



CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



COVID-19 Testing Strategy

JULY 8, 2020

COVID-19 TESTING STRATEGY

Document History

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.
May 22, 2020	Updates made throughout the document.	Expanded the introduction to the testing strategy; extended the strategy to include CCCs; new additions were made to the symptomatic testing strategy regarding asymptomatic contacts; added a section regarding testing new Warrants of Committal and returns to federal custody; extended the proportion of staff/contractors eligible for asymptomatic screening in the context of elevated community transmission.
June 18, 2020	Updates made to throughout the document.	Testing strategy now includes intakes and releases, as well as extends asymptomatic screening to all staff/contractors and all offenders at identified at-risk sites. Document reorganized to improve the structure and flow.
July 8, 2020	Added Appendix A.	The consent form for the disclosure of COVID-19 testing information upon release (Appendix A) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning

COVID-19 Testing Strategy

Purpose

CSC's COVID-19 Testing Strategy is intended to support clinical decision-making, with respect to COVID-19 testing, within CSC institutions and Community Correctional Centres (CCCs).

Specific scenarios where testing is universally warranted to contain and prevent the spread of COVID-19 within CSC institutions/CCCs is provided.

In addition to the specific testing scenarios outlined below, physicians and/or nurse practitioners may also order COVID-19 tests, based on their clinical judgement. Like all diagnostic tests, testing for COVID-19 require physician or nurse practitioner authorization and patient consent.

Introduction

In response to the COVID-19 public health risk, CSC has implemented a series of comprehensive measures to prevent and contain the spread of the virus in federal institutions and CCCs. The COVID-19 Testing Strategy is meant to compliment, not replace, these efforts. Testing, even when done on a large scale, does not replace the need for timely contact tracing and diligent implementation of infection prevention and control measures.

This strategy outlines the scenarios within which timely testing can contribute to identifying and/or preventing the introduction of COVID-19 within CSC institutions and CCCs, and facilitating prompt implementation of containment measures. These scenarios include:

- Testing on **intake and release**;
- Early screening of **symptomatic staff/contractors and offenders**, and their contacts (both symptomatic and asymptomatic); and
- **Asymptomatic screening** in the context of elevated community transmission.

COVID-19 Symptoms

COVID-19 can present in many different ways, often with very mild symptoms. Early identification of any symptom and prompt testing is critical. Symptoms may include:

- Fever;
- Any respiratory symptoms (such as dry cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any unusual symptoms (such as chills, muscle aches, diarrhea, headache, malaise, loss of taste or smell).

Intake and Release

Testing Guidance

CSC is extending voluntary asymptomatic testing to new Warrants of Committal or returns to federal custody. As an interim measure in response to the COVID-19 pandemic, an offender with a new Warrant of Committal or an offender returning to federal custody is required to medically isolate for 14 days upon arrival to a federal institution. This is to prevent the risk of introducing COVID-19 from the local community into CSC's institutions.

To further strengthen our preventative measures, an offender with a new Warrant of Committal or return

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to federal custody will be tested at Day 10 to 12 of medical isolation, to help inform clinical decisions related to COVID-19, prior to the offender being transferred to their parent site.

Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

Sharing of Health Information related to COVID-19 Testing upon Release

Community partners (e.g. parole offices, community-based residential facilities/halfway houses, and Chiefs or band councils in Indigenous communities) may request the COVID-19 status of an offender for release planning. The consent form for the disclosure of COVID-19 testing information upon release ([Appendix A](#)) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning.

COVID-19 testing is voluntary. If a patient refuses COVID-19 testing upon release, or does not sign the consent form for the disclosure of COVID-19 testing information upon release, the Chief of Health Services may respond to community partners requesting such information (such as parole offices, halfway houses, and chiefs and/or band councils in Indigenous communities) with the following:

- Health Services does not have the authority to share personal health information if the patient has not provided informed consent.
- The offender has not consented to the sharing of information regarding COVID-19 testing.

Symptomatic Staff and Contractors Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic staff/contractors;
- Any offender or staff/contractor that is defined as a close contact of the symptomatic staff/contractor, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the closed nature of a correctional institution, consideration may also been given to testing asymptomatic casual contacts who had frequent contact with the symptomatic staff/contractor.

Note that symptomatic staff/contractors and close contacts who are staff/contractors are referred to their local public health authority for testing (as per COVID-19 Contact Tracing Guidelines) and follow-up.

Symptomatic Offenders in Institutions/CCCs Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic offenders;
- Any offender or staff/contractor that is defined as a close contact, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the congregate living quarters in CSC institutions, broader testing of asymptomatic offenders is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as one or more confirmed case(s) of COVID-19). The testing approach for asymptomatic offenders, who were

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potentially in contact with the symptomatic individual, depends on the living arrangements.

Therefore, in institutions with an **active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women's sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected offender(s).
 - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** offenders will be tested based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
 - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all offenders in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all offenders in the pavilion.

Testing Considerations for Outbreak Sites

In an outbreak institution, CSC's Health Services, in collaboration with local public health and the Public Health Agency of Canada (PHAC), may identify a need for enhanced testing of staff/contractors and offenders, beyond what is described above. This may include offering testing to all offenders and staff at the institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Symptomatic individuals and close contacts should, however, be prioritized for testing.

Asymptomatic Screening

Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic screening approaches to testing will complement existing measures to prevent and contain outbreaks within these environments.

Purpose

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Asymptomatic screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as offender population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC's NHQ-HS; institutions flagged for being at risk may be identified for asymptomatic screening measures.

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Principles

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at select institutions identified as at risk by CSC’s NHQ-HS and in collaboration with regional/site management;
- All staff, contractors, and essential volunteers actively reporting for duty will be offered testing;
- All offenders will be offered testing;
- Participation is voluntary.

Testing Guidance

<i>Parameter</i>	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
Setting	Institutions identified as at-risk by CSC’s NHQ-HS and identified for asymptomatic screening.
Participants	All staff, contractors, and/or volunteers actively reporting for duty in the institution will be offered testing. All offenders will be offered testing.
Recruitment	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site will be provided the opportunity to sign up for testing. Offenders will also be provided the opportunity to sign up for testing. Participation is voluntary.</p> <p>If there is a need to limit testing capacity, based on the availability of resources, testing will be allocated based on a first-come-first-serve basis to those who have expressed interest. CSC will strive to test all who express interest.</p>
Test Results	<p>In the context of asymptomatic screening only, individuals tested are presumed negative until they receive their results. This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and offenders (and their close contacts) where cases are presumed positive until test results are received.</p> <p>If asymptomatic screening yields one or more positive COVID-19 case:</p> <ul style="list-style-type: none"> • Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline. • Given the risk of asymptomatic transmission, broader testing may be required. The decision to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local and federal public health authorities. <p>If asymptomatic screening yields no positive COVID-19 cases:</p> <ul style="list-style-type: none"> • Testing may be continued at the discretion of the NHQ-HS Team, in consultation with the RDC and Institutional Head if the institution continues to be identified as at risk. In these cases, the number of tests and frequency of re-testing will be determined on a case-by-case basis.
Testing Procedures	<p>Sample Collection and Laboratory Testing</p> <ul style="list-style-type: none"> • Sample collection (via nasopharyngeal swabs) and laboratory testing will be completed in collaboration with local public health authority or private lab as needed.
Reporting	Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.

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Testing Cases for Recovery

At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm.

Offender cases are deemed medically recovered in the following circumstances:

- If the offender was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the offender was asymptomatic: 14 days after test date;
- In the case of immunocompromised offenders: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. offenders who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the institutional physician. If the offender was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.