost sense of taste or smell
 - Headache
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
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comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.

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- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.

RESPONSE TO COVID-19 INFORMATION NOTE
Author(s): Michael Walker, Strategic Advisor
Institutional Services Division, Assistant Deputy Minister's Office
December 7, 2020

The purpose of this information note is to provide an overview of the current status of the Ministry of the Solicitor General's response to COVID-19. This document is prepared by the Assistant Deputy Minister's Office in the Institutional Services in consultation with all relevant program areas including (but not limited to) those that oversee inmate and employee healthcare, supply chain management, cleaning services, and daily operations.

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Facts:

- There were 6,900 inmates registered in custody across all 25 institutions on December 7, 2020 when data was extracted.
- This is a 17% reduction since March 16, 2020.
- All institutional capacity data is extracted from the Offender Tracking Information System (OTIS). OTIS is a correctional services database holding information submitted by correctional staff regarding individuals supervised by the ministry in the community or in one of Ontario's provincial institutions.

Inmates – Positive by Institution (as of December 7, 2020)

Institution	Positive	Resolved* in Custody	Positive Cases Released from Custody
Algoma Treatment and Remand Centre	0	1	0
Central East Correctional Centre	0	1	2
Central North Correctional Centre	0	2	2
Elgin-Middlesex Detention Centre	0	2	0
Hamilton-Wentworth Detention Centre	2	1	1
Kenora Jail	0	2	0
Maplehurst Correctional Complex	0	10	5
Monteith Correctional Complex	0	1	0
Niagara Detention Centre	0	1	1
Ontario Correctional Institute	0	89	2
Ottawa-Carleton Detention Centre**	0	3	1
Sarnia Jail	0	1	0
Southwest Detention Centre	0	3	0
Toronto East Detention Centre	3	2	1
Toronto South Detention Centre	2	18	9
Vanier Centre for Women	0	3	4

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

**The inmate positive reported at Ottawa-Carleton Detention Centre in the August 5, 2020 information note was later confirmed to be a false positive and has been removed from the count.

Staff – Positive by Institution (as of December 7, 2020)

	Ongoing	Resolved**
Central North Correctional Centre	0	1
Elgin-Middlesex Detention Centre	0	1
Hamilton-Wentworth Detention Centre	0	2
Maplehurst Correctional Centre	2	2
Ontario Correctional Institute	0	25
Ottawa-Carleton Detention Centre	2	1
Southwest Detention Centre	2	0
St. Lawrence Valley Correctional and Treatment Centre/Brockville Jail	0	1
Toronto East Detention Centre	3	1
Toronto South Detention Centre	4	17
Vanier Centre for Women	0	1

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

Third Party – Reported positives by Institution (as of December 7, 2020)

	Positive	Resolved
Hamilton-Wentworth Detention Centre	1	0
Maplehurst Correctional Complex	1	0
Southwest Detention Centre	0	1

Third party individuals' positive results are provided to the Assistant Deputy Minister's Office in consultation with the local Public Health Unit when relevant. The ministry may not be informed when the case is resolved.

Inmate testing data

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

Ontario Correctional Institute Outbreak

- On April 15, 2020, an outbreak was declared by Peel Public Health at the Ontario Correctional Institute (OCI).
- The ministry closed the facility on April 21, 2020 after transferring all inmates to the Toronto South Detention Centre (TSDC).
- All inmates who have been transferred from OCI have been placed in medical isolation and protocols are being followed to ensure protection of staff and inmates.
- OCI inmates have been placed in a separate part of TSDC and will not be placed with existing TSDC inmates to stop any potential spread of COVID-19.
- The ministry has protocols for health care and institutional staff in circumstances like these, including droplet/contact protocols and guidelines for managing units where inmates are in medical isolation. Cleaning of high-touch points (e.g. door handles) is being conducted at a minimum twice per day.
- Comprehensive Personal Protective Equipment (PPE) guidelines exist for different circumstances.

- Transferring inmates to TSDC will allow the ministry to accommodate those who need to be isolated. TSDC has a health care unit with resources that will be used to manage and support any inmate medical needs.
- The overall reduction in inmate population has provided space within TSDC that can be used for medical isolation.
- The ministry will continue to work with Peel Public Health to identify staff and inmates who may be impacted.
- All staff from OCI self-isolated for 14 days before returning to work.
- On May 12, 2020, the OCI outbreak was deemed resolved by Toronto Public Health, with no institutional transmission of cases inside TSDC. Toronto Public Health took carriage of the file when inmates were moved to TSDC.
- As of June 9, 2020, all the inmates originally housed at TSDC have been transferred from TSDC to the Maplehurst Correctional Complex (MHCC).
- OCI continues to accept applicants for its treatment programs from its temporary location at MHCC.

Healthcare policies and procedures

Communicable disease outbreak process:

- If a reportable communicable disease occurs or is suspected, institution officials notify the local Medical Officer of Health, and Ministry provincial health professionals.
- The Medical Officer of Health determines whether to declare an outbreak and provides direction for containment.
- Institution health care staff working collaboratively and under the direction of the local Medical Officer of Health take immediate precautionary containment measures in accordance with operating procedures, including containment strategies which may include medical isolation and decontamination of affected areas.
- When an inmate tests positive they are immediately placed in medical isolation under droplet and contact precautions (or kept in medical isolation if they had been already be placed there pre-testing). The local Public Health Unit leads contact tracing in collaboration with the Ministry of the Solicitor General's Corporate Healthcare and Wellness Branch and the institution's healthcare team. While each case is managed individually, once resolved the individual could be integrated back into the general inmate population.
- Placement in medical isolation is temporary and non-punitive. Inmates placed in medical isolation are managed in accordance with ministry policy and still receive

access to court and counsel, fresh air (“yard”), showers, use of telephone, and access to personal belongings as well as canteen.

- Contact tracing is the process used by Public Health Units to identify, educate, and monitor individuals who have had close contact with someone who is infected with the virus. The ministry works with Public Health units to support contact tracing for both staff and inmates.

Medical Care:

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

Housing for medically vulnerable inmates:

- Decisions about housing placement are the responsibility of on-site correctional staff. However, where there are medical requirements at issue, this is a collaborative process and consultation with health care takes place. Health care staff provide recommendations based on the assessed health care needs of the inmate.

- The housing placement for an inmate with medical needs will also be influenced by the physical layout of an institution and the facilities that are available at that institution.
- Placement options to protect a vulnerable individual vary and are dependent on institution design. Options may include general population (including protective custody if required); behavioural units, managed clinical care, or special needs units; medical observation units, or an institutional infirmary. There are different areas where patients are housed within an institution that correspond to the level of health care services they require.

Actions taken to stop transmission of COVID-19 virus

Screening:

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

Inmate screening at all institutions

- The ministry has put in screening procedures (in addition to standard health assessment) for all inmates in order to address COVID-19.
- All inmates are screened when they are admitted to the institution, including from police custody or transfers from other institutions.
- Personal Protective Equipment (PPE) is being worn in Admitting and Discharge department by those correctional staff that have first contact with new admits doing screening and by nursing staff conducting further medical assessments.
- Inmates are asked if they have a fever, new cough, difficulty breathing, or have travelled from outside the country in the last 14 days. Inmates answering yes to any question results in the inmate being immediately provided with a mask and asked to wash or sanitize their hands. The inmate will be kept at least two metres from other inmates and in a separate area where possible. Staff within two metres of the inmate will wear a mask and eye protection until they have been cleared by healthcare. Healthcare will be contacted for an assessment as soon as possible.
- All inmates continue to receive a full health assessment on admission which includes, vital signs, including temperature and a review of current and past medical history.
- If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team.

- Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date.
- Inmates housed on Intake Units are not eligible for institution work or group programs
- All meals will be issued to inmates in their cell by correctional staff.
- Vacated cells must be cleaned prior to another inmate occupying the cell.
- All newly admitted inmates are being tested by their 10th day in custody, however the test is voluntary.

Staff screening at all institutions

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

- As of April 20, 2020, all institutions have obtained thermometers and implemented temperature screening for all staff attending the institution. Staff presenting with a fever are not permitted to enter the institution or return to work until they have been medically cleared.

Visitor screening at all institutions

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

Other policies and procedures implemented:

- As of November 13, 2020 regular personal visits have been suspended at institutions that are located within provincial zones that have been classified as grey, with exceptions granted for compassionate or emergency circumstances. Red zones may also be impacted by this suspension, depending on the individual institutional risk assessment. In addition to reducing the risk of introducing COVID-19 into the institution, individuals should not be travelling unless necessary. Professional visitors such as lawyers continue to be excluded from these restrictions.
- Visitors are not permitted to attend institutions when coming from Red or Grey zones.
- Institutions where personal visits are suspended have been directed to consider increasing access to telephones and stationary/postage to support communication between inmates and their family and friends.
- On December 8, 2020 the weekly “canteen” limit was once again increased from \$60 to \$90 across the province to help compensate for the suspension of personal visits.
- The Ministry of the Solicitor General is temporarily providing all inmates with calling cards for \$20 per month, in addition to their regular access to personal phone calls. This began in April 2020 and will continue at the discretion of the ministry.
- In partnership with the Ministry of the Attorney General (MAG), the ministry moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions (unless required by the Court).
- On July 6, 2020 the Ontario Court of Justice and Superior Court of Justice resumed hearing criminal trials and preliminary inquiries in-person at certain locations.
- Inmates leaving for court are issued masks. Inmates returning from court are screened in the Admitting and Discharge department and secured in cells separate from other new admissions.
- Inmates that are unfit to attend court (e.g. due to COVID-19 related symptoms) will continue to have access to audio or video court options.
- The ministry has put a hiatus on non-essential transfers of inmates between institutions in order to stop of transmission between institutions and communities and all necessary transfers are screened prior to transfer by health care staff.
- Facilities are inspected and cleaned as required. Additional cleaning services have been implemented through the Corporate Services Division for public and high traffic areas. Contracts vary from institution to institution.
- In the case of a confirmed positive case of COVID-19, an outside vendor will come in to complete cleaning in the areas where the employee was working

and/or travel pattern within the facility. This is above the additional cleaning contracts that are being established at all institutions.

- It is the responsibility of inmates to keep inmate living areas clean. Inmates are provided with cleaning supplies and direction on the proper cleaning protocols, as well as appropriate PPE where necessary. Inmates have been provided additional information about maintaining proper hygiene, including posters in inmate living areas.
- All of those in our custody receive a personal towel, soap, toilet paper, among other toiletries. Proper handwashing and cough/sneezing protocol has also been communicated to inmates. For health and safety reasons, inmates are not provided with hand sanitizer, but may have supervised access in some cases.
 - In addition to the free supplies that are provided by the institution, inmates may purchase additional hygiene products through the “canteen” program.
- Staff have access to PPE including face masks, eye protection, gloves and gowns, and are instructed to wear it when appropriate according to Guidelines developed by the Ministry of Health and Public Health Ontario.
 - As of April 27, 2020, all staff and visitors are required to wear a surgical/procedural mask at all times while at work in the institution unless otherwise specified. Masks are supplied by the institution.
 - Staff are trained in the proper usage of PPE, and the ministry has prepared a 30 minute e-learning module on the proper use, maintenance and conservation of PPE.
- Inmates also have access to PPE including face masks and are required to wear it when directed by healthcare according to guidelines developed by the Ministry of Health and Public Health Ontario. For example, an inmate who is presenting with symptoms may be required to wear a face mask.
- If an outbreak of a reportable communicable disease occurs or is suspected, institution officials take immediate precautionary containment measures in accordance with operating procedures, including notifying the local Medical Officer of Health, and SOLGEN provincial health professionals. Institution health care staff work collaboratively and under the direction of the local Medical Officer of Health to manage the situation, including containment strategies such as medical isolation.
- The ministry has signed a Memorandum of Understanding with with the Nishnawbe-Aski Legal Services Corporation (NALSC) and the Nishnawbe Aski Nation (NAN) to support discharge planning and the safe return home of individuals to NAN territories during the COVID-19 pandemic.
- Of May 24, 2020, the ministry began offering voluntary COVID-19 testing to all inmates and all staff members. Testing was offered at all institutions in a phased approach. As of June 22, voluntary testing has been offered to staff and inmates at all institutions.

- The COVID-19 Guidance Documents for Provincial Correctional Institutions have been published to the Ministry of Health website and can be found at http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

To reduce capacity:

- Intermittent inmates who serve time on the weekends are required to attend their reporting facility for their first reporting date, where they will be given a Temporary Absence Pass (TAP) from custody and permitted to return home. The TAP will be issued for December 31, 2020 or their sentence end-date, whichever comes first. This means those serving intermittent sentences will not have to report to a correctional facility every weekend, reducing the number of individuals entering the institution.
- The ministry has begun to proactively perform a temporary absence review for all sentenced offenders to determine whether they are eligible for early release. Offenders chosen must be near the end of their sentences (less than 30 days remaining) and be considered a low risk to reoffend. Those who have been convicted of serious crimes, such as violent crimes or crimes involving guns, would not be considered for early release. Unlike the standard process, sentenced offenders are not required to apply for release and will be notified if they qualify and must agree to the terms and conditions of their release prior to leaving the institution.
- Where safely feasible, non-custodial options are considered by the Court for individuals charged with non-violent or less serious offences.
- The Ontario Parole Board is conducting all hearings remotely by video or teleconference.
- The ministry is working closely with Correctional Services Canada to continue the movement of federal inmates from our custody.