

March 24, 2021

Tom Engel  
Canadian Prison Law Association



Dear Tom Engel:

**Freedom of Information and Protection of Privacy Request #: JS000-2021-G-7**

On January 22, 2021, the Justice and Solicitor General received your request under the *Freedom of Information and Protection of Privacy Act* (FOIP Act)

Our Office received two cheques in the amount of \$98 each in your correspondence dated February 5, 2021 and March 12, 2021 representing the final balance of the 50% of the fee estimate we provided to you. We have applied the cheque of \$98 in the letter dated March 12, 2021.

However, we are returning the duplicate amount of \$98 sent to us in your letter dated February 5, 2021.

Sincerely,

Fola Degun

Digitally signed by Fola Degun  
DN: cn=Fola Degun, o=Alberta Justice  
and Solicitor General, ou=FOIP and  
Records Management,  
email=fola.degun@gov.ab.ca, c=CA  
Date: 2021.03.24 14:27:20 -0600

Fola Degun  
FOIP Senior Advisor  
Alberta Justice and Solicitor General

Enclosure: Returned cheque for \$98



Receipt No. 1966

Total Charge: \$98.00

Issuing Office: Justice and Solicitor General

GST:

GST Exempt

Amount Received: \$98.00

Date: March 18, 2021

Received from: Thomas M. Engel

Address: X

The Sum of: Ninety-Eight ----- 00 /100 Dollars

In Payment for: Final Fee payment for General FOIP request (JS000-2021-G-7)

Type of Remittance:  Cash  Cheque 10658  
 Visa  Money Order  
 Mastercard  America Express

\_\_\_\_\_  
G.Cea  
(For Department of JSG FOIP)



Culture, Multiculturalism and Status of  
Women and Justice and Solicitor General  
FOIP Office  
9<sup>th</sup> Floor, John E. Brownlee Building  
10365 - 97 Street NW  
Edmonton, Alberta, Canada T5J 3W7  
Telephone: 780-644-2055  
Email: [jsg.foip@gov.ab.ca](mailto:jsg.foip@gov.ab.ca)

March 9, 2021

Tom Engel  
Canadian Prison Law Association

Dear Tom Engel:

**Notice of Fee Estimate**  
**Freedom of Information and Protection of Privacy Request #: JS000-2021-G-7**

On January 22, 2021, the Justice and Solicitor General received your request under the *Freedom of Information and Protection of Privacy Act* (FOIP Act) for a copy of,

Original Scope: I am making this application in my capacity as President of the Canadian Prison Law Association. For context, I attach a copy of a CBC publication dated August 24, 2020 and I refer to the following excerpts:

The Alberta government says an internal audit of COVID-19 safety protocols was conducted at the Edmonton Remand Centre (ERC) in April but an Edmonton lawyer who has called for random audits says the evidence shows otherwise.

On Aug. 7, Alberta Justice said AHS staff regularly conduct site visits to inspect all provincial correctional facilities to ensure appropriate COVID-19 protocols are adhered to.

When asked for more details, the government said staff continuously monitor to ensure guidelines are followed and procedures are embedded in day-to-day operations.

At the outset, during the week of April 20, the centre director and health care manager at each site conducted an internal audit and walked through the centre to ensure all COVID-19 safety elements were being adhered to, the province said.

"The April internal audit was an Alberta Health Services (AHS) and Corrections-led internal review with a checklist," wrote James Wood, director of issues management and media relations with AHS, in an email on Aug. 14.

"This internal review was conducted at all provincial adult and youth centres in April as the COVID-19 guidelines and processes had been newly introduced. Any improvements needed were identified at the time and corrective action taken. As this was an internal review, it may not have been on the radar of those not directly involved in it."

The province did not elaborate on the quantity or type of violations found, what remedial action was taken or say whether records are maintained.

This is an application for copies of all records as defined by section I ( q) which relate to the above claims by AHS and "corrections" which I understand to mean the Solicitor General. The relevant period of time is the week of April 20 to and including August 14, 2020.

Please note this request does not just refer to the Edmonton Remand Centre but to "all provincial adult and youth centres".

Time period: The relevant period of time is the week of April 20 to and including August 14, 2020.

Clarified Scope: All records related to an internal audit of COVID-19 safety protocols

Time period: from April 20, 2020 to August 14, 2020

Justice and Solicitor General has decided to grant you access to part of the records you requested. The records contain some information that was withheld from disclosure in accordance with sections:

- Section 20(1)(m) – Disclosure harmful to law enforcement, and
- Section 25(1)(b) – Disclosure harmful to economic and other interests of a public body.

We have removed the information that is withheld from disclosure in order to provide you with access to the remainder of the records (attached).

You may ask for a review under Part 5 of the FOIP Act by the Information and Privacy Commissioner (Commissioner) of the decision to not give access to part of the record. To request a review, you must submit a completed Request for Review form within 60 days from the date of this letter to the Commissioner at Suite 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8. The form is available under 'Resources' on the Commissioner's website, [www.oipc.ab.ca](http://www.oipc.ab.ca), or you can call 1-888-878-4044 to request a copy.

If you have any questions, please contact me at [foia.degun@gov.ab.ca](mailto:foia.degun@gov.ab.ca).

Sincerely,

Fola Degun

Digitally signed by Fola Degun  
DN: cn=Fola Degun, o=Alberta Justice  
and Solicitor General, ou=FOIP and  
Records Management,  
email=foia.degun@gov.ab.ca, c=CA  
Date: 2021.03.25 19:07:45 -0600

Fola Degun  
FOIP Senior Advisor  
Alberta Justice and Solicitor General

Enclosures: Record package – 82 pages  
Sections 20 and 25 of the FOIP Act

### Disclosure harmful to law enforcement

**20(1)** The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

- (a) harm a law enforcement matter,
- (b) prejudice the defence of Canada or of any foreign state allied to or associated with Canada,
- (b.1) disclose activities suspected of constituting threats to the security of Canada within the meaning of the *Canadian Security Intelligence Service Act* (Canada),
- (c) harm the effectiveness of investigative techniques and procedures currently used, or likely to be used, in law enforcement,
- (d) reveal the identity of a confidential source of law enforcement information,
- (e) reveal criminal intelligence that has a reasonable connection with the detection, prevention or suppression of organized criminal activities or of serious and repetitive criminal activities,
- (f) interfere with or harm an ongoing or unsolved law enforcement investigation, including a police investigation,
- (g) reveal any information relating to or used in the exercise of prosecutorial discretion,
- (h) deprive a person of the right to a fair trial or impartial adjudication,
- (i) reveal a record that has been confiscated from a person by a peace officer in accordance with a law,
- (j) facilitate the escape from custody of an individual who is being lawfully detained,
- (k) facilitate the commission of an unlawful act or hamper the control of crime,
- (l) reveal technical information relating to weapons or potential weapons,
- (m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system, or
- (n) reveal information in a correctional record supplied, explicitly or implicitly, in confidence.

**(2)** Subsection (1)(g) does not apply to information that has been in existence for 10 years or more.

**(3)** The head of a public body may refuse to disclose information to an applicant if the information

- (a) is in a law enforcement record and the disclosure could reasonably be expected to expose to civil liability the author of the record or an individual who has been quoted or paraphrased in the record, or
- (b) is about the history, supervision or release of an individual who is under the control or supervision of a correctional authority and the disclosure could reasonably be expected to harm the proper custody or supervision of that person.

**(4)** The head of a public body must refuse to disclose information to an applicant if the information is in a law enforcement record and the disclosure would be an offence under an Act of Canada.

**(5)** Subsections (1) and (3) do not apply to

- (a) a report prepared in the course of routine inspections by an agency that is authorized to enforce compliance with an Act of Alberta, or
- (b) a report, including statistical analysis, on the degree of success achieved in a law enforcement program unless disclosure of the report could reasonably be expected to interfere with or harm any of the matters referred to in subsection (1) or (3).

(6) After a police investigation is completed, the head of a public body may disclose under this section the reasons for a decision not to prosecute

- (a) to a person who knew of and was significantly interested in the investigation, including a victim or a relative or friend of a victim, or
- (b) to any other member of the public, if the fact of the investigation was made public.

RSA 2000 cF-25 s20;2002 c32 s7

**Disclosure harmful to economic and other interests  
of a public body**

**25(1)** The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to harm the economic interest of a public body or the Government of Alberta or the ability of the Government to manage the economy, including the following information:

- (a) trade secrets of a public body or the Government of Alberta;
- (b) financial, commercial, scientific, technical or other information in which a public body or the Government of Alberta has a proprietary interest or a right of use and that has, or is reasonably likely to have, monetary value;
- (c) information the disclosure of which could reasonably be expected to
  - (i) result in financial loss to,
  - (ii) prejudice the competitive position of, or
  - (iii) interfere with contractual or other negotiations of,  
the Government of Alberta or a public body;
- (d) information obtained through research by an employee of a public body, the disclosure of which could reasonably be expected to deprive the employee or the public body of priority of publication.

**(2)** The head of a public body must not refuse to disclose under subsection (1) the results of product or environmental testing carried out by or for a public body, unless the testing was done

- (a) for a fee as a service to a person, other than the public body, or
- (b) for the purpose of developing methods of testing or testing products for possible purchase.

## Memorandum

**Date:** April 20, 2020

**To:** Corrections Centre Directors and Corrections Healthcare Managers

**From:** Janet Chafe, Executive Director, Correctional Health Services, AHS  
Dr. Keith Courtney, Facilities Medical Director, Correctional Health Services  
Joanne Panasiuk, Executive Director, Correctional Services Division, Adult Centre Operations Branch (ACOB)  
Shawn Rainault, Acting Executive Director, Correctional Services Division, Young Offender Branch

**RE:** Check-in for all Centres

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Thank you to everyone for all the work you have done over the last few weeks to implement strategies to help reduce the spread of COVID-19. We know that these are unprecedented times and we greatly appreciate all your efforts and ongoing vigilance as we continue to do everything we can to ensure both staff and inmates remain healthy.

We know many changes have been implemented quickly over the past few weeks. As we go into this week we would like to ask the Centre Director and Health Care Manager to schedule some time together to walk through the centre using the attached checklist to ensure all elements are being implemented and adhered to.

Centre Directors please send the completed check list back to your Executive Director. Correctional Health Services Managers please send the completed check list back to your Director. This will help us to confirm that each element is in place and identify any ongoing work that will be occurring after your walk through.

Many thanks again for your ongoing efforts.

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# CoVid 19 Action Check In

Center:
Completed by:
Date:

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y / N	
b) Inmates/patients	Y / N	
c) Officers	Y / N	
d) Contractors – (BGIS, Bee Clean, Compass)	Y / N	
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y / N	
b) Information posters for staff are available and updated regularly	Y / N	
3. COVID 19 education is provided		Describe frequency and methods
a) AHS staff	Y / N	
b) JSG staff	Y / N	
c) Patients/inmates	Y / N	
d) Contractors	Y / N	

Operations	Yes / No	Comments
1. External Escorts		
a) Plan to limit non-urgent external medical escorts	Y / N	
b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	
2. Cleaning		
a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	
b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	
c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	
d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	
3. Limiting movement		
a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	
b) Have staff post/assignments been reduced to minimize movement between units	Y / N	
c) Plans are in place to limit inter-center movement	Y / N	
4. Isolation		
a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	
b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	
4.	AHS staff have access to hand hygiene supplies	Y / N	
5.	JSG staff have access to hand hygiene supplies	Y / N	
6.	Inmates/patients have access to hand hygiene supplies	Y / N	
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	
	a) Education has been provided for this process for JSG and AHS staff	Y / N	
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	
	a) Education been provided for officers on what to do	Y / N	
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	
	a) Education has been provided for AHS and JSG staff	Y / N	

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	
	b) Temperature	Y / N	
	c) Records kept where?	Y / N	
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	
	b) Hand washing prior to entry?	Y / N	
	c) Manager present?	Y / N	
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	

<b>Social Distancing</b>		<b>Yes / No</b>	<b>Comments</b>
<b>Inmates/patients</b>			
1.	Common areas are adapted to support social distancing	Y / N	
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	
4.	Group activities are limited and cohorted	Y / N	
5.	Cells are reassigned to single inmate where possible	Y / N	
6.	Processes are in place for monitoring and reminding	Y / N	
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y / N	
2.	Staff are able to achieve social distancing on their units	Y / N	
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	
4.	Processes are in place for monitoring and reminding	Y / N	

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	

3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	
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	<b>Release/Discharge</b>	<b>Yes / No</b>	<b>Comments</b>
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	

# CoVid 19 Action Check In

Center: Calgary Correctional Centre

Completed by Stephen Phillips, Director and KellyAnn Hurley, Alberta Health Services Manager

Date: April 21, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	<input checked="" type="checkbox"/> / N	Daily staff meetings, email, posters, Directors Directives, Memorandums, Quick Reference Guide, assessments when entering facility, signage, rounds, tours.
b) Inmates/patients	<input checked="" type="checkbox"/> / N	Weekly Inmate Advisory meetings, officer, supervisor and management daily rounds and tours, admissions and release, signage, and posters on units etc. Daily wellness checks and three times daily medication rounds.
c) Officers	<input checked="" type="checkbox"/> / N	Daily shift musters, email, posters, Directors Directives, Memorandums, Quick Reference Guide, assessments when entering facility, signage, rounds, tours.
d) Contractors – (BGIS, Bee Clean, Compass)	<input checked="" type="checkbox"/> / N	Orientations, upon arrival at centre, email from Alberta Infrastructure, CCC security
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed
b) Information posters for staff are available and updated regularly	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed
3. COVID 19 education is provided		Describe frequency and methods

a) AHS staff	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed
b) JSG staff	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed
c) Patients/inmates	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed
d) Contractors	<input checked="" type="checkbox"/> / N	Daily or updated as required/needed

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	<input checked="" type="checkbox"/> / N	Only as required for medical, transfer or release. Every effort is made to defer or reschedule when and where required.
	b) Screening for Covid 19 symptoms occurs before any urgent escort	<input checked="" type="checkbox"/> / N	Yes, in consultation with AHS every inmate scheduled to leave this facility must see AHS prior to their departure.
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	<input checked="" type="checkbox"/> / N	Cleaned by staff daily and often, we also employ an inmate cleaner whom disinfects all touch surfaces several times a day. Staff also utilize supplies to clean personal office spaces and equipment etc.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (i.e. inmates, or groups/cohorts on inmates moving between areas/cells)	<input checked="" type="checkbox"/> / N	Yes, inmates are required to clean their units, cells, tables often as well as when disinfect the phone after every use. In addition, social distancing is enforced to and from exercise periods, cleaning of touch surface completed by centre cleaning crew.
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	<input checked="" type="checkbox"/> / N	Orientation is provided and enhanced training is given.

	d) Enhanced cleaning practices are in place for quarantine and isolation areas	<input type="checkbox"/> / N	Enhanced cleaning protocols in place as well as cleaning products are readily available for immediate access.
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	<input type="checkbox"/> / N	Minimum groups, 15 max and social distancing is enforced as required.
	b) Have staff post/assignments been reduced to minimize movement between units	<input type="checkbox"/> / N	Minimally where possible
	c) Plans are in place to limit inter-center movement	<input type="checkbox"/> / N	Minimally where possible
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	<input type="checkbox"/> / N	MCHU, one cell per inmate on isolation as per our Pandemic Plan and Unit Procedures and Protocols
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	<input type="checkbox"/> / N	C West, 15 cells

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / <input checked="" type="checkbox"/> N	Reduced transfers, limit numbers, screened upon admission and ongoing daily wellness checks. Will isolate if presumptive but cannot accommodate a large volume of admits.

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	<input type="checkbox"/> / N	Previous and ongoing education and information regarding PPE & IPC direction.
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	<input type="checkbox"/> / N	Daily as required and as new information, practices are in place.
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	<input type="checkbox"/> / N	Daily and reinforced by unit staff, AHS during tours, as observed, posters provided etc. AHS also advises

			upon their release; Intermittent Servers are educated at the front of the centre prior to admission self - assessment etc.
4.	AHS staff have access to hand hygiene supplies	<input checked="" type="checkbox"/> / N	Hand sanitizer available at workstations and in-patient care areas. Handwashing facilities available in staff washrooms, break rooms, patient care areas.
5.	JSG staff have access to hand hygiene supplies	<input checked="" type="checkbox"/> / N	Hand soap is provided in various staff stations, washroom or other, alcohol-based hand sanitizer located throughout the facility in staff stations washroom, lobby, reception, and staff areas.
6.	Inmates/patients have access to hand hygiene supplies	<input checked="" type="checkbox"/> / N	Inmate are provided with hand soap as needed or they can purchase their own. Non-alcohol-based hand sanitizer is also available in several places for inmates in the centre.
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	<input checked="" type="checkbox"/> / N	Checked daily and resupplied as required
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	<input checked="" type="checkbox"/> / N	We have numerous PPE cabinets, PPE carts and supplies in all areas throughout the facility. PPE can be restocked upon request and or after incident.
	a) Education has been provided for this process for JSG and AHS staff	<input checked="" type="checkbox"/> / N	Directors Directive has been circulated previously and is also referenced in our Pandemic Plan.
9.	Masks are available on the inmate units for those presenting with symptoms	<input checked="" type="checkbox"/> / N	Surgical masks are available on every unit.
	a) Education been provided for officers on what to do	<input checked="" type="checkbox"/> / N	Yes, are per our Pandemic Plan and Unit Procedures and protocols quick reference guide related to ILI/COVID 19. Ongoing check-ins occurring with AHS staff. Educational posters at staff stations throughout centre.
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	<input checked="" type="checkbox"/> / N	Surgical masks are available on every unit. Memorandums have also been provided and staff advised at shift musters as well to mask when social distancing in not an option.

	a) Education has been provided for AHS and JSG staff	<input type="checkbox"/> / N	Yes, are per our Pandemic Plan and Unit Procedures and Protocols Quick Reference guide related to ILI/COVID 19
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Symptom Screening	Yes / No	Comments
AHS staff:		
1.	Self-Attestation in place including:	<input type="checkbox"/> / N
	a) Signature	<input type="checkbox"/> / N
	b) Temperature	<input type="checkbox"/> / N Thermometer and hand hygiene and Cavicide wipe supplies available.
	c) Records kept where?	<input type="checkbox"/> / N Records retained by CCC HCU Admin Assistant
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	<input type="checkbox"/> / N Has been done when indicated, AHS WHS direction followed.
JSG staff:		
1.	Self-Attestation in place including:	<input type="checkbox"/> / N Posted at main entrance prior to entry of the centre.
	a) All questions reviewed verbally at the door?	Y / <input checked="" type="checkbox"/> N Staff are queried however not as thorough as we would like, they are asked if they have travelled outside the country and if feeling ill.
	b) Hand washing prior to entry?	Y / <input checked="" type="checkbox"/> N Not equipped at entry however alcohol-based hand sanitizer is available and staff encouraged to wash hand as soon as possible.
	c) Manager present?	Y / <input checked="" type="checkbox"/> N Limited resources
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	<input type="checkbox"/> / N When required and directed to do so.
Inmates/patients:		

1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	<input checked="" type="checkbox"/> / N	Daily wellness checks occurring.
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	<input checked="" type="checkbox"/> / N	Screening scripts and guidance in place for AHS staff and JSG staff in the absence of AHS presence in the centre.
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	<input checked="" type="checkbox"/> / N	As required when the situation presents itself.
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	<input checked="" type="checkbox"/> / N	Any presumptive case staff don the appropriate PPE or other if recommended or required.
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	<input checked="" type="checkbox"/> / N	IPC or authorized prescribers have reviewed patients prior to clearance. IPC to be involved with future clearances.

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	<input checked="" type="checkbox"/> / N	Where appropriate and enforced where required, surgical masks are an option and available.
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	<input checked="" type="checkbox"/> / N	Minimum groups, 15 max and social distancing is enforced as required.
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	<input checked="" type="checkbox"/> / N	Inmate have their meals in their cells or at the unit's tables to ensure social distancing is occurring.
4.	Group activities are limited and cohorted	<input checked="" type="checkbox"/> / N	Drastically reduced if they even occur at all.
5.	Cells are reassigned to single inmate where possible	<input checked="" type="checkbox"/> / N	When feasible
6.	Processes are in place for monitoring and reminding	<input checked="" type="checkbox"/> / N	Yes, daily
Staff:			
1.	Common areas are adapted to support social distancing	<input checked="" type="checkbox"/> / N	Appropriate action has been taken and direction has been given to maximize social distancing as much as possible.

2.	Staff are able to achieve social distancing on their units	<input checked="" type="checkbox"/> / N	Where possible and surgical masks are provided when social distancing is not immediately available.
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	<input checked="" type="checkbox"/> / N	Surgical masks are available on every unit and staff encouraged to use when social distancing is not available
4.	Processes are in place for monitoring and reminding	<input checked="" type="checkbox"/> / N	Memorandums reinforced at shift musters and as often as possible.

Mental Health		Yes/ No	Comments
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	<input checked="" type="checkbox"/> / N	Isolation and quarantined patients are seen by health professionals twice daily and have a check in with a mental health professional daily.
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc. with appropriate cleaning between	<input checked="" type="checkbox"/> / N	Activity packages have been made through collaboration of AHS & JSG and are distributed to isolated patients.
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	<input checked="" type="checkbox"/> / N	Education is provided upon the initiation of isolation/quarantine and then ongoing twice daily wellness checks allow for reinforcement of teaching and questions.

Release/Discharge		Yes / No	Comments
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	<input checked="" type="checkbox"/> / N	General information handouts provided by the duty office upon release, pre-release screening by AHS staff allows for further education with more specific instruction as required.
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	<input checked="" type="checkbox"/> / N	AHS staff are obtaining contact information on any patient with upcoming release or serving an intermittent sentence.

3.	Whenever possible, information is shared in regard to patients on isolation being released to a supported living environment or group home	■ / N	JSG and AHS will work in conjunction as a release date approaches in the instance of an isolated patient.
4.	Information is shared with other provincial correctional facilities, as well as CSC in regard to COVID 19 status of inmates/patients being transferred to them.	■ / N	Isolation patients are currently being pulled from transfer lists. Information about previous COVID testing or isolation to be included on provincial/federal transfer sheets (education reinforcement on this required)

# CoVid 19 Action Check In

Center: Calgary Remand Centre

Completed by: Richard Wilson, Direct & Tiffany Murray, Health Services Manager

Date: April 24, 2020

Communication		Yes / No	Comments
1.	There are established communication lines in place.		Describe frequency and methods
	a) Staff	Y / N	<ul style="list-style-type: none"> <li>• Each Shift &amp; Dept has a COVID19 Lead who is on the Centre COVID19 Committee and they share info/key messages from that during muster/report</li> <li>• Directors Memos, Directives</li> <li>• Daily email updates from site HSM</li> <li>• Centre Newsletter</li> <li>• Peer Support info &amp; activities</li> </ul>
	b) Inmates/patients	Y / N	<ul style="list-style-type: none"> <li>• Daily COVID assessments done by HCU staff and unit CPO together, time for 1:1 discussions and questions</li> <li>• Regular RFI/HSR process</li> <li>• Addictions &amp; Mental Health Staff assigned to each unit for daily check ins and patient supports</li> </ul>
	c) Officers	Y / N	<ul style="list-style-type: none"> <li>• Shift Muster</li> <li>• Directors Memos, Directives</li> <li>• Daily email updates from site HSM</li> <li>• Centre Newsletter</li> </ul>

			<ul style="list-style-type: none"> <li>Peer Support info &amp; activities</li> </ul>
	d) Contractors – (BGIS, Bee Clean, Compass)	Y / N	<ul style="list-style-type: none"> <li>Directors Memos, Directives</li> <li>Daily email updates from site HSM</li> <li>Centre Newsletter</li> </ul>
2.	Signage		
	a) Information posters for inmates/patients are available and updated regularly	Y / N	Signage in some units requires regular replacement; will develop schedule to review each unit and note replacements required (Area CPO3/Dept leads)
	b) Information posters for staff are available and updated regularly	Y / N	<p>Signage in some units requires regular replacement; will develop schedule to review each unit and note replacements required (Area CPO3/Dept leads)</p> <p>Signage needed for the Kitchen area</p>
3.	COVID 19 education is provided		Describe frequency and methods
	a) AHS staff	Y / N	CNE/NC, AHS regular training; email info
	b) JSG staff	Y / N	1:1 staff training; email links, video; posters
	c) Patients/inmates	Y / N	1:1 during screens and as needed; posters, isolation unit education all done by AHS staff
	d) Contractors	Y / N	PMD/AI staff 1:1 training, posters, reinforcement. Kitchen staff 1;1 training, posters reinforcement

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	<ul style="list-style-type: none"> <li>Medical Escort Team trained by HCU to screen pts, handle outside escort requirements in acute care areas, etc.</li> </ul>

			<ul style="list-style-type: none"> <li>Scheduling of outside appointments limited to urgent</li> </ul>
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	METS, HCU staff and Officers may assist to screen outgoing transports.
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	<ul style="list-style-type: none"> <li>CRC utilizes the AHS environmental cleaning guidelines for unit cleaning (developed for HCU but used throughout the centre now)</li> <li>Rec officers x2 have been redeployed to centre cleaning crews who are cleaning and disinfecting the general and high traffic areas behind security on 8 hour shifts 7 days per week (including holding tanks, video, health care clinics etc)</li> </ul>
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	<ul style="list-style-type: none"> <li>Rec officers x2 have been redeployed to centre cleaning crews who are cleaning and disinfecting the general and high traffic areas behind security on 8 hour shifts 7 days per week (including holding tanks, video, health care clinics etc)</li> </ul>
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	<ul style="list-style-type: none"> <li>Need to repost the cleaning checklist for each unit cleaner area centre wide (some missing/hard to read)</li> <li>Per regular process, HCU/Isolation unit cleaners are provided 1:1 special training and specific cleaning products &amp; checklist for enhanced and terminal cleaning in the isolation areas.</li> </ul>
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	<ul style="list-style-type: none"> <li>Per regular process, HCU/Isolation unit cleaning is done according the AHS</li> </ul>

			Environmental Cleaning guidelines (outbreak manual) with specific cleaning products & checklist for enhanced and terminal cleaning in the isolation areas.
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	Limited centre movement No movement of isolation patients
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	CPOs are assigned to units in 3 months cycles;
	c) Plans are in place to limit inter-center movement	Y / N	Limited centre movement No movement of isolation patients Court by telephone available on all units as needed
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	HCU per regular process (influenza and other outbreak plans) 26 beds but can fit three to a cell (cells are larger)
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	ATU1 per regular process (influenza and other outbreak plans) and/or specific unit isolations/lockdowns based on #s of symptomatic (ie: 10+ pts out of Unit 4, we isolation Unit 4 not move that many to HCU same approach during influenza outbreak)
5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	Committee is developing plan for quarantine capabilities; no unit yet. New admissions are housed on intake U7 until classified/placed. Average length of stay is much less now (appx 5-8 days)

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	<ul style="list-style-type: none"> <li>All HCU staff trained, regular reinforcements</li> <li>Email info, links, videos, posters</li> <li>NC/CNE</li> </ul>
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	<ul style="list-style-type: none"> <li>Will keep our training 1:1 and go unit to unit, dept to dept on a scheduled basis.</li> <li>Reinforce the "HCU open house" style training to catch people who weren't on the shifts, or in the staff areas (ie sentence admin) at the training times.</li> <li>Email info, links, videos, posters</li> <li>Touch base with officers and other staff during the COVID rounds for patients</li> </ul>
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	<ul style="list-style-type: none"> <li>COVID daily assessments; 1;1 education and discussions during these and prn</li> <li>Posters</li> <li>Need to schedule review for poster/signage replacements as indicated above</li> </ul>
4.	AHS staff have access to hand hygiene supplies	Y / N	
5.	JSG staff have access to hand hygiene supplies	Y / N	
6.	Inmates/patients have access to hand hygiene supplies	Y / N	Extra bar soap available to all units/inmates; liquid hand soap issues to isolation unit patients by HCU
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	
	a) Education has been provided for this process for JSG and AHS staff	Y / N	Per regular process re: outbreak protocols and reinforced with signage and extra training for staff. In the isolation units CPOs work in tandem with AHS staff and so directions/guidance in real time as well

9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	Inconsistent. Will address regular deployment of supplies to unit cubicles form duty office/supervisors office supplies (CPO3)
	a) Education been provided for officers on what to do	Y / N	Staff are aware of where to obtain supplies; inconsistent in their restocking of units
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	Also used if direct inmate contact as per continuous masking process
	a) Education has been provided for AHS and JSG staff	Y / N	11; training done for all staff areas/department, and round two began this week

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	In HCU
	a) Signature	Y / N	
	b) Temperature	Y / N	
	c) Records kept where?	Y / N	With payroll sign in sheets
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	Not verbally, but reviewed and signed attestations
	b) Hand washing prior to entry?	Y / N	Antibacterial Hand Sanitizer kiosk made at the doorway; no sink/bathroom in immediate vicinity
	c) Manager present?	Y / N	

2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	Using the frontline/healthcare worker online assessment tool per AHS email
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	Inconsistent in past; clearances are ONLY done by a prescriber at our site (not frontline staff). In order to address this, recently scheduled a daily review time with IPC and site NPs to review isolation patient clearances.

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	Taped lines etc
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	No rec time; day room only
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	Meals per inmate in cell
4.	Group activities are limited and cohorted	Y / N	
5.	Cells are reassigned to single inmate where possible	Y / N	
6.	Processes are in place for monitoring and reminding	Y / N	
Staff:			

1.	Common areas are adapted to support social distancing	Y / N	
2.	Staff are able to achieve social distancing on their units	Y / N	Where unable in the cubicles, continuous masking implemented
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	
4.	Processes are in place for monitoring and reminding	Y / N	

Mental Health		Yes/ No	Comments
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	AMH staff assigned to every unit; nursing staff as well.
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	Seen by HCU staff (nursing/AMH) minimum 4x per day, regular dayroom time, phone, tv, and resource access (games, books), dedicated CSW support
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	Not documented. Will address

Release/Discharge		Yes / No	Comments
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	Screen status/swab results and all pertinent info

# CoVid 19 Action Check In

Center: Edmonton Remand Centre

Completed by: Kady Martin and Dianne Beaton

Date: April 22, 2020

Communication		Yes / No	Comments
1.	There are established communication lines in place.		Describe frequency and methods
	a) Staff	Y / N	Communication with AHS staff includes information distributed at shift report, daily emails, manager rounding to units, open door availability by management, and centre-specific designated on-call management during the weekends.
	b) Inmates/patients	Y / N	Relying on communication protocols that are normally used for patients (HSRs/RFIs), communication in med lines, completed a round of the building and spoke to all of the units.
	c) Officers	Y / N	Information is distributed to CO3s in musters, who then take it to the pods. Weekly newsletter, information on the shared drive and in duotangs on every unit.
	d) Contractors – (BGIS, Bee Clean, Compass)	Y / N	Included on emails, contact with heads of areas.
2.	Signage		
	a) Information posters for inmates/patients are available and updated regularly	Y / N	Updated as new information comes out.
	b) Information posters for staff are available and updated regularly	Y / N	Updated as new information comes out.
3.	COVID 19 education is provided		Describe frequency and methods

	a) AHS staff	Y / N	Musters, emails, on-the-spot teaching by CNEs.
	b) JSG staff	Y / N	Education through CO3 musters, emails, shared drive/duotangs, AHS staff has spoken at full musters when they were still occurring, will speak with CO3s.
	c) Patients/inmates	Y / N	Mostly on-the-spot teaching when possible, education on enhanced cleaning for cleaners.
	d) Contractors	Y / N	Included in JSG emails, signage in building. Dianne asked at tenant meeting 2020-APR-22 about further education needs, and contractors declined further education at that time.

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	Modified BeeClean contract to increase coverage on evenings and weekends, increased cleaning in high demand areas such as the infirmary and A+D.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	Provided with extra cleaning supplies and extra education.
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	

3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	Decreased appointments in the clinic, CCTVs opened on the units to avoid mass transfers of inmates to central CCTV site.
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	AHS – slow rotation through infirmary. Decrease in overtime in both AHS and JSG has helped to minimize movement between units.
	c) Plans are in place to limit inter-center movement	Y / N	Transfers to FSCC decreased to weekly from daily, no transfer to alternate facility if will be released from Edmonton within 30 days.
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	Isolated patients are kept in the infirmaries, 34 cells on the male infirmary and 8 on the female infirmary.
	b) Plans for an overflow unit should an outbreak occur. How many beds would this be?	Y / N	Outbreak plans include MaxD, for a total of 36 cells/72 beds if cohorting within a cell is possible.

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	Screened on admission in both the initial screen as well as the health care admission. Patients are seen on a daily basis, but due to the number of admissions daily, it is difficult to limit movement. We rely on the daily checks and patient education to prevent spread.

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	

3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	
4.	AHS staff have access to hand hygiene supplies	Y / N	
5.	JSG staff have access to hand hygiene supplies	Y / N	
6.	Inmates/patients have access to hand hygiene supplies	Y / N	
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	
	a) Education has been provided for this process for JSG and AHS staff	Y / N	
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	
	a) Education been provided for officers on what to do	Y / N	
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	
	a) Education has been provided for AHS and JSG staff	Y / N	

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	
	b) Temperature	Y / N	Lack of available thermometers
	c) Records kept where?	Y / N	In AHS manager's office

2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	Yes, at shift changes.
	b) Hand washing prior to entry?	Y / N	Hand sanitizer at cattle gate entry.
	c) Manager present?	Y / N	Yes, at shift changes.
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	

4.	Group activities are limited and cohorted	Y / N	
5.	Cells are reassigned to single inmate where possible	Y / N	Due to current patient count, still have 320 individuals in double cells.
6.	Processes are in place for monitoring and reminding	Y / N	
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y / N	
2.	Staff are able to achieve social distancing on their units	Y / N	
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	
4.	Processes are in place for monitoring and reminding	Y / N	

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	Seen daily by a health care professional, seen three times weekly by mental health
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	Patients on isolation are offered cell-based activities, but time out of cell is limited to legal phone calls and showers.
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	Documented on health care files.

<b>Release/Discharge</b>		<b>Yes / No</b>	<b>Comments</b>
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	

2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / <input type="checkbox"/> N	We obtain their contact information in order to have Public Health follow up with them once results are obtained.
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	<input checked="" type="checkbox"/> Y / N	
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	<input checked="" type="checkbox"/> Y / N	

# CoVid 19 Action Check In

Center: Lethbridge Correctional Centre

Completed by: Kristie Knoll, Robert May, Ryan Mueller, Jim Hegedes

Date: April 22, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y / N	AHS - Updates (centre specific) are emailed to AHS staff daily by HSM. This would include any updates, changes in script, screening, testing, isolations, and positive cases, etc) AHS has email circulating to all staff Provincially. JSG – Emails sent out from Director as required, Directors minutes are circulated, changes covered in briefing. AHS staff available for questions as well.
b) Inmates/patients	Y / N	Updates are broadcast through the Synergy phone system. DDP meets with the unit reps each week to advise of updates, changes and areas of concern. JSG & AHS management do rounds each week and talk with inmates/patients on the units. Updates posted in units on bulletin boards.
c) Officers	Y / N	JSG – Emails sent out from Director as required, Directors minutes are circulated, changes covered in briefing. AHS staff available for questions as well.
d) Contractors – (AI, Compass, Lakeshore)	Y / N	JSG director, DDP & DDA update respective contractors with changes. AHS provides training and information as needed.
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y / N	Signage circulated by AHS printed and posted on the units. Updated as new ones are available. (Posted in living units, gym, CCTV area)
b) Information posters for staff are available and updated regularly	Y / N	Signage circulated by AHS and JSG are printed and posted and updated as new ones are available. They are posted at the front door, high traffic areas, lunch room, units, offices, windows, PPE posters.

3.	COVID 19 education is provided		Describe frequency and methods
	a) AHS staff	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing, and surface washing was completed. As there are new updates the education is provided.
	b) JSG staff	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing, and surface washing was completed. As there are new updates the education is provided.
	c) Patients/inmates	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing and surface washing was completed. As there are new updates the education is provided.
	d) Contractors	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing was completed. As there are new updates the education is provided. Some of the contractors also have updates from their organizations as well.

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	This has been happening already. Only urgent and emergent medical escorts are being done.
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	If the patient is on isolation or screens positive for isolation prior to escort the receiving centre is notified and the patient wears the appropriate PPE.
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	There is an increase in the cleaning crews from 1 to 2 (6 inmates and 2 staff). There are also unit cleaners for each unit and they wipe down buzzers, door knobs, stair rails, flat surfaces hourly. The gym equipment is wiped down before a unit entering, while they are there using the equipment and before returning to the unit.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	There are no mixing of units in the gym, CCTV, HCU or Chapel. Gym being cleaned as noted above. The chapel is using social distancing, wiping down chairs before and after use and washing hands before going there. CCTV is keeping units separate and wiping down surfaces between units.

	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	The inmate unit cleaners were provided with information regarding how to clean the surfaces, areas to focus cleaning, proper mixing of bleach and water ratio, PPE donning & doffing.
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	As above and terminal cleaning guidelines, as per IP&C and the outbreak manual sent to DDA. This information was provided to the cleaning supervisors. They are aware of the PPE to wear as well as what and how to clean surfaces.
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	There has been limited movement in the centre for about a month. There is still some movement to segregation as needed but every attempt is made not to house people from different units together.. The rest of the movement consists of CCTV, gym, HCU and spiritual/cultural care. This movement is still decreased, consists of only 1 unit at a time, and cleaning done between.
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	There has been no decrease in assignments or posts. Staff are required to meet centre operational needs. Wherever possible staff are working in one area but some may still need to work in different areas to relive for breaks and assist with operational requirements. There is hand sanitizer and hand washing capabilities for the staff when they are going into a new area. Staff are assigned to each post on a 6 day rotation.
	c) Plans are in place to limit inter-center movement	Y / N	Same as noted in a. and b. above.
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	Currently we house symptomatic patients in the HCU (7 cells), back of Unit 1 (3 cells) and non-symptomatic patients in the front of Unit 1 (12 cells), and Unit 2 (6 cells). The non-symptomatic patients would be new admissions as well as cell mates from a patient who has reported symptoms (that do not have symptoms themselves).
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	If we were to surpass the ability to house in the areas noted above, then Unit 3 (12 cells) would be utilized. If there is a specific unit where an outbreak occurs, that unit would become the outbreak unit and no one would be admitted to that area. We would manage the patients in the cells they were currently in unless they needed to be moved to HCU or the hospital to meet higher acuity care needs.

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	LCC a quarantine unit for all new admits. LCC is doing isolation for 14 days on new asymptomatic admissions. If they report symptoms or are screened positive, they are isolated and swabbed. Mental health checks are being done twice daily by the psychologist and by the nurses in the absence of the psychologist. Staff are encouraged to communicate with all offenders on each round.

Hygiene and PPE	Yes / No	Comments
1. AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, surface cleaning, and PPE training for donning & doffing have been reviewed by CNE, HSM and NC. New updates are sent out to staff as they happen.
2. JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, surface cleaning, and PPE training for donning & doffing have been completed by CNE, HSM and NC. New updates are sent out to staff as they happen.
3. Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, and surface cleaning have been done by CNE, HSM and NC. There are posters in the units as well.
4. AHS staff have access to hand hygiene supplies	Y / N	Hand sanitizers are in the units, different office areas as well as high traffic areas. Smaller personal hand sanitizers are available to have on their person and the medication carts on med rounds. The bathrooms are open in the reception area upon entrance to the facility as there are many opportunities to access a sink for hand washing.
5. JSG staff have access to hand hygiene supplies	Y / N	Hand sanitizers are in the units as well as high traffic areas. The bathrooms are open in the reception area upon entrance to the facility as there are many opportunities to access a sink for hand washing.
6. Inmates/patients have access to hand hygiene supplies	Y / N	Soap available and have been told about the importance of frequent hand washing and how to do same.
7. Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	Hand sanitizers are in the units as well as high traffic areas. The bathrooms are open in the reception area upon entrance to the facility as there are many opportunities to access a sink for hand

			washing. Signage is posted throughout the building as well as on the doors at the entrance to the building.
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	PPE carts are in the isolation areas and supplies are in A&D area.
	a) Education has been provided for this process for JSG and AHS staff	Y / N	There are PPE supplies in the A&D area and the officers as well as AHS staff are aware and have the scripting and flow chart for what PPE to wear and when. This includes having the inmate wash hands and put on a mask when indicated as well as what the staff wear.
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	Masks are on units and ensuring there is a supply is part of the shift handover process.
	a) Education been provided for officers on what to do	Y / N	They are aware to have the inmate wash hands and put on a surgical mask. The officers are wearing a surgical mask as part of the continuous masking guidelines. There are also PPE bags on each of the units to use as indicated. There is a flow chart available for what PPE to wear.
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	We have the supplies necessary to meet the continuous masking requirements. Both JSG and AHS are monitoring supply levels and sharing as needed to ensure all staff are safe.
	a) Education has been provided for AHS and JSG staff	Y / N	Staff aware to wear a mask when interacting with inmates/patients and when not able to maintain 6 feet of social distancing with colleagues. There are signs posted on the units as well as different areas throughout the building and the HCU. The contractors are aware of this process as well. Donning and doffing training has been provided from AHS to JSG as well as reiterating the rationale for why we are wearing them. Leadership/management/supervisors are asked to adhere to this process to lead by example and to remind staff when they see it is not being followed.

Symptom Screening	Yes / No	Comments
AHS staff:		

1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	
	b) Temperature	Y / N	
	c) Records kept where?	Y / N	The signature sheets are kept in the HCU by the Admin Support.
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	There have been no instances of AHS staff reporting to work when they have had symptoms or a temperature above 38. If this were to happen the staff would be sent home to complete the online questions and do follow-up as per provincial guidelines.
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	The attestation/screening sheet is posted on the front door and the manager reads it to staff at shift briefing. This has been provided to all staff who are to self asses before each shift
	b) Hand washing prior to entry?	Y / N	The bathrooms in the reception area are open and the staff are able to wash their hands upon entrance to the building. Briefing has moved to the visitor area to have enough space for social distancing and the bathrooms are open in that area as well.
	c) Manager present?	Y / N	Prior to shift briefing, briefing area is set up with social distancing strictly enforced.
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	There have been no instances of AHS staff reporting to work when they have had symptoms. If this were to happen the staff would be sent home to complete the online questions and do follow-up as per provincial guidelines.
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	Every patient is screened including a temperature check daily. The isolation patients are screened at least twice daily.
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	Every admission is asked the screening questions by JSG as well as AHS staff upon admission to the centre. Transfers are screened and if they are position would not be sent to another centre. If they needed to be transferred to the hospital to meet care needs they would be provided with PPE and the nurse would advise the receiving facility or EMS. Screening prior to

			discharge done by AHS staff. They are also provided with an information sheet prior to leaving.
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	This should not happen as AHS provides 24 hour care at LCC. It is part of the JSG scripting though if there happens to be an instance where this would have to occur.
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	There are PPE supplies available and the officers as well as AHS staff are aware and have the scripting and flow chart for what PPE to wear and when. This includes having the inmate wash hands and put on a mask when indicated as well as what the staff wear.
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	Population is low and inmates are reminded to keep social distanced when they can. The meals are done in tiers and only 2 people are to be at a table (rather than 4) to provide some distance.
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	Unit numbers are low so no cohorting at this time. There is a specific unit that is tiered for operational reasons so would have very few people out at the same time. Units are not mixed and the areas like the gym and chapel are cleaned between units using the areas.
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	Meals are on a tier system so would have a decreased amount of people eating at the same time and are to have only 2 people at the same table.
4.	Group activities are limited and cohorted	Y / N	Units are not mixed and the areas like the gym and chapel are cleaned between units using the areas.
5.	Cells are reassigned to single inmate where possible	Y / N	As long as center numbers are low enough to support this and compatibility is considered the inmates will be in single cells.
6.	Processes are in place for monitoring and reminding	Y / N	The unit officers are asked to remind the inmates to social distance. JSG and AHS leadership do rounds to educate and remind people at that time if they see an opportunity regarding hygiene practices, cleaning, social distancing, and awareness of

			symptoms to report. They have an opportunity to ask questions at this time as well.
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y / N	Muster is done in a different area to promote adequate distancing between people. Chairs have been removed in some areas as well.
2.	Staff are able to achieve social distancing on their units	Y / N	In some areas this is possible. Where it is not, the staff are aware to follow the continuous masking direction.
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	Yes. There is also signage posted to support and remind staff.
4.	Processes are in place for monitoring and reminding	Y / N	Managers and supervisors are to remind staff. There is also signage posted.

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	Mental health checks are being done daily by the psychologist and by the nurses in the absence of the psychologist. JSG staff are encouraged to talk with the inmates on rounds and interact (verbally) with them as much as they can.
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	As noted above and they are able to use the phone, have reading material, order canteen and have activities/drawing material. Because we are doing isolation the movement out of their cell is limited but when necessary, cleaning is done between.
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	The nurses see the patients twice daily for screening and temp checks. This is documented on the screening log. The mental health rounds are documented just as the daily segregation checks are done. If they have questions during this time the staff are able to answer and action them.

<b>Release/Discharge</b>		<b>Yes / No</b>	<b>Comments</b>
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	AHS staff screens them before release and they are provided with a handout of what to do and resources related to COVID-19.
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	We take a contact number and advise public health that they have been released on isolation and if a swab has been

			completed (results and symptoms if known/applicable). Public health will then follow-up as required.
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	When we are aware we would advise.
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	

# CoVid 19 Action Check In

Center: Medicine Hat Remand Centre

Completed by: Kristie Knoll, Kevin Fuhrmann & Dawn McMaster

Date: April 23, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y / N	AHS - Updates (centre specific) are emailed to AHS staff daily by HSM. This would include any updates, changes in script, screening, testing, isolations, and positive cases, etc) AHS has email circulating to all staff Provincially. JSG – Emails sent out from Director as required, Directors minutes are circulated, changes covered in briefing. AHS staff available for questions as well.
b) Inmates/patients	Y / N	Updates are going to be broadcast through the Synergy phone system. This is just in the process of being set up. JSG & AHS management do rounds each week and talk with inmates/patients on the units. Updates posted in units on bulletin boards.
c) Officers	Y / N	JSG – Emails sent out from Director as required, Directors minutes are circulated, changes covered in briefing. AHS staff available for answering questions as well.
d) Contractors – (Edon, Compass, Bridges of Canada)	Y / N	JSG director, DDA/S/P update respective contractors with changes. AHS provides training and information as needed.
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y / N	Signage circulated by AHS printed and posted on the units. Updated as new ones are available. (Posted in living units, gym, CCTV area)
b) Information posters for staff are available and updated regularly	Y / N	Signage circulated by AHS and JSG are printed and posted and updated as new ones are available. They are posted at the front door, high traffic areas, lunch room, units, offices, windows, as well PPE posters in isolation areas.

CoVid Action Check In • 2

3.	COVID 19 education is provided		Describe frequency and methods
	a) AHS staff	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing, and surface washing was completed. As there are new updates the education is provided.
	b) JSG staff	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing, and surface washing was completed. As there are new updates the education is provided.
	c) Patients/inmates	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing and surface washing was completed. As there are new updates the education is provided.
	d) Contractors	Y / N	Initial information was sent out and training regarding PPE, handwashing, social distancing was completed. As there are new updates the education is provided. Some of the contractors also have updates from their organizations as well.

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	This has been happening already. Only urgent and emergent medical escorts are being done.
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	If the patient is on isolation or screens positive for symptoms prior to escort the receiving centre is notified and the patient wears the appropriate PPE.
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	There is an increase in the cleaning for hard surfaces and high traffic areas provided through Edon. There are also unit cleaners for each unit and they wipe down buzzers, door knobs, stair rails, flat surfaces hourly. The gym equipment is wiped down before a unit enters, while they are there using the equipment and before returning to the unit.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	There are no mixing of units in the gym, CCTV, HCU or Chapel. Gym being cleaned as noted above. The chapel is using social distancing, wiping down chairs before and after use and washing hands before going there. CCTV is keeping units separate and wiping down surfaces between units.

	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	The inmate unit cleaners were provided with information regarding how to clean the surfaces and areas to focus cleaning.
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	As above and terminal cleaning guidelines, as per IP&C and the outbreak manual sent to DDA. This information was provided to the cleaning crew. They are aware of the PPE to wear as well as what and how to clean surfaces.
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	There has been limited movement in the centre for about a month. There is still some movement to segregation as needed but every attempt is made not to house people from different units together. The rest of the movement consists of CCTV, gym, medical and spiritual/cultural care. This movement is still decreased, consists of only 1 unit at a time, and cleaning done between.
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	There has been no decrease in assignments or posts. Staff are required to meet centre operational needs. Wherever possible staff are working in one area but some may still need to work in different areas to relieve for breaks and assist with operational requirements. There is hand sanitizer and hand washing capabilities for the staff when they are going into a new area.
	c) Plans are in place to limit inter-center movement	Y / N	Same as noted in a. and b. above.
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	Currently we house symptomatic and asymptomatic patients in A&D (6 cells) and if we need more space than this Remand West (6 cells) would be utilized as well. The non-symptomatic patients would be new admissions as well as cell mates from a patient who has reported symptoms (that do not have symptoms themselves).
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	If we were to surpass the ability to house in the areas noted above, then Remand East (12 cells) would be utilized. If there is a specific unit where an outbreak occurs, that unit would become the outbreak unit and no one would be admitted to that area. We would manage the patients in the cells they were currently in unless they needed to be transported to the hospital to meet higher acuity care needs.

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	There is not a quarantine unit for new admits. MHRC is doing isolation for 14 days on new asymptomatic admissions. If they report symptoms or are screened positive they are isolated and swabbed. Mental health checks are being done daily by the nurses daily.

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, surface cleaning, and PPE training for donning & doffing have been reviewed by CNE, HSM and NC. New updates are sent out to staff as they happen.
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, surface cleaning, and PPE training for donning & doffing have been completed by CNE, HSM and NC. New updates are sent out to staff as they happen.
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Hand hygiene, social distancing, and surface cleaning have been done by the HSM. There are posters in the units as well.
4.	AHS staff have access to hand hygiene supplies	Y / N	Hand sanitizers are in the officer pods in the units, different office areas as well as high traffic areas. Smaller personal hand sanitizers are available to have on their person and the medication carts on med rounds. The bathrooms are open in the reception area upon entrance to the facility and there are many opportunities to access a sink for hand washing. There are handwashing sinks in the treatment rooms.
5.	JSG staff have access to hand hygiene supplies	Y / N	Hand sanitizers are in the officer pods in the units as well as high traffic areas. The bathrooms are open in the reception area upon entrance to the facility and there are many opportunities to access a sink for hand washing.
6.	Inmates/patients have access to hand hygiene supplies	Y / N	Soap available and have been told about the importance of frequent hand washing and how to do same.
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	Hand sanitizers are in the high traffic areas. The bathrooms are open in the reception area upon entrance to the facility and there are many opportunities to access a sink for hand washing. Signage is posted throughout the building as well as on the doors at the entrance to the building.
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	PPE carts are in the isolation areas and supplies are in A&D area.

	a) Education has been provided for this process for JSG and AHS staff	Y / N	There are PPE supplies in the A&D area and the officers as well as AHS staff are aware and have the scripting and flow chart for what PPE to wear and when. This includes having the inmate wash hands and put on a mask when indicated as well as what the staff wear.
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	Masks are available through the DDO office for this process.
	a) Education been provided for officers on what to do	Y / N	They are aware to have the inmate wash hands and put on a surgical mask. The officers are aware to don a surgical mask as part of the continuous masking guidelines. There are also PPE bags on each of the units to use as indicated. There is a flow chart available for what PPE to wear.
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	We have the supplies necessary to meet the continuous masking requirements. Both JSG and AHS are monitoring supply levels and sharing as needed to ensure all staff are safe.
	a) Education has been provided for AHS and JSG staff	Y / N	Staff aware to wear a mask when interacting with inmates/patients and when not able to maintain 6 feet of social distancing with colleagues. There are signs posted on the units as well as different areas throughout the building. The contractors are aware of this process as well. Donning and doffing training has been provided from AHS to JSG as well as reiterating the rationale for why we are wearing them. Leadership/management/supervisors are asked to adhere to this process to lead by example and to remind staff when they see it is not being followed.

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	

	b) Temperature	Y / N	
	c) Records kept where?	Y / N	The signature sheets are kept in the HCU by the Admin Support.
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	There have been no instances of AHS staff reporting to work when they have had symptoms or a temperature above 38. If this were to happen the staff would be sent home to complete the online questions and do follow-up as per provincial guidelines.
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	The attestation/screening sheet is posted on the front door and the manager or designate is stationed at the door during major ingress of staff at shift change..
	b) Hand washing prior to entry?	Y / N	The bathrooms in the reception area are open and the staff are able to wash their hands upon entrance to the building.
	c) Manager present?	Y / N	As noted above in a).
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	There have been no instances of JSG staff reporting to work when they have had symptoms. If this were to happen the staff would be sent home to complete the online questions and do follow-up as per provincial guidelines.
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	Every patient is screened including a temperature check daily. The isolation patients are screened at least twice daily.
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	Every admission is asked the screening questions by JSG as well as AHS staff upon admission to the centre. Transfers are screened and if they are positive for symptoms, would not be sent on transfer. If they needed to be sent to the hospital to meet care needs they would be provided with PPE and the receiving facility or EMS would have to be notified of same. Screening prior to discharge done by AHS staff, or by JSG staff as per script, in the absence of AHS on site.. They are also provided with an information sheet prior to leaving.
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	JSG staff are aware of the questions to ask through the scripting circulated.

4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	There are PPE supplies available and the officers as well as AHS staff are aware and have the scripting and flow chart for what PPE to wear and when. This includes having the inmate wash hands and put on a mask when indicated as well as what the staff wear.
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	Population is low and inmates are reminded to keep social distanced when they can.
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	Unit numbers are low so no cohorting at this time. Units are not mixed and the areas like the gym and chapel are cleaned between units using the areas.
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	Meals are eaten in their cells, not in the common areas.
4.	Group activities are limited and cohorted	Y / N	Units are not mixed and the areas like the gym and chapel are cleaned between units using the areas. Programs and education classes are not running at this time.
5.	Cells are reassigned to single inmate where possible	Y / N	As long as center numbers are low enough to support this and compatibility is considered, the inmates will be in single cells.
6.	Processes are in place for monitoring and reminding	Y / N	The unit officers are asked to remind the inmates to social distance. JSG and AHS leadership do rounds to educate and remind people at that time if they see an opportunity regarding hygiene practices, cleaning, social distancing, and awareness of symptoms to report. They have an opportunity to ask questions at this time as well.
Staff:			
1.	Common areas are adapted to support social distancing	Y / N	Chairs have been removed in the muster room to promote adequate distancing between people.
2.	Staff are able to achieve social distancing on their units	Y / N	In some areas this is possible. Where it is not, the staff are aware to follow the continuous masking direction.
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	Yes. There is also signage posted to support and remind staff.

4.	Processes are in place for monitoring and reminding	Y / N	Managers and supervisors are to remind staff. There is also signage posted.
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Mental Health		Yes/ No	Comments
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	Mental health checks are being done daily by the nurses. JSG staff are encouraged to talk with the inmates on rounds and interact (verbally) with them as much as they can.
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	As noted above and they are able to use the phone, have reading material, order canteen and have activities/drawing material. Because we are doing isolation the movement out of their cell is limited but when necessary, cleaning is done between.
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	The nurses see the patients twice daily for screening and temp checks. This is documented on the screening log. The mental health rounds are documented just as the daily segregation checks are done. If they have questions during this time the staff are able to answer and action them.

Release/Discharge		Yes / No	Comments
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	AHS staff screens them before release and they are provided with a handout of what to do and resources related to COVID-19. In the absence of AHS staff, JSG staff is aware to provide them with the handout.
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	We take a contact number and advise public health that they have been released on isolation and if a swab has been completed (results and symptoms if known/applicable). Public health will then follow-up as required.
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	When we are aware we would advise.
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	

# CoVid 19 Action Check In

Center: **Peace River Correctional Centre**

Completed by: **J. Kowalchuk**

Date: **April 21, 2020**

Communication		Yes / No	Comments
1.	There are established communication lines in place.		Describe frequency and methods
	a) Staff	Y / N	Information updates, musters, emails, weekly meetings
	b) Inmates/patients	Y / N	Posters, Screening, Weekly face to face meetings
	c) Officers	Y / N	Information updates, musters, daily email updates, weekly meetings
	d) Contractors – (BGIS, Bee Clean, Compass)	Y / N	Screening, Posters, daily discussions with JSG staff
2.	Signage		
	a) Information posters for inmates/patients are available and updated regularly	Y / N	Yes- All units, admit and discharge, entrances to building,
	b) Information posters for staff are available and updated regularly	Y / N	Yes- Information boards, Break Rooms, Living units
3.	COVID 19 education is provided		Describe frequency and methods
	a) AHS staff	Y / N	
	b) JSG staff	Y / N	PPE training, Emergency Equipment training, Memos, Staff information update (daily)
	c) Patients/inmates	Y / N	Daily Updates, Staff interaction, Posters
	d) Contractors	Y / N	Email updates, Daily JSG staff interaction

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	Implemented
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	Implemented- also inform hospitals that screening was completed prior to departure
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	High touch areas are cleaned 4x daily- contract cleaner. Non security areas are cleaned 2x daily- contract cleaners. All staff stations are provided with cleaning supplies and staff members are encouraged to wipe down their work areas.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	Yes- Designated offender cleaning crew cleans continuously throughout the day under staff direct supervision. Enhanced cleaning in recreation area. Cells are cleaned before any new offenders are assigned to them
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	Yes- Posters with cleaning methods and proper disinfecting ratio's placed in the cleaning closets and on the units. Offenders supervised by staff
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	Yes- All are cleaned thoroughly and frequently using recommended PPE
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	Limited in person MD clinics, minimal offender movement within the centre. All offenders are assessed by AHS staff before moving to any new living location.
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	Not possible operationally

	c) Plans are in place to limit inter-center movement	Y / N	Massive population reduction which inturn has reduced the need for such movement. All offenders are being fed on the unit to reduce movement as well.
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	First: 2 medical isolation rooms. Second: Unit 5 to be utilized next with spacing between cells giving us another 6 isolation locations. Third: HCU main ward which is an open dorm with room for 6 with social distancing
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	E range (open dorm) 12 beds available but no social distancing would be possible

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	Yes- Offenders isolated for 48 hours upon admit for enhanced monitoring by AHS

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Ongoing training and regular reviews
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Ongoing training and regular reviews
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Yes- Hand washing techniques, cough and sneezing etiquette, Posters displaying techniques
4.	AHS staff have access to hand hygiene supplies	Y / N	Yes
5.	JSG staff have access to hand hygiene supplies	Y / N	Yes
6.	Inmates/patients have access to hand hygiene supplies	Y / N	Yes
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	Yes along with surgical masks, hand sanitizer

8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	Yes
	a) Education has been provided for this process for JSG and AHS staff	Y / N	In person training and signage
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	Yes
	a) Education been provided for officers on what to do	Y / N	Yes
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	Yes provided
	a) Education has been provided for AHS and JSG staff	Y / N	Yes- Muster meeting, in person training, videos

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	
	b) Temperature	Y / N	
	c) Records kept where?	Y / N	
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	Numerous staff have been sent home
JSG staff:			
1.	Self-Attestation in place including:	Y / N	Guide and questionnaire at all entrances
	a) All questions reviewed verbally at the door?	Y / N	Limited staff due to illness and GI
	b) Hand washing prior to entry?	Y / N	Wash station with hand sanitizer at staff entrance, Surgical masks provided as well

	c) Manager present?	Y / N	Do not have current staffing levels (GI, LTDI)
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	Staff encouraged to stay home and contact 811 if ill. Staff monitored by management at muster and if any concerns staff member is sent home immediately and directed to contact 811
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	Yes by AHS
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	Yes protocol in place
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	Yes by a manager following checklist
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	Yes
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	Yes

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	Area counts reduced to 15 to limit offender contact. Offenders are encouraged to social distance but it is not controllable in a dorm setting
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	Yes all are staggered and cleaning supplies provided with mandatory use.
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	Yes
4.	Group activities are limited and cohorted	Y / N	Yes
5.	Cells are reassigned to single inmate where possible	Y / N	Yes if possible. Our main living unit is double bunked so we have reduced the count.

6.	Processes are in place for monitoring and reminding	Y / N	Posters, Staff interaction
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y / N	Not possible due to size. All staff are given PPE in areas where social distancing is not possible
2.	Staff are able to achieve social distancing on their units	Y / N	Not possible due to building layout and workstation size
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	Yes
4.	Processes are in place for monitoring and reminding	Y / N	Yes, Daily emails, Daily in person meetings

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	Yes Daily
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	Partial- books and cleaning supplies provided. No movement or phone access as it would not be available unless placing the isolated offender with other offenders
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	Provided by AHS and placed on their medical file

<b>Release/Discharge</b>		<b>Yes / No</b>	<b>Comments</b>
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	Self-care info provided. Directed to contact 811 if symptoms arise
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	Provided with information regarding 811
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	Yes- Release plans involving the casework team

4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	As per medical Information transfer sheet
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# CoVid 19 Action Check In

Center: Red Deer Remand Centre
Completed by: Sandra Dalton (Lead Nurse RN) and Kurt Zinkan (Acting Director)
Date: April 21, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y / N	Director COVID Meetings Mon, Wed, Fri, Staff Musters, Morning Meetings, Directors Directives, Minutes Circulated from Centre COVID Meetings, Q& A distributed by head office sent out to centre management, signage, OH&S membership attending Directors COVID meetings
b) Inmates/patients	Y / N	AHS Education meetings held. Daily check in with AHS every morning. Weekly inmate advisory meetings
c) Officers	Y / N	Director COVID Meetings Mon, Wed, Fri, Staff Musters, Morning Meetings, Directors Directives, Minutes Circulated from Centre Director COVID Meetings, Q& A distributed by head office sent out to centre management, signage, OH&S membership attending Directors COVID meetings
d) Contractors – (BGIS, Bee Clean, Compass)	Y / N	They attend Centre Director's COVID meetings, receive copies of minutes from COVID meetings
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y / N	Throughout building and units

	b) Information posters for staff are available and updated regularly	Y / N	
3.	COVID 19 education is provided		Describe frequency and methods
	a) AHS staff	Y / N	At Directors COVID meetings, morning meetings, unit Q&A with inmates and staff
	b) JSG staff	Y / N	Shift Musters. Directors Directives, Memorandums, Demos by AHS
	c) Patients/inmates	Y / N	AHS and JSG personnel attend units to allow Q&A,
	d) Contractors	Y / N	Signage. Centre Directors COVID meetings, Directors Directives, memorandums

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y / N	AHS has drastically reduced not critical medical escorts
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y / N	Every inmate going or coming in is screened by AHS
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y / N	Edon enhanced cleaning in response to COVID, AHS cleaner enhanced. Cleaning supplies to units increased includes various disinfectants
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y / N	
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y / N	Verbally instructed and signage MTSD sheets posted, WHMIS labels on spray bottles

	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y / N	Any areas suspected of being contaminated is cleaned x 2 with bleach water solution
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y / N	Movement in centre drastically reduced and only as necessary
	b) Have staff post/assignments been reduced to minimize movement between units	Y / N	As operationally feasible
	c) Plans are in place to limit inter-center movement	Y / N	Only necessary movement off units is occurring.
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y / N	Centre has contingency in place level 1-9 pending on need to allow for isolation areas to be designated, starting with Remand South, continuing on to other units and isolation cells, including the third floor.
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y / N	Yes third floor 12 cells.

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y / N	Quarantining all admissions for 14 days not feasible at RDRC, however any symptomatic inmate upon admission or already assimilated into units, can be immediately isolated.

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Memorandums, meeting minutes, signage
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Memorandums, meeting minutes, signage

3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y / N	Signage, Q&A with JSG personnel and AHS, signage
4.	AHS staff have access to hand hygiene supplies	Y / N	
5.	JSG staff have access to hand hygiene supplies	Y / N	
6.	Inmates/patients have access to hand hygiene supplies	Y / N	Canteen, soap delivered on meal trays Mon, Wed, Friday, as needed from staff pod
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y / N	Yes in place and currently being enhanced and increased.
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y / N	
	a) Education has been provided for this process for JSG and AHS staff	Y / N	Via memorandum and Directors Directives
9.	Masks are available on the inmate units for those presenting with symptoms	Y / N	
	a) Education been provided for officers on what to do	Y / N	Directors Directives
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y / N	
	a) Education has been provided for AHS and JSG staff	Y / N	Directors Directives

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	
	b) Temperature	Y / N	

	c) Records kept where?	Y / N	Health Care office
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	As required and staff informed of what to do, re 811 communication
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y / N	Signage at all ports of entry
	b) Hand washing prior to entry?	Y / N	Hand sanitizer made available at all entrances
	c) Manager present?	Y / N	Whenever feasible minimally at shift musters where reminders are consistently provided.
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	As required followed up with call to 811 for further instructions.
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y / N	Every morning following count clear
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y / N	Screened with questionnaire and documented on sheet that moves with the inmate
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y / N	Manager
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y / N	FULL PPE for Staff
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y / N	This is done in the background by AHS personnel

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y / N	
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y / N	Restricted numbers to attend gym and weight room

3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y / N	Units with more than 15 are tiered so that not all inmates are out at same time. Inmates eat in their cells
4.	Group activities are limited and cohorted	Y / N	Group activities have been limited or eliminated
5.	Cells are reassigned to single inmate where possible	Y / N	Whenever possible
6.	Processes are in place for monitoring and reminding	Y / N	This is controlled through the placement office to single house all inmates.
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y / N	Shift Musters, Morning Meeting, Directors COVID Meetings
2.	Staff are able to achieve social distancing on their units	Y / N	When they cannot they are wearing masks
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y / N	Effective April 18, 2020
4.	Processes are in place for monitoring and reminding	Y / N	Every Shift Muster and Directives issued to officer stations.

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y / N	Days and afternoon shifts
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y / N	Phone made available daily
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	Verbally

<b>Release/Discharge</b>	<b>Yes / No</b>	<b>Comments</b>
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1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	Verbally
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	Through AHS staff they are informed of what to do upon release if symptomatic
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	If required yes.
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y & N	CSD updates our ED as cases come up and we all update each other on weekly teleconference calls. No information regarding CSC is provided to centres.

# CoVid 19 Action Check In

Center: Fort Saskatchewan Correctional Centre  
 Completed by: Cheleen Latwin (AHS) and Shauna Prior (JSG)  
 Date: April 21, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	<input checked="" type="radio"/> Y <input type="radio"/> N	Pandemic updates is added as a separate category on JSG shift reports and communicated daily in meetings. Mtg minutes are distributed to all staff via email daily. Weekly updates & ongoing/ongoing & weekly MTH Rounds (Joint JSG-AHS (see AHS) via morning mtgs and JSG mgr contact with each
b) Inmates/patients	<input checked="" type="radio"/> Y <input type="radio"/> N	
c) Officers	<input checked="" type="radio"/> Y <input type="radio"/> N	
d) Contractors -- (BGIS, Bee Clean, Compass)	<input checked="" type="radio"/> Y <input type="radio"/> N	
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	<input type="radio"/> Y <input checked="" type="radio"/> N	
b) Information posters for staff are available and updated regularly	<input type="radio"/> Y <input checked="" type="radio"/> N	
3. COVID 19 education is provided		Describe frequency and methods
a) AHS staff	<input checked="" type="radio"/> Y <input type="radio"/> N	
b) JSG staff	<input checked="" type="radio"/> Y <input type="radio"/> N	Done by CNE - use of PPE
c) Patients/inmates	<input checked="" type="radio"/> Y <input type="radio"/> N	Done by all medical
d) Contractors	<input checked="" type="radio"/> Y <input type="radio"/> N	Done by CNE

Operations	Yes / No	Comments
1. External Escorts		
a) Plan to limit non-urgent external medical escorts	Y/N	
b) Screening for Covid 19 symptoms occurs before any urgent escort	Y/N	
2. Cleaning		
a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y/N	done with a high touch surfaces done q/h.
b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y/N	
c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y/N	Done by CNE & AHS service worker ✓
d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y/N	
3. Limiting movement		
a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y/N	- quarantine pts seen on unit. - HSE addressed on unit if able. - clinic pts reviewed by physician/NP and urgent seen.
b) Have staff post/assignments been reduced to minimize movement between units	Y/N	As much as possible, but staff absences limit this ability.
c) Plans are in place to limit inter-center movement	Y/N	
4. Isolation		
a) Plans for Isolation unit (symptomatic) What are they and where/how much space?	Y/N	unit B - 48 single cells
b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y/N	"

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Q / N	Unit is currently in place for this function

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Q / N	
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Q / N	
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Q / N	
4.	AHS staff have access to hand hygiene supplies	Q / N	
5.	JSG staff have access to hand hygiene supplies	Q / N	
6.	Inmates/patients have access to hand hygiene supplies	Q / N	
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Q / N	
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Q / N	
	a) Education has been provided for this process for JSG and AHS staff	Q / N	Done by CNE & Nursing
9.	Masks are available on the inmate units for those presenting with symptoms	Q / N	
	a) Education been provided for officers on what to do	Q / N	
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Q / N	
	a) Education has been provided for AHS and JSG staff	Q / N	Done by CNE & Nursing

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	<input checked="" type="radio"/> Y / N	
	b) Temperature	<input checked="" type="radio"/> Y / N	
	c) Records kept where?	<input checked="" type="radio"/> Y / N	<i>in admin office</i>
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	<input checked="" type="radio"/> Y / N	
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	<input checked="" type="radio"/> Y / N	
	b) Hand washing prior to entry?	<input checked="" type="radio"/> Y / N	<i>Hand sanitizer</i>
	c) Manager present?	<input checked="" type="radio"/> Y / N	
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	<input checked="" type="radio"/> Y / N	
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	<input checked="" type="radio"/> Y / N	<i>affirmed line</i>
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	<input checked="" type="radio"/> Y / N	
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	<input checked="" type="radio"/> Y / N	
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	<input checked="" type="radio"/> Y / N	
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	<input checked="" type="radio"/> Y / N	

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y/N	-4 per tank / unit at a time in HC.
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y/N	outside recreation (walking track) also now in place
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y/N	Inmates eat on living units in their cells
4.	Group activities are limited and cohorted	Y/N	
5.	Cells are reassigned to single inmate where possible	Y/N	All single cells throughout centre.
6.	Processes are in place for monitoring and reminding	Y/N	Mustar and memos
Staff:			
1.	Common areas are adapted to support social distancing	Y/N	
2.	Staff are able to achieve social distancing on their units	Y/N	
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y/N	
4.	Processes are in place for monitoring and reminding	Y/N	

Mental Health		Yes/ No	Comments
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y/N	
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y/N	

CoVid Action Check In • 6

3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y / N	
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	Release/Discharge	Yes / No	Comments
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y / N	
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y / N	
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y / N	
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y / N	Yes, we would not transfer Isolation or confirmed cases.

**Shawn Rainault**

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**From:** Christina Mokellky  
**Sent:** Wednesday, April 22, 2020 12:00 PM  
**To:** Shawn Rainault  
**Subject:** AHS/JSG Check In  
**Attachments:** CoVid Action Check In April 22 2020.docx

Please see attached.

*Christina Mokellky  
Acting Director  
Edmonton Young Offender Centre  
(780) 408 8222*

# CoVid 19 Action Check In

Center: Edmonton Young Offender Centre

Completed by: Christina Mokellky

Date: April 22, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y	Daily via email and muster. COVID19 meeting 2x week
b) Inmates/patients	Y	Daily with nurses, centre staff, signage
c) Officers	Y	Daily via email, muster, signage
d) Contractors – (BGIS, Bee Clean, Compass)	Y	As needed, email and signage
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y	
b) Information posters for staff are available and updated regularly	Y	
3. COVID 19 education is provided		Describe frequency and methods
a) AHS staff	Y	
b) JSG staff	Y	Updates as required via muster and email
c) Patients/inmates	Y	Via nurses, centre staff, pamphlets and signage
d) Contractors	Y	Email and signage

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y	
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y	
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y	Contract cleaning has been increased, inside work crew has increased cleaning, units have increased cleaning and staff are cleaning work stations on a regular basis. Gym equipment is cleaned upon completion of use by an individual.
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y	Everything is required to be cleaned upon completion of use and prior to allowing it to be used another individual
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y	Completed by centre staff/work crew supervisor
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y	Everything is required to be cleaned upon completion of use and prior to allowing it to be used another individual
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y	
	b) Have staff post/assignments been reduced to minimize movement between units	Y	As operationally feasible
	c) Plans are in place to limit inter-center movement	Y	
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y	Currently running an admission unit, allowing for half of the unit to be utilized as isolation. Zama to be

			utilized for isolation pending result in the event that someone from our general population becomes symptomatic.
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y	Will utilize Driftwood unit (16 beds)

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y	Admission unit being utilized

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	
4.	AHS staff have access to hand hygiene supplies	Y	
5.	JSG staff have access to hand hygiene supplies	Y	
6.	Inmates/patients have access to hand hygiene supplies	Y	
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y	
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y	
	a) Education has been provided for this process for JSG and AHS staff	Y	
9.	Masks are available on the inmate units for those presenting with symptoms	Y	
	a) Education been provided for officers on what to do	Y	

10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y	As of April 17, 2020
	a) Education has been provided for AHS and JSG staff	Y	As of April 17, 2020

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y	
	a) Signature	Y	
	b) Temperature	N	
	c) Records kept where?	Y	Onsite for 2 weeks
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y	
JSG staff:			
1.	Self-Attestation in place including:	Y	
	a) All questions reviewed verbally at the door?	N	Complete self-assessment at the main door prior to entering the building
	b) Hand washing prior to entry?	Y	
	c) Manager present?	Y	Or designate
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y	
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y	

2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y	
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y	
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y	
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y	

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y	
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y	
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y	Eat on living units
4.	Group activities are limited and cohorted	Y	
5.	Cells are reassigned to single inmate where possible	Y	
6.	Processes are in place for monitoring and reminding	Y	ongoing
Staff:			
1.	Common areas are adapted to support social distancing	Y	Meetings are being held in size appropriate spaces
2.	Staff are able to achieve social distancing on their units	Y	
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y	
4.	Processes are in place for monitoring and reminding	Y	ongoing

Mental Health		Yes/ No	Comments
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y	
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y	
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y	

Release/Discharge		Yes / No	Comments
1.	Patients are provided with information upon discharge related to community expectations for COVID 19	Y	Pamphlet provided upon release.
2.	Whenever possible, patients in isolation are provided follow up information along with a contact number	Y	
3.	Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y	
4.	Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y	

## Shawn Rainault

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**From:** Kristopher Liber  
**Sent:** Tuesday, April 21, 2020 11:29 AM  
**To:** Shawn Rainault  
**Subject:** AHS Check List  
**Attachments:** CoVid Action Check In April 20 2020 CYOC.docx

Kris Liber  
Director  
Calgary Young Offender Centre and Adult Female Annex  
12626 - 85 Street NW  
Calgary, AB  
T3R 1J3  
Phone: (403) 662-3511  
Cell: **s.17(1)**  
Fax: (403) 297-4523

 Alberta Division of  
Solicitor General |

# CoVid 19 Action Check In

Center: Calgary Young Offender Centre and Adult Female Annex

Completed by: Kris Liber

Date: April 21, 2020

Communication	Yes / No	Comments
1. There are established communication lines in place.		Describe frequency and methods
a) Staff	Y	Daily updates in muster and morning meeting/COVID-19 meeting minutes
b) Inmates/patients	Y	Daily rounds to units by managers and supervisors to speak to inmates and youth
c) Officers	Y	Daily updates in muster and morning meeting/COVID-19 meeting minutes
d) Contractors – (BGIS, Bee Clean, Compass)	Y	Daily check-ins with all contractors
2. Signage		
a) Information posters for inmates/patients are available and updated regularly	Y	Posted across the entire centre and changed when new signage comes available
b) Information posters for staff are available and updated regularly	Y	Posted across entire centre and changed when new signage comes available
3. COVID 19 education is provided		Describe frequency and methods
a) AHS staff	Y	AHS manager provides training to their staff
b) JSG staff	Y	AHS manager, nurse educator, nurses
c) Patients/inmates	Y	AHS continues to educate youth/inmates as required and requested
d) Contractors	Y	Contractors have attended muster for education by AHS staff on PPE etc.

Operations		Yes / No	Comments
1.	External Escorts		
	a) Plan to limit non-urgent external medical escorts	Y	In partnership with AHS only emergent or required escorts occur
	b) Screening for Covid 19 symptoms occurs before any urgent escort	Y	Prior to any escort all youth/inmates are assessed by AHS
2.	Cleaning		
	a) Enhanced environmental cleaning protocols are in place for general areas of the institution such as: main doors, buzzers, telephones, gym equipment, common areas etc. for both staff and inmate/patient areas including nursing stations and officer desk areas	Y	All areas are cleaned/disinfected/sanitized regularly throughout the day. Supplies are available to clean frequently touched objects (eg. Telephones, handles etc.) immediately after use. All units have instituted cleaning protocols and designated cleaning times
	b) Enhanced cleaning measures are in place between intra-center movement and activities (ie inmates, or groups/cohorts on inmates moving between areas/cells)	Y	All areas are cleaned/disinfected/sanitized regularly throughout the day. Supplies are available to clean frequently touched objects (eg. Telephones, handles etc.) immediately after use. All units have instituted cleaning protocols and designated cleaning times
	c) Inmate cleaners are given training to the enhanced cleaning protocols (where applicable)	Y	All youth/inmates have been educated by the cleaning supervisor and stores supervisor on the usage of all cleaning products and supplies in regards to proper use
	d) Enhanced cleaning practices are in place for quarantine and isolation areas	Y	In partnership with AHS specific guidelines instituted for cleaning quarantine and isolation areas/cells etc.
3.	Limiting movement		
	a) Plans are in place to limit intra-center movement of both staff and inmates/ patients. This includes regular movement and cell movement between units/segregation etc., as well as decreasing HCU appointments where possible.	Y	Systems in place to limit all movement into the centre except to health care, video court, consequential reasons and gymnasium. All other routines now occur on the units

	b) Have staff post/assignments been reduced to minimize movement between units	Y	Programs area closed to limit movement and exposure. Programming now occurs directly on the units
	c) Plans are in place to limit inter-center movement	Y	Only approved movement occurs
4.	Isolation		
	a) Plans for Isolation unit (symptomatic). What are they and where/how much space?	Y	In partnership with AHS, plan in place on location and management of symptomatic patients
	b) Plans for an overflow unit should a breakout occur. How many beds would this be?	Y	In partnership with AHS, plan in place on location of overflow management

5.	Quarantine		
	a) Quarantine unit for new admits, if no, what are the actions in place to limit spread of new admits throughout the facility	Y	In partnership with AHS, plan in place on location and management of quarantine patients

Hygiene and PPE		Yes / No	Comments
1.	AHS staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	Trained by AHS
2.	JSG staff have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	Trained by AHS in person, through handouts, posters and videos sent out
3.	Inmates have been trained in hygiene practices for prevent the transmission of COVID 19 with regular updates and reviews	Y	Trained by AHS in person, through handouts nad posters
4.	AHS staff have access to hand hygiene supplies	Y	As required
5.	JSG staff have access to hand hygiene supplies	Y	As required
6.	Inmates/patients have access to hand hygiene supplies	Y	As required
7.	Hand hygiene supplies are available, with signage in main areas such as front doors and common area	Y	Hand sanitizer available in all areas of the centre, living units and lobby
8.	PPE supplies are available for isolation areas and A&D for patients/inmates presenting as symptomatic	Y	PPE available in all areas of the centre

	a) Education has been provided for this process for JSG and AHS staff	Y	AHS presented in muster donning and doffing, poster provided across centre and centre memos
9.	Masks are available on the inmate units for those presenting with symptoms	Y	All units have masks available at the staff stations
	a) Education been provided for officers on what to do	Y	AHS presented in muster
10.	Continuous masking supplies are available for AHS and JSG staff for use when social distancing is not possible	Y	Initiated April 17, 2020
	a) Education has been provided for AHS and JSG staff	Y	AHS presented and educated in muster and through JSG/AHS memos

Symptom Screening		Yes / No	Comments
AHS staff:			
1.	Self-Attestation in place including:	Y / N	
	a) Signature	Y / N	Unknown
	b) Temperature	Y / N	Unknown
	c) Records kept where?	Y / N	Unknown
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y / N	
JSG staff:			
1.	Self-Attestation in place including:	Y / N	
	a) All questions reviewed verbally at the door?	Y	All staff are required to complete the self-assessment in the lobby with questions asked by a manager.
	b) Hand washing prior to entry?	Y	Lobby washroom doors left open to allow for hand washing

	c) Manager present?	Y	Directive by Centre Director to have a manager complete this task
2.	Employee sent home and followed up as required per provincial guidelines testing and monitoring	Y	If required
Inmates/patients:			
1.	Inmates/patients are screened for COVID 19 symptoms at least once per day	Y	By AHS daily
2.	Inmates/patients are screened for COVID 19 symptoms upon admission, transfer, and discharge	Y	By AHS as required
3.	When no AHS staff available, COVID 19 screens are completed by JSG staff	Y	Following AHS script provided to JSG
4.	Patients are masked and isolated and are staff donning appropriate PPE if positive symptoms are noted	Y	As required when symptoms are noted by AHS script protocols
5.	Patients/inmates on isolation are being reviewed by IP&C prior to release from isolation	Y	JSG awaits AHS IP&C clearance on all isolation patients

Social Distancing		Yes / No	Comments
Inmates/patients			
1.	Common areas are adapted to support social distancing	Y	Ensuring the maximum out in a common area is 15 including staff. Managing inmate/youth gathering areas
2.	Recreational time is staggered (cohorted) to reduce the numbers of inmates in common areas with appropriate cleaning of equipment and areas	Y	Ensuring the maximum out in a common area is 15 including staff. Managing inmate/youth gathering areas
3.	Meals are staggered (cohorted) to reduce the numbers of inmates in common areas	Y	Ensuring the maximum out in a common area is 15 including staff. Managing inmate/youth gathering areas
4.	Group activities are limited and cohorted	Y	Ensuring the maximum out in a common area is 15 including staff. Managing inmate/youth gathering areas

5.	Cells are reassigned to single inmate where possible	Y	When available all youth and inmates are single bunked
6.	Processes are in place for monitoring and reminding	Y	Staff consistently remind youth and inmates on social distancing
<b>Staff:</b>			
1.	Common areas are adapted to support social distancing	Y	All meetings, musters and gathering moved to the visiting area to ensure social distancing. Staff breaks are staggered to ensure social distancing in the staff lounge
2.	Staff are able to achieve social distancing on their units	Y	Ensure staff are not congregating on units
3.	Where social distancing is not possible, staff utilize a procedure mask as directed	Y	All staff provided with masks and instructed to wear
4.	Processes are in place for monitoring and reminding	Y	Regular, Director, manager and supervisor rounds

<b>Mental Health</b>		<b>Yes/ No</b>	<b>Comments</b>
1.	Patients/inmates on isolation/quarantine are reviewed daily by health/mental health professionals for mental health regression/concerns	Y	Process put into place to have psychologist check in with all youth and inmates daily that are on quarantine and isolation for mental health checks
2.	Patients/inmates on isolation/quarantine are offered and provided means to maintain mental health through phone calls with family, reading, time out of cell etc with appropriate cleaning between	Y	Patients allowed to use telephone and clean after, free time out of cell, shower writing materials books etc. Psychologist created a activity book with word searches, exercises, coloring pages etc to keep mental stimulation
3.	Patients/inmates placed in isolation/quarantine are provided with education and follow up related to the isolation requirements. Same is documented	Y	Psychologist created a activity book with word searches, exercises, coloring pages etc to keep mental stimulation

Release/Discharge	Yes / No	Comments
1. Patients are provided with information upon discharge related to community expectations for COVID 19	Y	AHS meets with inmates and youth prior to release
2. Whenever possible, patients in isolation are provided follow up information along with a contact number	Y	AHS meets with inmates and youth on isolation prior to release to provide community expectations and follow through
3. Whenever possible, information is shared in regards to patients on isolation being released to a supported living environment or group home	Y	Youth released to responsible adults and information passed on. Inmates released with information on safe environments that they can attend.
4. Information is shared with other provincial correctional facilities, as well as CSC in regards to COVID 19 status of inmates/patients being transferred to them.	Y	Prior to any transfer communication occurs on the status of all inmates and youth.