

Pandemic Operations – February 5, 2021

Center	Status
HCC	YELLOW
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hygiene and cough/sneezing etiquette information is posted in all areas. Hygiene supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided Medical grade procedural mask, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - Stay at home if you are sick.
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Individual (one on one) case management, teacher, counseling, Elder, and Chaplain meetings can continue if social distancing can be maintained (6ft apart).
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs are suspended due to the provinces move to Critical Level RED on the pandemic Response System.
- Group inmate programming is currently suspended.
- Therapeutic Communities in Centre's can have a maximum of 5 inmates (from the same unit) and 1 RF do programming that are not in Code Red.

- Youth Centre's teachers will be approved to teach in a group setting of 5 including the teacher. Teachers will work in their assigned building with the same cohorts from that unit.

B. Recreation

- Recreation will be suspended until further notice. Outdoor fresh air areas can continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for government agencies, in particular Probation Officers and Community Case Workers. This is approved to start Wednesday Jan. 27, 2021
- Personal visits for lawyers in TPCC will be reviewed on February 12, 2021, until that time access is restricted.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent’s discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC and TPCC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.
- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

Staff Screening Procedure:

- Before leaving home, staff should self-assess based on the following:
 - Do you have?
 - Fever/Chills (higher than 38 degrees Celsius)
 - New or increasing cough
 - Shortness of breath or trouble breathing
 - Sore throat or muscles
 - Headache
 - Runny nose
 - Nausea or loss of appetite
 - Loss of taste or smell
 - Skin rash of unknown cause
- In the last 14 days, have you:
 - Returned from travel outside of MB from anywhere in Canada will be required to self-isolate for 14 days. This includes those entering from northern and Western Canada, and not from west of Terrace Bay in Ontario, which under previous health orders did not require self-isolation.
 - Travelled internationally in the past 14 days? If so, 14 days of self-isolation is required before returning to the Centre.
 - Had close contact with a confirmed case of COVID-19 while not wearing PPE
 - Had a laboratory exposure to COVID-19?

If you have any of the above symptoms or answered 'yes' to any question, stay home and contact Health Links.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. For health advice or guidance about whether you should be tested or self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.
- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.

- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 15 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health

C. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

A. Staff self-isolation

- Persons (including staff) who travel internationally are required to self-isolate for 14 days upon return to Canada. Staff who are planning to travel internationally are required to advise the employer immediately. Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

B. Inmate Isolation

- An inmate that has tested positive while in custody during the current term and is in isolation can be cleared by medical using the following criteria:
 - For symptomatic cases:
 - Day 1 starts 24 hours after the first onset of symptoms.
 - No fever and the inmate has improved clinically,
 - absence of cough is not required for those known to have chronic cough or for those who are experiencing reactive airways post infection.
 - For asymptomatic cases:
 - At least 10 days have passed since the specimen collection date of the confirmatory laboratory sample.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff

- Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

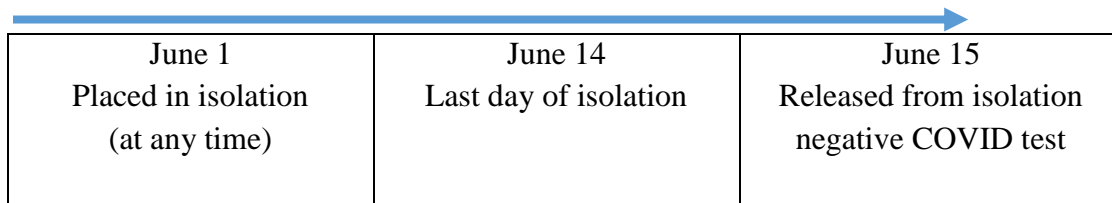
- All adult admissions will be initially isolated at the WRC. Transfers from the WRC will be administered as follows;
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their 14 day period has expired (if asymptomatic).
 - If an inmate tests positive, the inmate will remain in isolation until the case is no longer active and deemed resolved by medical staff (typically test date + 10 days).

- Inmates refusing to be tested; he/she will be informed that they will remain in isolation for a further 10 days following the expiration of the initial 14-day isolation period (total 24 days).
- Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
- Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
- Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
- Transfers will consider place of residence, court appearance location, and security needs.
- Inmates/YPs who become symptomatic in any custody centre will remain in that centre and be isolated for 10 days from the onset of symptoms, as assessed by medical personnel. “An individual who has been placed on isolation can stop isolation, 10 days after the onset of their first symptom provided they do not have fever and have improved clinically.
- Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.

- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note; Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use 'outside cell' precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	

Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.

- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
 - ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
 - Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60-minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

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 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participates including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs can resume with a total of 10 participants including staff.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC..

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace.
- Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.
- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or

flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.

- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

Staff Screening Procedure:

- Before leaving home, staff should self-assess based on the following:

Do you have?

- Fever/Chills (higher than 38 degrees Celsius)
- New or increasing cough
- Shortness of breath or trouble breathing
- Sore throat or muscles
- Headache
- Runny nose
- Nausea or loss of appetite
- Loss of taste or smell
- Skin rash of unknown cause

If you have any of the above symptoms or answered 'yes' to any question, stay home and contact Health Links.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. For health advice or guidance about whether you should be tested or self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.
- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.

- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.
- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 15 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. Staff Vaccine

Currently staff in our correctional facilities that are eligible for the vaccine are Nurses and Elders. Correctional Officers and staff that work in the centre will be vaccinated in phase 2 of the roll out. Our department will continue to provide updates when available.

D. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

E. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer.

Personal health information will not be shared by the employer with other employees unless permission is granted.

- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- An inmate that has tested positive **while** in custody **during the current term** and is in isolation can be cleared by medical using the following criteria:
 - For symptomatic cases:
 - Day 1 starts 24 hours after the first onset of symptoms.
 - No fever and the inmate has improved clinically,
 - absence of cough is not required for those known to have chronic cough or for those who are experiencing reactive airways post infection.
 - For asymptomatic cases:
 - At least 10 days have passed since the specimen collection date of the confirmatory laboratory sample.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
 - Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I [\(New link\)](#)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

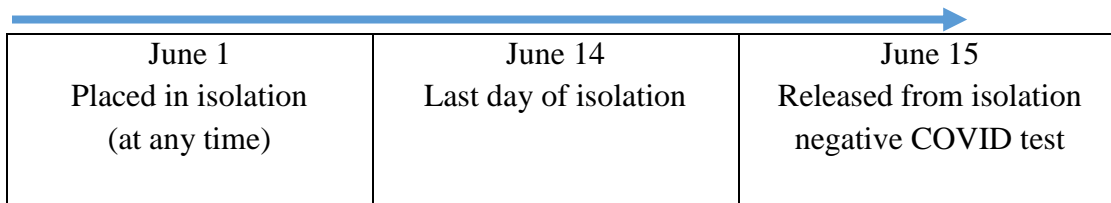
- All adult admissions will be initially isolated at the WRC. Transfers from the WRC will be administered as follows;
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their 14 day period has expired (if asymptomatic).

- If an inmate tests positive, the inmate will remain in isolation until the case is no longer active and deemed resolved by medical staff (typically test date + 10 days).
- Inmates refusing to be tested; he/she will be informed that they will remain in isolation for a further 10 days following the expiration of the initial 14-day isolation period (total 24 days).
- Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
- Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
- Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
- Transfers will consider place of residence, court appearance location, and security needs.
- Inmates/YPs who become symptomatic in any custody centre will remain in that centre and be isolated for 10 days from the onset of symptoms, as assessed by medical personnel. “An individual who has been placed on isolation can stop isolation, 10 days after the onset of their first symptom provided they do not have fever and have improved clinically.
- Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.

- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note; Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use 'outside cell' precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	

Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness

check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.

- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
 - ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
 - Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60-minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – February 19, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hygiene and cough/sneezing etiquette information is posted in all areas. Hygiene supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - Stay at home if you are sick.
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

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- Teachers can resume class at total of 10 participates including staff.
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Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and

Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.

- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

Staff Screening Procedure:

- Before leaving home, staff should self-assess based on the following:

Do you have?

- Fever/Chills (higher than 38 degrees Celsius)
- New or increasing cough
- Shortness of breath or trouble breathing
- Sore throat or muscles
- Headache
- Runny nose
- Nausea or loss of appetite
- Loss of taste or smell
- Skin rash of unknown cause

If you have any of the above symptoms or answered 'yes' to any question, stay home and contact Health Links.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. For health advice or guidance about whether you should be tested or self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.
- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-

855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.

- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.
- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 15 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. Staff Vaccine

Currently staff in our correctional facilities that are eligible for the vaccine are Nurses and Elders. Correctional Officers and staff that work in the centre will be vaccinated in phase 2 of the roll out. Our department will continue to provide updates when available.

D. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

E. Inmate specific

- Through interview with positive staff and review of rosters, an assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional

staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.

- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- An inmate that has tested positive **while** in custody **during the current term** and is in isolation can be cleared by medical using the following criteria:
 - For symptomatic cases:
 - Day 1 starts 24 hours after the first onset of symptoms.
 - No fever and the inmate has improved clinically,
 - absence of cough is not required for those known to have chronic cough or for those who are experiencing reactive airways post infection.
 - For asymptomatic cases:
 - At least 10 days have passed since the specimen collection date of the confirmatory laboratory sample.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff

- Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.

- Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Transfers from the WRC will be administered as follows;
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their 14 day period has expired (if asymptomatic).

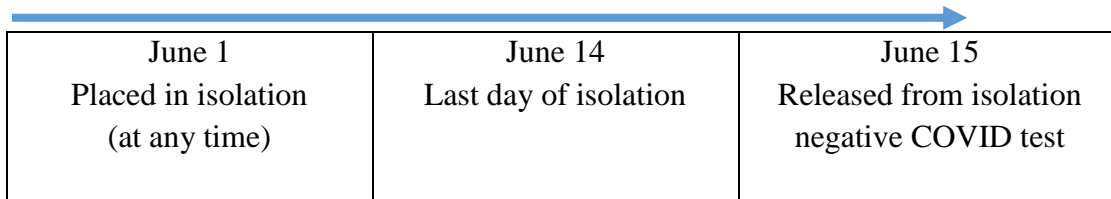
- If an inmate tests positive, the inmate will remain in isolation until the case is no longer active and deemed resolved by medical staff (typically test date + 10 days).
- Inmates refusing to be tested; he/she will be informed that they will remain in isolation for a further 10 days following the expiration of the initial 14-day isolation period (total 24 days).
- Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
- Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
- Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
- Transfers will consider place of residence, court appearance location, and security needs.
- Inmates/YPs who become symptomatic in any custody centre will remain in that centre and be isolated for 10 days. Day zero is the day when the initial onset of symptoms occur, then 10 more days of isolation, as assessed by medical personnel. “An individual who has been placed on isolation can stop isolation, 10 days after the onset of their first symptom provided they do not have fever and have improved clinically.
- If the results come back negative the inmate would continue to isolate to complete their full (24 hour) 14 day isolation (WRC), and as long as they were symptom free for 24 hours they could transfer.
- Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.

- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

** Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett*

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into

contact with your respiratory droplets”.

- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note; Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use ‘outside cell’ precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		

Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
 - ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
 - Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.

- NO bag mask ventilation (BVM) or high flow O2 (greater than 6L/min) is recommended due to the production of aerosols.
- Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
- Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60-minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – February 25, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hygiene and cough/sneezing etiquette information is posted in all areas. Hygiene supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - Stay at home if you are sick.
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participates including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs can resume with a total of 10 participants including staff.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and

Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.

- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

- Before leaving home, staff should self-assess based on the following:

Do you have?

- Fever/Chills (higher than 38 degrees Celsius).
- New or increasing cough.
- Shortness of breath or trouble breathing.
- Sore throat/hoarse voice or muscles.
- Headache.
- Runny nose.
- Nausea or loss of appetite.
- Vomiting or diarrhea more than 24hrs.
- Loss of taste or smell.
- Skin rash of unknown cause.

If you have new or onset of 2 or more of any of the following symptoms, stay home and contact Health Links.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. For health advice or guidance about whether you should be tested or self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.

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- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.
- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.

- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

D. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional

staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.

- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- An inmate that has tested positive while in custody during the current term and is in isolation can be cleared by medical using the following criteria:
 - For symptomatic cases:
 - Day 1 starts 24 hours after the first onset of symptoms.
 - No fever and the inmate has improved clinically,
 - Absence of cough is not required for those known to have chronic cough or for those who are experiencing reactive airways post infection.
 - For asymptomatic cases:
 - At least 10 days have passed since the specimen collection date of the confirmatory laboratory sample.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff

- Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.

- Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I [\(New link\)](#)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

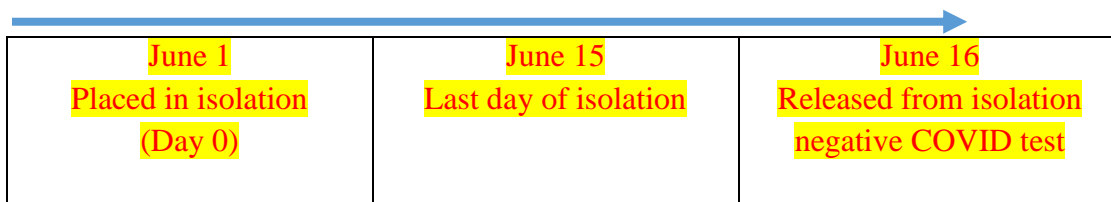
- All adult admissions will be initially isolated at the WRC. Transfers from the WRC will be administered as follows;
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their 14 day period has expired (if asymptomatic).

- If an inmate tests positive, the inmate will remain in isolation until the case is no longer active and deemed resolved by medical staff (typically test date + 10 days).
- Inmates refusing to be tested; he/she will be informed that they will remain in isolation for a further 10 days following the expiration of the initial 14-day isolation period (total 24 days).
- Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
- Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
- Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
- Transfers will consider place of residence, court appearance location, and security needs.
- Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note; Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use 'outside cell' precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	

Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
 - ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
 - Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is

recommended due to the production of aerosols.

- Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
- Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60-minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

XIII. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that all staff working in Correctional Centres are eligible to receive the COVID-19 vaccination. At this time it is only for staff born on or before Dec. 31, 1960. We expect as more vaccine becomes available to Manitoba, this age criteria will change and we will send out announcements on this and staff can also check on the following link:<https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

Pandemic Operations – March 11, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hand hygiene and cough/sneezing etiquette information is posted in all areas. Cleaning and disinfecting supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - **Stay at home if you are sick.**
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participates including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs can resume with a total of 10 participants including staff.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.
- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at

some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.

- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

Before leaving home, staff should self-assess based on the following Risk Assessment tool below.

Risk Assessment - Initial Screening Questions:

A. Do you have new onset or worsening of any of the following symptoms?

• Fever > 38°C or subjective fever/ chills	Yes	No
• Cough	Yes	No
• Sore throat / hoarse voice	Yes	No
• Shortness of breath/ breathing difficulties	Yes	No
• Loss of taste or smell	Yes	No
• Vomiting or diarrhea for more than 24 hours	Yes	No

B. Do you have new onset or worsening of 2 or more of any of the following symptoms?

• Runny nose	Yes	No
• Muscle aches	Yes	No
• Fatigue	Yes	No
• Conjunctivitis (pink eye)	Yes	No
• Headache	Yes	No
• Skin rash of unknown cause	Yes	No
• Nausea or loss of appetite	Yes	No
• Poor feeding if an infant	Yes	No

If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.

Staff will need to go for a COVID test (not necessary to call Health Links in this case) and isolate pending test results.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-

19. Staff with 1 of the symptoms from A above or 2 or more of the symptoms described in B above can make arrangements for testing – a referral from Health Links is not necessary. For other health advice, staff should consult Health Links (204 -788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.

- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.

- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that all staff working in Correctional Centres are eligible to receive the COVID-19 vaccination. At this time it is only for staff 60 years or older. We expect as more vaccine becomes available to Manitoba, this age criteria will change and we will send out announcements on this and staff can also check on the following link: <https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

D. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

E. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected

or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- **For symptomatic cases:**
 - Day 1 starts 24 hours after the first onset of symptoms.
 - Symptomatic inmates that are not close contacts of a positive case are offered testing 3 days after symptom onset. If they are negative and symptoms have improved (no fever, cough may be present) for 24 hours, they can come out of isolation. If they are symptomatic and decline testing, they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed.
 - Symptomatic inmates that are close contacts of a positive case will be offered testing 3 days after symptom onset. If they are negative, they will stay in isolation until

symptoms have improved for 24 hours and 14 full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they decline testing, they will stay in isolation until symptoms have improved for 24 hours and 14 days full days have passed.

- **For Asymptomatic Cases:**

- Asymptomatic cases have to self isolate for 10 days and if they remain asymptomatic or develop symptoms they need to be symptoms free for 24 hours.
- Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
- Cohort
 - If a close contact is identified, they need to be self-isolated.
 - Their contacts should also be self-isolated (contact of contacts).
 - The original close contact once self isolated for 3 days should be tested and if that test is negative then the contact of the contacts do not need to self isolate. The close contact if testing negative at day 3 then should test again at day 11 and if they test negative their isolation period ends on day 14 as long as they remain asymptomatic.
 - If on day 3 the close contact test becomes positive a discussion should be had with the MOH on the next steps for contacts who now likely have become true contacts.

- **Previous Positive (90 days)**

- An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria:
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
 - Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before Unit searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Admission date is day 0, always and this principle will be applied to all situations. As such (all potential transfers assume the inmate has been asymptomatic for at least 24 hours);
- Transfers from the WRC will be administered as follows:
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their full 14-day period has expired (if asymptomatic).

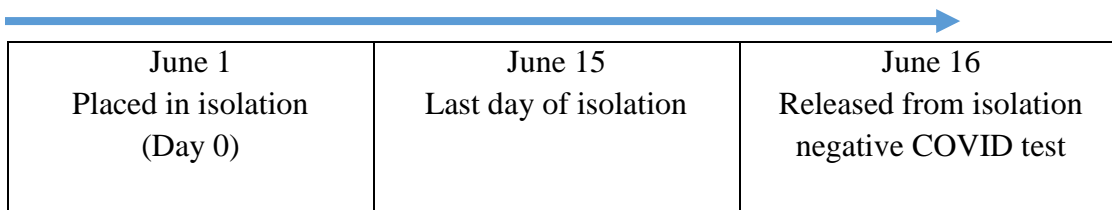
For example,

- If the inmate was admitted to custody on March 1, the 11-day swab is scheduled for March 12;
 - If the inmate was admitted to custody on March 1, the possible transfer date (following 14 full days of isolation), is scheduled for March 16;
 - If the inmate becomes symptomatic on March 1, the 3-day swab occurs on March 4;
 - If an inmate tests positive on March 1, they complete 10 full days of isolation and will have satisfied the 10 days and be cleared to move out of symptomatic isolation on March 12;
 - If an inmate is admitted to custody on March 1, with a prior positive within the past 90 days, the inmate (assuming asymptomatic) would be eligible to be transferred after completing 5 full days of isolation and could be transferred on March 7.
- The one exception to this would be in the case of a refusal, as follows:
 - If an inmate was admitted to custody on March 1, their 11-day swab date is March 12 and they refuse (assuming they continue to refuse throughout), their previously scheduled 14-day isolation transfer date (see #2 above) would be extended by an additional 10 full days. With March 16 (their original transfer date) counting as day 1, they would then be eligible to transfer on March 26;
 - If an inmate who was refusing subsequently agrees to be swabbed and the swab comes back negative, they would be eligible to be transferred upon the return of the negative result as long as they had satisfied their full 14-days of isolation per #2 above.
 - Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
 - Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
 - Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
 - Transfers will consider place of residence, court appearance location, and security needs.
 - Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
 - This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.

- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note: Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use ‘outside cell’ precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).

- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.

- A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
- ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
- Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - **Once the equipment is removed and the inmate vacates, the cell should be fogged.**
 - If code response is required in the cell while the CPAP is running or within the 60 - minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – March 19, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hand hygiene and cough/sneezing etiquette information is posted in all areas. Cleaning and disinfecting supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - **Stay at home if you are sick.**
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.

- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participates including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs can resume with a total of 10 participants including staff.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.
- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

Before leaving home, staff should self-assess based on the following Risk Assessment tool below.

Risk Assessment - Initial Screening Questions:

A. Do you have new onset or worsening of any of the following symptoms?

- | | | |
|---|------------|-----------|
| • Fever > 38°C or subjective fever/ chills | Yes | No |
| • Cough | Yes | No |
| • Sore throat / hoarse voice | Yes | No |
| • Shortness of breath/ breathing difficulties | Yes | No |
| • Loss of taste or smell | Yes | No |
| • Vomiting or diarrhea for more than 24 hours | Yes | No |

B. Do you have new onset or worsening of 2 or more of any of the following symptoms?

- | | | |
|------------------------------|------------|-----------|
| • Runny nose | Yes | No |
| • Muscle aches | Yes | No |
| • Fatigue | Yes | No |
| • Conjunctivitis (pink eye) | Yes | No |
| • Headache | Yes | No |
| • Skin rash of unknown cause | Yes | No |
| • Nausea or loss of appetite | Yes | No |
| • Poor feeding if an infant | Yes | No |

If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.

Staff will need to go for a COVID test (not necessary to call Health Links in this case) and isolate pending test results.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. Staff with 1 of the symptoms from A above or 2 or more of the symptoms described in B above can make arrangements for testing – a referral from Health Links is not necessary. For other health advice, staff should consult Health Links (204 -788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.

- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.
- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that **all staff** working in Correctional Centres are eligible to receive the COVID-19 vaccination.
- link: <https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

D. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

E. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.

- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- **For symptomatic cases:**
 - Day 1 starts 24 hours after the first onset of symptoms.
 - Symptomatic inmates that are not close contacts of a positive case are offered testing 3 days after symptom onset. If they are negative and symptoms have improved (no fever, cough may be present) for 24 hours, they can come out of isolation. If they are symptomatic and decline testing, they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed.
 - Symptomatic inmates that are close contacts of a positive case will be offered testing 3 days after symptom onset. If they are negative, they will stay in isolation until symptoms have improved for 24 hours and 14 full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they decline testing, they will stay in isolation until symptoms have improved for 24 hours and 14 days full days have passed.
- **For Asymptomatic Cases:**
 - Asymptomatic cases have to self isolate for 10 days and if they remain asymptomatic or develop symptoms they need to be symptoms free for 24 hours.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - Cohort
 - If a close contact is identified, they need to be self-isolated.

- Their contacts should also be self-isolated (contact of contacts).
 - The original close contact once self isolated for 3 days should be tested and if that test is negative then the contact of the contacts do not need to self isolate. The close contact if testing negative at day 3 then should test again at day 11 and if they test negative their isolation period ends on day 14 as long as they remain asymptomatic.
 - If on day 3 the close contact test becomes positive a discussion should be had with the MOH on the next steps for contacts who now likely have become true contacts.
- **Previous Positive (90 days)**
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria:
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
 - Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before Unit searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Admission date is day 0, always and this principle will be applied to all situations. As such (all potential transfers assume the inmate has been asymptomatic for at least 24 hours);
- Transfers from the WRC will be administered as follows:
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their full 14-day period has expired (if asymptomatic).

For example,

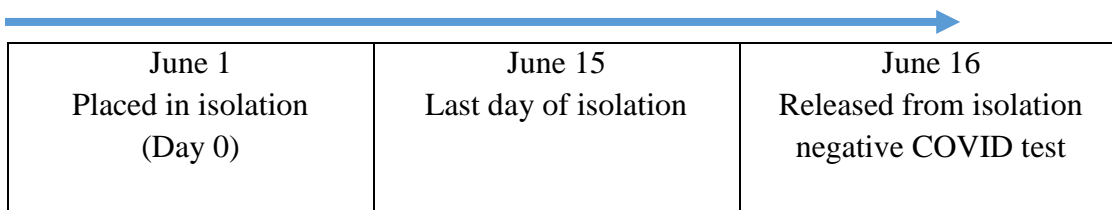
- If the inmate was admitted to custody on March 1, the 11-day swab is scheduled for March 12;
 - If the inmate was admitted to custody on March 1, the possible transfer date (following 14 full days of isolation), is scheduled for March 16;
 - If the inmate becomes symptomatic on March 1, the 3-day swab occurs on March 4;
 - If an inmate tests positive on March 1, they complete 10 full days of isolation and will have satisfied the 10 days and be cleared to move out of symptomatic isolation on March 12;
 - If an inmate is admitted to custody on March 1, with a prior positive within the past 90 days, the inmate (assuming asymptomatic) would be eligible to be transferred after completing 5 full days of isolation and could be transferred on March 7.
- The one exception to this would be in the case of a refusal, as follows:
 - If an inmate was admitted to custody on March 1, their 11-day swab date is March 12 and they refuse (assuming they continue to refuse throughout), their previously scheduled 14-day isolation transfer date (see #2 above) would be extended by an additional 10 full days. With March 16 (their original transfer date) counting as day 1, they would then be eligible to transfer on March 26;
 - If an inmate who was refusing subsequently agrees to be swabbed and the swab comes back negative, they would be eligible to be transferred upon the return of the negative result as long as they had satisfied their full 14-days of isolation per #2 above.
 - Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.

- Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
- Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
 - Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
 - Transfers will consider place of residence, court appearance location, and security needs.
 - Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

*** Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett**

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note: Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use 'outside cell' precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
 - ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
 - Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).

- Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
- In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
- Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
- Once the equipment is removed and the inmate vacates, the cell should be fogged.
- If code response is required in the cell while the CPAP is running or within the 60 - minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – April 16, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hand hygiene and cough/sneezing etiquette information is posted in all areas. Cleaning and disinfecting supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - **Stay at home if you are sick.**
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participates including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) and inmate programs can resume with a total of 10 participants including staff.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.
- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at

some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.

- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

Before leaving home, staff should self-assess based on the following Risk Assessment tool below.

Risk Assessment - Initial Screening Questions:

A. Do you have new onset or worsening of any of the following symptoms?

- | | | |
|---|------------|-----------|
| • Fever > 38°C or subjective fever/ chills | Yes | No |
| • Cough | Yes | No |
| • Sore throat / hoarse voice | Yes | No |
| • Shortness of breath/ breathing difficulties | Yes | No |
| • Loss of taste or smell | Yes | No |
| • Vomiting or diarrhea for more than 24 hours | Yes | No |

B. Do you have new onset or worsening of 2 or more of any of the following symptoms?

- | | | |
|------------------------------|------------|-----------|
| • Runny nose | Yes | No |
| • Muscle aches | Yes | No |
| • Fatigue | Yes | No |
| • Conjunctivitis (pink eye) | Yes | No |
| • Headache | Yes | No |
| • Skin rash of unknown cause | Yes | No |
| • Nausea or loss of appetite | Yes | No |
| • Poor feeding if an infant | Yes | No |

If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.

Staff will need to go for a COVID test (not necessary to call Health Links in this case) and isolate pending test results.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-

19. Staff with 1 of the symptoms from A above or 2 or more of the symptoms described in B above can make arrangements for testing – a referral from Health Links is not necessary. For other health advice, staff should consult Health Links (204 -788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.

- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.

- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that **all staff** working in Correctional Centres are eligible to receive the COVID-19 vaccination.
- link: <https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

D. Vaccine Awareness- inmates

- All correction centres should have completed their vaccine blitz by May 10, 2021.
- Although inmates are observed for reactions after immunization, there are still side side effects to the COVID-19 vaccine that may occur. Please be aware that these side effects may last a few days and means your body is responding to the vaccine.
- Side effects include:
 - i. Tenderness and soreness in your arm where you got the shot.
 - ii. Tiredness or fever.

E. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

F. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for

COVID positive and symptomatic).

- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- **For symptomatic cases:**
 - Day 1 starts 24 hours after the first onset of symptoms.
 - Symptomatic inmates that are not close contacts of a positive case are offered testing 3 days after symptom onset. If they are negative and symptoms have improved (no fever, cough may be present) for 24 hours, they can come out of isolation. If they are symptomatic and decline testing, they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they are positive, day 0

will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed.

- Symptomatic inmates that are close contacts of a positive case will be offered testing 3 days after symptom onset. If they are negative, they will stay in isolation until symptoms have improved for 24 hours and 14 full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they decline testing, they will stay in isolation until symptoms have improved for 24 hours and 14 days full days have passed.

- **For Asymptomatic Cases:**

- Asymptomatic cases have to self isolate for 10 days and if they remain asymptomatic or develop symptoms they need to be symptoms free for 24 hours.
- Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
- Cohort
 - If a close contact is identified, they need to be self-isolated.
 - Their contacts should also be self-isolated (contact of contacts).
 - The original close contact once self isolated for 3 days should be tested and if that test is negative then the contact of the contacts do not need to self isolate. The close contact if testing negative at day 3 then should test again at day 11 and if they test negative their isolation period ends on day 14 as long as they remain asymptomatic.
 - If on day 3 the close contact test becomes positive a discussion should be had with the MOH on the next steps for contacts who now likely have become true contacts.

- **Previous Positive (90 days)**

- An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria:
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
 - Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before Unit searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Admission date is day 0, always and this principle will be applied to all situations. As such (all potential transfers assume the inmate has been asymptomatic for at least 24 hours);
- Transfers from the WRC will be administered as follows:
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.

- The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their full 14-day period has expired (if asymptomatic).

For example,

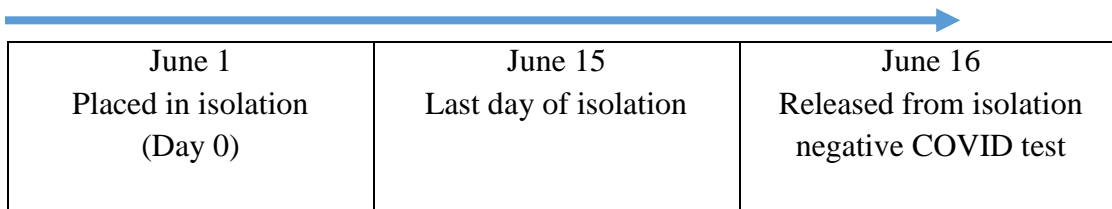
- If the inmate was admitted to custody on March 1, the 11-day swab is scheduled for March 12;
 - If the inmate was admitted to custody on March 1, the possible transfer date (following 14 full days of isolation), is scheduled for March 16;
 - If the inmate becomes symptomatic on March 1, the 3-day swab occurs on March 4;
 - If an inmate tests positive on March 1, they complete 10 full days of isolation and will have satisfied the 10 days and be cleared to move out of symptomatic isolation on March 12;
 - If an inmate is admitted to custody on March 1, with a prior positive within the past 90 days, the inmate (assuming asymptomatic) would be eligible to be transferred after completing 5 full days of isolation and could be transferred on March 7.
- The one exception to this would be in the case of a refusal, as follows:
 - If an inmate was admitted to custody on March 1, their 11-day swab date is March 12 and they refuse (assuming they continue to refuse throughout), their previously scheduled 14-day isolation transfer date (see #2 above) would be extended by an additional 10 full days. With March 16 (their original transfer date) counting as day 1, they would then be eligible to transfer on March 26;
 - If an inmate who was refusing subsequently agrees to be swabbed and the swab comes back negative, they would be eligible to be transferred upon the return of the negative result as long as they had satisfied their full 14-days of isolation per #2 above.
 - Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
 - Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
 - Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
 - Transfers will consider place of residence, court appearance location, and security needs.
 - Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.

- This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note: Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use ‘outside cell’ precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).

- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.

- A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
- ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
- Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed and the inmate vacates, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60 - minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – April 23, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hand hygiene and cough/sneezing etiquette information is posted in all areas. Cleaning and disinfecting supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - **Stay at home if you are sick.**
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.
- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participants including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) **Due to the concern in Covid-19 variants in community and custody we must pause Sweat lodge ceremonies at this time. Will be reviewed May 31st.**
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.

- We will stop temperature screening and most Centre's will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre's have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre's will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

Before leaving home, staff should self-assess based on the following Risk Assessment tool below.

Risk Assessment - Initial Screening Questions:

A. Do you have new onset or worsening of any of the following symptoms?

- | | | |
|---|------------|-----------|
| • Fever > 38°C or subjective fever/ chills | Yes | No |
| • Cough | Yes | No |
| • Sore throat / hoarse voice | Yes | No |
| • Shortness of breath/ breathing difficulties | Yes | No |
| • Loss of taste or smell | Yes | No |
| • Vomiting or diarrhea for more than 24 hours | Yes | No |

B. Do you have new onset or worsening of 2 or more of any of the following symptoms?

- | | | |
|------------------------------|------------|-----------|
| • Runny nose | Yes | No |
| • Muscle aches | Yes | No |
| • Fatigue | Yes | No |
| • Conjunctivitis (pink eye) | Yes | No |
| • Headache | Yes | No |
| • Skin rash of unknown cause | Yes | No |
| • Nausea or loss of appetite | Yes | No |
| • Poor feeding if an infant | Yes | No |

If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.

Staff will need to go for a COVID test (not necessary to call Health Links in this case) and isolate pending test results.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. Staff with 1 of the symptoms from A above or 2 or more of the symptoms described in B above can make arrangements for testing – a referral from Health Links is not necessary. For other health advice, staff should consult Health Links (204 -788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.
- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.

- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that **all staff** working in Correctional Centres are eligible to receive the COVID-19 vaccination.
- link: <https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

D. Vaccine Awareness- inmates

- All correction centres should have completed their vaccine blitz by May 10, 2021.
- Although inmates are observed for reactions after immunization, there are still side side effects to the COVID-19 vaccine that may occur. Please be aware that these side effects may last a few days and means your body is responding to the vaccine.
- Side effects include:
 - i. Tenderness and soreness in your arm where you got the shot.
 - ii. Tiredness or fever.

E. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

F. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.
- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).

- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.
- Upon return, staff will be required to use banked leave for the quarantine period unless symptoms develop. Those without available leave will be unpaid.
- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employee's personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self-isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- **For symptomatic cases:**
 - Day 1 starts 24 hours after the first onset of symptoms.
 - Symptomatic inmates that are not close contacts of a positive case are offered testing 3 days after symptom onset. If they are negative and symptoms have improved (no fever, cough may be present) for 24 hours, they can come out of isolation. If they are symptomatic and decline testing, they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed.

- Symptomatic inmates that are close contacts of a positive case will be offered testing 3 days after symptom onset. If they are negative, they will stay in isolation until symptoms have improved for 24 hours and 14 full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they decline testing, they will stay in isolation until symptoms have improved for 24 hours and 14 days full days have passed.
- **For Asymptomatic Cases:**
 - Asymptomatic cases have to self isolate for 10 days and if they remain asymptomatic or develop symptoms they need to be symptoms free for 24 hours.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - Cohort
 - If a close contact is identified, they need to be self-isolated.
 - Their contacts should also be self-isolated (contact of contacts).
 - The original close contact once self isolated for 3 days should be tested and if that test is negative then the contact of the contacts do not need to self isolate. The close contact if testing negative at day 3 then should test again at day 11 and if they test negative their isolation period ends on day 14 as long as they remain asymptomatic.
 - If on day 3 the close contact test becomes positive a discussion should be had with the MOH on the next steps for contacts who now likely have become true contacts.
- **Previous Positive (90 days)**
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria:
 - Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
 - Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before Unit searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.
 - There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I (New link)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Admission date is day 0, always and this principle will be applied to all situations. As such (all potential transfers assume the inmate has been asymptomatic for at least 24 hours);
- Transfers from the WRC will be administered as follows:
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their full 14-day period has expired (if asymptomatic).

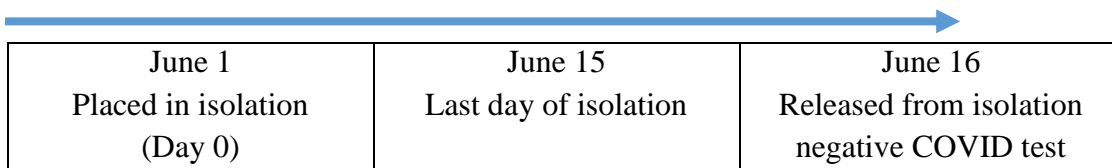
For example,

- If the inmate was admitted to custody on March 1, the 11-day swab is scheduled for March 12;
 - If the inmate was admitted to custody on March 1, the possible transfer date (following 14 full days of isolation), is scheduled for March 16;
 - If the inmate becomes symptomatic on March 1, the 3-day swab occurs on March 4;
 - If an inmate tests positive on March 1, they complete 10 full days of isolation and will have satisfied the 10 days and be cleared to move out of symptomatic isolation on March 12;
 - If an inmate is admitted to custody on March 1, with a prior positive within the past 90 days, the inmate (assuming asymptomatic) would be eligible to be transferred after completing 5 full days of isolation and could be transferred on March 7.
- The one exception to this would be in the case of a refusal, as follows:
 - If an inmate was admitted to custody on March 1, their 11-day swab date is March 12 and they refuse (assuming they continue to refuse throughout), their previously scheduled 14-day isolation transfer date (see #2 above) would be extended by an additional 10 full days. With March 16 (their original transfer date) counting as day 1, they would then be eligible to transfer on March 26;
 - If an inmate who was refusing subsequently agrees to be swabbed and the swab comes back negative, they would be eligible to be transferred upon the return of the negative result as long as they had satisfied their full 14-days of isolation per #2 above.
 - Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
 - Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
 - Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
 - Transfers will consider place of residence, court appearance location, and security needs.
 - Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
 - This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.

- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note: Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use ‘outside cell’ precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).
- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.

- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.
 - A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.

- ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
- Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O2 (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed and the inmate vacates, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60 - minute settling time post use, all responding CO’s and Nurses will need to wear full PPE and N95 mask.

Pandemic Operations – April 30, 2021

Center	Status
HCC	
MRCC	
WRC	
WCC	
BCC	
TPCC	
MYC	
AYC	

I. General

- For more information about COVID-19, visit the [Manitoba COVID-19](#) website.
- For health advice or guidance about whether you should self-isolate, staff should consult Health Links (204-788-8200, or 1-888-315-9257), the [Manitoba COVID-19](#) website, or a health professional.
- Ensure that hand hygiene and cough/sneezing etiquette information is posted in all areas. Cleaning and disinfecting supplies should be available to the inmate/YP population, based on current supply levels.
- Practice good prevention:
 - Wash your hands often with soap and water or alcohol-based hand sanitizer.
 - Wear your provided **Medical grade procedural mask**, at all times.
 - Sneeze and cough into your sleeve.
 - Avoid touching your eyes, nose or mouth.
 - Avoid contact with people who are sick.
 - Keep your own workstation clean.
 - Practice social distancing.
 - **Stay at home if you are sick.**
- When a Centre has been declared an outbreak by Public Health and status changes to Critical/Red additional local restriction can be implemented. Public Health and Management will determine changes to operations and restrictions.

II. Social Distancing

- Reduce movement and direct contact while maintaining essential services. This applies to inmates/residents and staff.
- Reduce movement through dining halls, corridors, and other common spaces.

- Rotate break schedules to limit the number of inmates/residents sharing common space.
- Social distance during direct supervision and searching (see below).
- Reduce dormitory counts as much as possible.
- We will keep staffing posts/locations to minimum movement and identify working cohorts whenever possible.

III. Cleaning and Supplies

- Use cleaning supplies prudently and increase cleaning with detergents to prevent the spread of the virus. Regular bleach can be diluted in water (1:10) and used as a disinfectant.
- Implement regular use of fogging equipment in large and high traffic areas in conjunction with aggressive cleaning/disinfecting procedures for maximum benefit.
- Use Air Scrubber machines during all dental procedures.
- Use additional cleaning trusties as needed. Pay for cleaners may be increased or can begin at the middle increment.
- Clean escort vehicle PTCUs after each escort and the officer cab (seating area) at the end of every shift:
 - **Sweep out the interior and remove garbage.**
 - **Spray all surfaces within the PTCU with a disinfectant spray (one part bleach to 10 parts water is recommended).**
 - **Target the steering wheel, handles, seat belt clasp, and any surface that is often touched.**
 - **Let the spray sit for ten minutes then wipe down.**

A. Inmate/YP Programs

- Volunteer access to Custody Centre's is suspended.
- Teachers can resume class at total of 10 participants including staff.
- Staff led spiritual care services (e.g. worship services, Ceremonies etc.) Due to the concern in Covid-19 variants in community and custody we must pause Sweat lodge ceremonies at this time. Will be reviewed May 31st.
- Inmate Programs can proceed with a maximum of 10 participants including the facilitator (RF). Inmates must all be from the same unit.

B. Recreation

- Recreation for inmates has been reinstated. Each centre will ensure only inmates from the same unit can participate following safe practices with cleaning of the recreation area (not just fogging) between units. Outdoor fresh air areas continue to operate.

C. Personal Visiting

- All personal visits for inmates/YPs are suspended until further notice. However, personal visits may be approved by the Superintendent or Deputy Superintendent in exceptional circumstances, e.g. death in the family or other crisis. If granted, visits will comply with screening, separation, and PPE guidelines.

D. Professional Access/Services

- Contract Services; Doctors, Dental Services (emergency situations) and Psychiatrist can continue to attend the Centre and provide care to inmates.
- In Person visits by lawyers are now approved while Manitoba is in status Red/Critical on the Manitoba Pandemic Response System. This will take effect Jan. 22, 2021 following the Provinces modified public orders.
- In person visits approved for partnership agencies, government agencies, in particular Probation Officers and Community Case Workers.
- Contractors and maintenance personnel can access custody centres to deliver essential services or to finish capital projects.
- The use of video and phone technology should be encouraged in place of in-person visits with inmates/YPs.

E. Community Escorts

- Funeral escorts are suspended.
- Before completing medical escorts, a SOM/Manager will conduct a site assessment of the destination in consultation with medical personnel (if possible) to direct necessary precautions. Some health care facilities may have designated entry points and screening for patients.
- Only urgent medical escorts should take place for Centres in Critical/Red status.

F. Leisure/Food Services

- Centers will purchase leisure products for isolated and other units due to restrictive conditions. This includes games, magazines, movies, art supplies, etc. Several handheld electronic gaming devices were purchased and distributed. Continue providing this service.
- When possible, food services may be enhanced with larger portions. Canteen limits may also be expanded at the Superintendent's discretion.

G. Phone Services

- Bulk call purchases are available, allowing users to purchase large volumes of personal calling at reduced rates. Public access to kiosks will be maintained.

H. Haircuts

- Haircuts will be allowed on unit in all Centres for the exception of WRC.

Non-Responsive



V. Screening

- Staff must stay home when they have cold or flu symptoms. If you attend work and start experiencing symptoms, then you must notify your supervisor and make arrangements to go home. In these cases, we would expect staff to self-isolate and get a COVID test. If you see a fellow staff member who appears ill, please gently approach and ask if they are feeling unwell and to suggest they leave the workplace. Managers and Supervisors are responsible for looking for this as well. Senior managers will send employees home if they report to work with flu symptoms.

- We will stop temperature screening and most Centre’s will withdraw staff who are conducting the screening. Staff will be expected to self-assess before each shift and at some points it is expected that the Duty Officer or another staff will randomly or regularly check with staff coming to work to ensure they are not experiencing cold or flu like symptoms. It is imperative that all Centre’s have signage with the COVID self-assessment questions clearly visible.
- Contractors and other non-Corrections staff who attend the Centre’s will need to directly answer the self-assessment questions with the Duty Office or similar area.

A. Staff Screening Procedure:

Before leaving home, staff should self-assess based on the following Risk Assessment tool below.

Risk Assessment - Initial Screening Questions:

A. Do you have new onset or worsening of any of the following symptoms?

- | | | |
|---|------------|-----------|
| • Fever > 38°C or subjective fever/ chills | Yes | No |
| • Cough | Yes | No |
| • Sore throat / hoarse voice | Yes | No |
| • Shortness of breath/ breathing difficulties | Yes | No |
| • Loss of taste or smell | Yes | No |
| • Vomiting or diarrhea for more than 24 hours | Yes | No |

B. Do you have new onset or worsening of 2 or more of any of the following symptoms?

- | | | |
|------------------------------|------------|-----------|
| • Runny nose | Yes | No |
| • Muscle aches | Yes | No |
| • Fatigue | Yes | No |
| • Conjunctivitis (pink eye) | Yes | No |
| • Headache | Yes | No |
| • Skin rash of unknown cause | Yes | No |
| • Nausea or loss of appetite | Yes | No |
| • Poor feeding if an infant | Yes | No |

If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.

Staff will need to go for a COVID test (not necessary to call Health Links in this case) and isolate pending test results.

VI. Testing

A. General Information

- Public health officials have expanded testing criteria to include all symptomatic Manitobans. Symptoms include fever, cough, runny nose and sore throat. Testing capacity has increased and the province is prepared to test anyone who has symptoms of COVID-19. Staff with 1 of the symptoms from A above or 2 or more of the symptoms described in B above can make arrangements for testing – a referral from Health Links is not necessary. For other health advice, staff should consult Health Links (204 -788-8200, or 1-888-315-9257), the Manitoba COVID-19 website, or a health professional. If calling Health Links, please mention that you work in a Correctional Centre.
- Online and phone scheduling for COVID testing is available for staff. An appointment-based scheduling system for COVID-19 tests has been implemented. People can call 1-855-268-4318 (toll-free) or go online to make appointments to get a COVID-19 test.
- Staff are encouraged to register for online results of COVID 19 testing
- For more information on testing locations, visit www.manitoba.ca/covid19/updates/testing.html.

B. Staff specific

- Employees who tests positive will let their Superintendent or designate know as soon as they get results so the investigation and contact tracing may begin.
- All staff identified as contacts with the positive staff will be called by management, told to self-isolate and advised to get COVID testing while awaiting contact from Public Health.

NOTE:

- An area of significant risk that has been identified through contact tracing is the practice of car-pooling. Other than those employees who reside in the same household, staff should avoid car-pooling to the greatest extent possible as this puts staff in close proximity with one another for extended periods of time.
- If staff car pool, a mask should be worn at all times, preferably a medical mask, when doing so and to ensure regular and thorough hand hygiene.
- While Management will ensure the least amount of information is released to ensure the confidentiality of the staff member. Staff will be asked for permission to share their name for contact tracing purposes. It should be noted that Public Health may share their names if they believe it is pertinent to their investigation.
- Through a review of shift rosters and interview with positive staff, management will determine if there are other close contacts identified.
- Management may review any available CCTV to confirm any contacts staff may have had.
- Public health officials will continue to contact individuals who test positive to begin contact tracing. However, information in the portal will provide immediate guidance to positive cases about their requirement to isolate while they wait to be contacted.

- Access to both positive and negative test results on the Shared Health website. It is important that staff who go for tests also sign up at the link attached; it will provide a quick response as soon as a test result is determined. This will improve the wait time that is associated with getting test result over the phone; this eliminates that problem and frustration. <https://sharedhealthmb.ca/covid19/test-results/>.
- Staff who were not wearing a medical grade procedural mask and goggles, who have had close (less than 6 feet) contact with a confirmed or suspected COVID positive inmate without the PPE described above, for a cumulative duration of 10 minutes or more (all periods of contact added together) will be directed to self-isolate and go for testing pending contact from Public Health.

C. COVID 19 Vaccinations for staff in Correctional Centres

- Public Health has now determined that **all staff** working in Correctional Centres are eligible to receive the COVID-19 vaccination.
- link: <https://manitoba.ca/covid19/vaccine/eligibility-criteria.html>

D. Vaccine Awareness- inmates

- Most Correctional centres have completed their vaccine blitz. AYC is being done on May 5 and WCC is scheduled for May 6, 7, 2021.
- Although inmates are observed for reactions after immunization, there are still side side effects to the COVID-19 vaccine that may occur. Please be aware that these side effects may last a few days and means your body is responding to the vaccine.
- Side effects include:
 - i. Tenderness and soreness in your arm where you got the shot.
 - ii. Tiredness or fever.

E. Training

- Staff refresher training will resume. Staff will not mix with participants from other Centres. Site specific training only for a total of 10 participants including facilitator. Central Training can continue with larger groups and established precautions.

F. Inmate specific

- Through interview with positive staff and review of rosters, as assessment will occur to determine if the positive staff may have infected an inmate or inmate unit. If it is confirmed

that the staff member may have had close contact then the inmate unit will be treated as contact isolation and subject to the same PPE requirements as symptomatic isolation.

- Public Health and local nursing staff will determine the length of isolation and if testing is necessary.
- When a centre has been advised that an inmate has tested positive, the following steps will take place:
 - The inmate will be placed in symptomatic isolation (PPE protocols are identical for COVID positive and symptomatic).
- PHIA continues to apply even if an inmate tests positive. Any inmate who is symptomatic or an identified contact should be considered and treated as suspected positive. There would be no change to approach or PPE on the officer's behalf whether someone was suspected or confirmed positive. The contact protocols noted above still apply.

VII. Isolation

- Staff who travel outside of Manitoba are required to self-isolate for 14 days upon return to Manitoba. Staff who are planning to travel outside the province are required to advise the employer immediately.

Non-Responsive

- Public health officials are advising that anyone who is symptomatic, or has a household member who is symptomatic, the entire household needs to self-isolate. Correctional staff / Nurses are considered first responders for this purpose and therefore are not required to self-isolate if they have no symptoms in this situation.
- Staff will be advised to follow the directives given by Health Links for their individual case.
- Each employees' personal health information is theirs to manage however if an employee is tested for COVID 19, they are obligated to provide the test result to the employer. Personal health information will not be shared by the employer with other employees unless permission is granted.
- If you have been tested and are waiting for your test results. Isolate at home while you are waiting to get your test results. If your COVID-19 test results are negative, but you have symptoms, and have travelled or been exposed to a case, you will need to continue to self isolate (quarantine) for the entire 14 days and until you have been symptom free for 24 hours. If your COVID-19 test results are negative and you have not travelled or been exposed to a case, you need to isolate until you have been symptom free for 24 hours. If your COVID-19 test results are positive, you must continue to isolate and a public health official will call you.

A. Inmate Isolation

- **For symptomatic cases:**
 - Day 1 starts 24 hours after the first onset of symptoms.
 - Symptomatic inmates that are not close contacts of a positive case are offered testing 3 days after symptom onset. If they are negative and symptoms have improved (no fever, cough may be present) for 24 hours, they can come out of isolation. If they are symptomatic and decline testing, they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed.
 - Symptomatic inmates that are close contacts of a positive case will be offered testing 3 days after symptom onset. If they are negative, they will stay in isolation until symptoms have improved for 24 hours and 14 full days have passed. If they are positive, day 0 will count as the day symptoms started and they will stay in isolation until symptoms have improved for 24 hours and 10 days full days have passed. If they decline testing, they will stay in isolation until symptoms have improved for 24 hours and 14 days full days have passed.

- **For Asymptomatic Cases:**
 - Asymptomatic cases have to self isolate for 10 days and if they remain asymptomatic or develop symptoms they need to be symptoms free for 24 hours.
 - Anyone with persistent symptoms at day 10 (e.g. fever, increasing shortness of breath, fatigue), aside from a reactive airway cough, should have a prompt clinical assessment. Individuals who remain symptomatic at day 10 should also continue on active daily monitoring until symptoms have resolved for 24 hours.
 - Cohort
 - If a close contact is identified, they need to be self-isolated.
 - Their contacts should also be self-isolated (contact of contacts).
 - The original close contact once self isolated for 3 days should be tested and if that test is negative then the contact of the contacts do not need to self isolate. The close contact if testing negative at day 3 then should test again at day 11 and if they test negative their isolation period ends on day 14 as long as they remain asymptomatic.
 - If on day 3 the close contact test becomes positive a discussion should be had with the MOH on the next steps for contacts who now likely have become true contacts.
 -

- **Previous Positive (90 days)**
 - An inmate who previously tested positive in the community or during a previous incarceration within the past 90 days can be cleared by medical using the following criteria:

- Those who are symptomatic will be isolated for a minimum of 5 days and then reviewed for clearance by medical staff
- Asymptomatic cases will be isolated for 5 days and will not require the 14 day isolation period.
- Medical department will make the determination on whether transfer can occur or further isolation is necessary.

VIII. Searches

- If possible, fog areas to be searched before Unit searching begins. Officers should remain 1-2 meters apart while searching open areas and only one officer at a time should be searching in cells.
- K9 services have returned to normal.

IX. Court Appearances, Police Removals, and Medical Escorts

A. Court Appearances

1. Non-isolation inmates/YP
 - Will attend court as normal. Inmates that attend court will wear a medical grade procedural mask.
2. Isolation inmates/YP
 - Will attend video court and not be transported out of the Center.
3. COVID positive inmates/YP
 - Will not attend video court or be transported out of the Center but a phone (if available) can be brought to the cell to attend court by phone if required.

B. Returning from Court

- Inmates/YPs attending court outside the custody centre will be returned to their home centre and isolated for 14 days, with the **following exception:**
 - Inmates/YPs attending court in Winnipeg, The Pas, Thompson, Brandon, or Portage.
 - Inmates/YPs who share a vehicle/flight with a new admission or inmate from another correctional centre must be isolated upon return to their home centre.
- TPCC inmates staying overnight in Thompson are not required to isolate upon return to TPCC under the following conditions;
 - The RCMP cell will be fogged prior to the inmate arriving, they will not be housed with new arrests, they are not meeting counsel at the detachment, and their only contact with anyone other than Sheriffs is when the RCMP pass them their breakfast through a slot.
 - Interviews are by phone at the courthouse due to COVID-19, if this need to change, Sheriffs will put portable barriers up in the interview room.

- There will be no new arrivals or other prisoners from The Pas on the flight on the return trip (unless the prisoner from TPCC came out on the same flight).

C. Police Removal

- Inmates/YPs removed from custody by police agencies will be returned to their home centres and isolated for 14 days.
- Inmates/YPs returning to the custody centre from any external escort should wash/sanitize their hands before returning to their home unit.
- COVID positive inmates will not appear in video Court or personal appearances until declared as recovered by our medical staff in consultation with Public Health.
- Those centres in Red/Critical Status on the Manitoba Pandemic Response Plan will not allow any inmates to be transported for personal court appearances.

D. Medical Escorts

- Inmates/YPs returning from medical escorts with corrections staff do not generally require isolated, but should be assessed based on the following:
 - Length of the escort or time in a public setting, e.g. 12 hours or more would support isolation.
 - Exposure to multiple spaces or persons in the community.
 - PPE compliance during the escort.
 - Supervision during the escort.

X. Release Planning

- Several northern communities are now self-isolating and restricting access. Release planning at each custody centre must ensure that released persons are able to return to their home communities or find alternatives. Corrections will continue to arrange transport in these cases.
- Probation Officers and Cam Zacharias (RRI) are available for consultation and referrals to assist with the release process.
- The release of Open Custody (OC) youth is permitted, subject to stable residence.
- The release of Secure Custody (SC) youth is permitted, subject to no OC to follow, stable residence and in consult with Community Corrections and local SMT.
- If these measures fail, the department will consider long-term community placements, e.g. hotels.

A. Release planning for COVID+ Inmate

- If you get an unexpected release of a symptomatic or COVID+ inmate/YP where release planning has not taken place in relation to the COVID-19 risk, there is a Medical Officer of Health on call, who can be reached at (204) 788-8666. This individual should only be called after consultation with and direction by the facility SMT or designate.



Div - Custody
Release Planning for I [\(New link\)](#)

XI. Population Management and Isolation

A. Unescorted Temporary Absences

- All intermittent sentences are suspended and UTAs are authorized in all cases.
- UTAs are authorized for sentenced adult male offenders with 14 days or less remaining before their scheduled ERD and adult females with 20 days remaining. Those with current convictions for domestic violence or sex offences are not eligible and an ED consult is needed if the offender presents unique security concerns.

B. Admission Restrictions

- All new admissions (adult/youth, male/female) in the province are being processed through the Winnipeg Remand Centre (WRC), followed by isolation.
- Admission to the WRC will require a remand warrant, disposition, committal, or other court ordered detention document(s).
- Male federal parole violators will not be admitted to the WRC. Female PVs will continue to be admitted to the WRC.
- CBSA is reviewing all detainee admission and will ensure that only essential cases will be admitted to the WRC.

C. Isolation & Transfers

- All adult admissions will be initially isolated at the WRC. Admission date is day 0, always and this principle will be applied to all situations. As such (all potential transfers assume the inmate has been asymptomatic for at least 24 hours);
- Transfers from the WRC will be administered as follows:
 - Inmates at day 11 of their isolation period will be informed that they are required to take a test for COVID 19 (nasal swab). This applies to offenders who were swabbed previously in their current incarceration and had a negative test result at that time.
 - The swab will be performed by medical staff and if the results are negative, the inmate may be transferred out of isolation after their full 14-day period has expired (if asymptomatic).

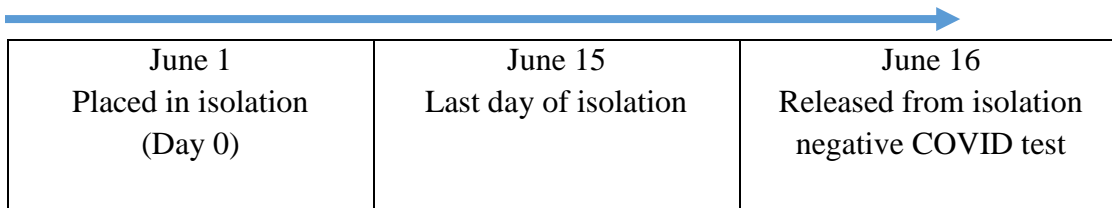
For example,

- If the inmate was admitted to custody on March 1, the 11-day swab is scheduled for March 12;
 - If the inmate was admitted to custody on March 1, the possible transfer date (following 14 full days of isolation), is scheduled for March 16;
 - If the inmate becomes symptomatic on March 1, the 3-day swab occurs on March 4;
 - If an inmate tests positive on March 1, they complete 10 full days of isolation and will have satisfied the 10 days and be cleared to move out of symptomatic isolation on March 12;
 - If an inmate is admitted to custody on March 1, with a prior positive within the past 90 days, the inmate (assuming asymptomatic) would be eligible to be transferred after completing 5 full days of isolation and could be transferred on March 7.
- The one exception to this would be in the case of a refusal, as follows:
 - If an inmate was admitted to custody on March 1, their 11-day swab date is March 12 and they refuse (assuming they continue to refuse throughout), their previously scheduled 14-day isolation transfer date (see #2 above) would be extended by an additional 10 full days. With March 16 (their original transfer date) counting as day 1, they would then be eligible to transfer on March 26;
 - If an inmate who was refusing subsequently agrees to be swabbed and the swab comes back negative, they would be eligible to be transferred upon the return of the negative result as long as they had satisfied their full 14-days of isolation per #2 above.
 - Those who refuse to be tested initially are to be asked daily whether they would like to take the COVID test and if so, appropriate arrangements made.
 - Medical department will make the determination on whether transfer can occur or further isolation is necessary. Complex cases can involve consult with Public Health in determining best course of action.
 - Youth admissions will be immediately transferred to the MYC for isolation, after the WRC admitting process is complete. Same process as above for testing criteria applies.
 - Inmates/YPs must be symptom free for a minimum of 24 hours before their scheduled release from isolation.
 - Transfers will consider place of residence, court appearance location, and security needs.
 - Medical personnel will assess all inmates/YPs prior to transfer or release from isolation.
 - This process applies to those who are isolating due to court appearances, escorts to the community, etc. at all correctional and youth centres.

D. Isolation Conditions

- Isolated inmates/YPs will receive a minimum of 30 minutes out of their cell per day.
- Whenever possible, one inmate/YP per cell will apply in all isolation areas.
- However, if counts increase, two inmates/YPs who are admitted to isolation units on the same day can be housed in the same cell, assuming compatibility. As much as possible, isolation will also separate males/females and adults/youth by unit.
- If two inmates/YPs occupy an isolation cell and one becomes symptomatic, they will be separated and the asymptomatic inmate/YP would be isolated for another 14 days.
- Isolation may be extended if the inmate/YP becomes symptomatic while in isolation, as directed by medical personnel.

Calculating time in isolation (sample):



E. Police/Sheriff Transports for Admission

- Rural custody centres who normally provide intake services (BCC, TPCC) will assist arresting agencies and Sheriffs as much as possible by deploying escort officers and vehicles to transport prisoners to the WRC. Staff have been designated at each of these centres to coordinate these transports.

XII. Prevention and PPE Use

* Developed in consultation with Dr. Jasdeep Atwal and Director of Health Services, Karen Bennett

A. How the Virus Spreads

- Based on the information we have to date, the spread of the COVID-19 is by droplet spread only and is not airborne (does not stay in the air, ducts, vents, etc.).
- With droplet spread, the virus cannot penetrate skin but can only infect someone if the virus enters through a mucous membrane (eyes, nose, and mouth). This can occur directly if the droplet enters one of these locations or indirectly (if your hand touches droplets then that same hand is used to touch your mouth, nose or eyes).
- Spread is reduced or eliminated by regular hygiene, cleaning, and proper application of PPE as required.

B. Principles

- Practice regular hand hygiene and coughing etiquette, cleaning, and social distancing.
- Practice hand hygiene before/after donning/doffing PPE.
- Minimize movement of staff and inmates between symptomatic, asymptomatic and non-isolation spaces.
- Once PPE is donned, avoid doffing. PPE may be doffed and changed when taking a meal/coffee break, or if wet, damaged, or soiled, but staff are advised to avoid changing PPE unnecessarily.
- Once PPE is doffed, this should be replaced by clean or new PPE, whenever possible.
- A Medical grade procedural mask can reduce the chance that others are coming into contact with your respiratory droplets”.
- Medical personnel may vary the use of PPE for specific procedures and based on a risk assessment.
- Inmates that are identified as COVID positive, symptomatic and a confirmed contact will be managed with the same PPE.

Note: Staff that are working in isolation units will be issued one of the following; face shields, visor, goggles, medical grade procedural mask and gown.

C. PPE Requirements

INMATES/YPs			
Location	Reusable Masks	Medical grade procedural mask	Medical Mask Vinyl/nitrile/latex Gloves Coverall
Outside Cell, Asymptomatic	√		
Dorm / Block / Outside Cell, Asymptomatic Isolation (e.g. Close contact, Rural Court, Extended hospital escort)		√	
Outside Cell, Symptomatic/Positive		√	
Community Escort* (from isolation)			√
Community Escort / Transfer to a Centre/ Court Room (from non-isolation)		√	
Contact Isolation (symptomatic Isolation)		√	

* Does not apply to transfers between centres by Corrections escorts. For transfers, use ‘outside cell’ precautions as noted above.

STAFF					
Location/Area	Medical grade procedural mask	Eye Protection Protective eye wear (Prescription glasses not applicable)	Vinyl, Search, or Plastic Gloves*	Full PPE vinyl/nitrile/latex gloves protective eyewear medical grade Procedural mask gown	Dental PPE Vinyl/nitrile/latex gloves protective eyewear KN95 mask Gown bouffant/cap
Custody Centres (all staff)	√	√			
Asymptomatic Isolation Units/Centres	√	√	Optional		
Symptomatic Isolation	√	√		√	
Intake Area (isolation centre only)	√	√		√	
Escorts (transporting symptomatic or new admissions)	√	√		√	
Staff supervising dental procedures (Dental contractors are responsible for their own PPE)	√	√			√

* To be made available based on supply, as determined by the custody centre.

D. Managing PPE

- Search gloves must be cleaned/disinfected after each encounter (within 6ft) with an inmate/YP.
- Reusable gowns/coveralls should not leave the custody centre and must be laundered on site. (Currently we receive level 1 examination cover gowns; there is no limit to the amount of washes. For our purpose in a correctional setting that is appropriate).
- Two Medical grade procedural masks will be issued to all staff on a shift and should be worn for the duration of the shift, covering nose and mouth and chin. Note; medical grade procedural masks will be a Level 1, 2, 3 depending on our supply chain. (Note; exception for breaks above).

- Eye protection and/or face shield will be issued to staff as needed. These should be retained and cleaned/disinfected with a mild detergent before and after shift, or if doffed for any reason.
- Inmate/YP reusable masks should be retained by the inmate/YP for further use but will be laundered/replaced daily, or when damaged, wet, or visibly soiled. Up to three masks may be issued per inmate/YP.
- Enhanced PPE (face shields and Medical grade procedural mask) will be worn in the following areas for staff and inmates; Kitchen, Central laundry, Canteen.
- Escort Officers that are taking inmates into the community for medical appointments or hospital supervision will wear full PPE, including a Medical grade procedural mask.

E. Managing Isolation

- Inmates/YPs are not required to wear PPE if they are contained in a cell or they are in a cell with an open door/meal slot and are not within 6 ft. of others.
- If an inmate/YP refuses to comply with PPE requirements, they are not to be moved and the SOM/Manager is to be advised of non-compliance.
- Breaks in all isolated areas. Staff will attend the cell with sanitizer, conduct a wellness check (e.g. how are you feeling, are you having any symptoms, feeling better/worse etc.), ensure the inmate/YP dons a mask, and sanitize the inmates/YPs hands. Upon conclusion of the break or unit access, hands will be sanitized again before returning to the cell.
- Cleaning of contact surfaces in symptomatic areas is required between breaks.

F. Uniform Management

- Keep uniform items separate from regular clothing at home, including footwear.
- Staff should be changing in and out of their uniform at work.
- Clean uniforms should come to work and should be washed after each shift, using regular detergent and warmest machine temperatures recommended on the uniform label.

G. Code Response

- Code responders will don full PPE when attending isolation areas. Centres have procedures in place to access kit.
- An SOM/Manager will assess risk level before initiating physical contact with an isolated inmate/YP during a code response.
- After the code clears, the area should be disinfected using one of the methods described above. Disposable gear should be placed into the garbage and placed into an exterior garbage bin.
- If administering CPR (all inmates/YPs):
 - Only essential staff should be attending to the patient and don a N95 mask. This includes those directly involved in resuscitation efforts or to maintain security.

- A Medical grade procedural mask should be placed on the patient unless medical is supplying oxygen.
- ‘Hands-only’ procedures apply. AED and compressions will be used, but no breaths administered.
- Follow AED voice prompts continue CPR until EMS arrives.
- For medical personnel:
 - Oropharyngeal airway can be established if airway cannot be established/maintained via head tilt/chin lift.
 - NO bag mask ventilation (BVM) or high flow O₂ (greater than 6L/min) is recommended due to the production of aerosols.
 - Passive oxygenation can occur through Nasal Cannula or non-rebreather mask at a rate of no greater than 6L/min.
 - Advanced airway may be established once EMS arrives (ensure only essential staff in room when this occurs as it is an Aerosol Generating Medical Procedure (AGMP)).

H. Supervising Medical Procedures

- N95 masks should be worn only when performing specific medical (aerosol generating) procedures, Officers who are supervising inmates during these procedures, should wear an N95 (if available) or KN95 mask. The N95 mask can be donned regardless of fit testing. Supervising of dental services will require the use of a KN95 mask (see PPE guidelines above)

I. CPAP (Sleep Apnea) Machine Management

- Inmates/YPs in isolation will not be allowed to use their CPAP machines unless deemed essential by their primary physician.
- If deemed essential by their primary physician, additional (aerosol/airborne) precautions are needed if the inmate/YP is symptomatic or COVID positive:
 - CPAP to be given only at night with supplies for entire night (door cannot be opened to give additional supplies).
 - Towel to be placed at bottom exterior of the cell door to prevent escape of aerosols.
 - In the morning, once CPAP turned off, aerosols should be allowed to settle for 60 minutes before opening the cell door.
 - Nursing staff entering cell to retrieve the CPAP should wear full PPE and N95 mask.
 - Once the equipment is removed and the inmate vacates, the cell should be fogged.
 - If code response is required in the cell while the CPAP is running or within the 60 - minute settling time post use, all responding CO's and Nurses will need to wear full PPE and N95 mask.