



File: 292-30/PSS-2021-10542

May 7, 2021

Sent via email: justin.piche@uottawa.ca

Justin Piche
University of Ottawa

Ottawa BC K1V 6Y1

Dear Justin Piche:

Re: Request for Access to Records
Freedom of Information and Protection of Privacy Act (FOIPPA)

I am writing further to your request received by the Ministry of Public Safety and Solicitor General. Your request is for:

Copy of all memorandums, briefing notes, information notes, statistics and PowerPoint decks outlining the results of (a) labour and (b) health (i) inspections, (ii) assessments and (iii) audits of provincial correctional institutions and probations offices in British Columbia; Copy of all memorandums, briefing notes, information notes, statistics and PowerPoint decks outlining (a) labour and (b) health recommendations concerning the prevention, management and treatment of COVID-19 inside provincial correctional institutions and in community probation office settings in British Columbia; Copy of all records documenting the number and nature of (a) labour and (b) health complaints involving prisoners and prison staff in provincial correctional institutions in British Columbia. (Date Range for Record Search: From 3/1/2020 To 1/31/2021)

Some information has been withheld pursuant to section(s) 13 (Policy advice or recommendations), 15 (Disclosure harmful to law enforcement), 16 (Disclosure harmful to intergovernmental relations or negotiations), 17 (Disclosure harmful to the financial or economic interests of a public body), and 22 (Disclosure harmful to personal privacy) of FOIPPA. A complete copy of FOIPPA is available online at:

http://www.bclaws.ca/civix/document/id/complete/statreg/96165_00

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Your file is now closed.

The records located in response to your request will be delivered through the BC Secure File Transfer Service. Separate emails will follow from the BC SFT Notification Service directing you how to set up an account and where to obtain your records. A guide for using the SFTS is enclosed for your convenience.

These records will be published on the BC Government's Open Information website a minimum of ten business days after release. To find out more about Open Information, please access the Open Information website at: www.gov.bc.ca/openinformation

If you have any questions regarding your request, please contact Clinton Galloway, the analyst assigned to your request, at 778 974-2251. This number can be reached toll-free by calling from Vancouver, 604 660-2421, or from elsewhere in BC, 1 800 663-7867 and asking to be transferred to 778 974-2251.

You have the right to ask the Information and Privacy Commissioner to review this decision. I have enclosed information on the review and complaint process.

Sincerely,



Clinton Galloway, Senior FOI Analyst
On behalf of Justine Nisbet, Manager
Justice / Health Team, Information Access Operations

Enclosures

Morrison, Tessa PSSG:EX

From: Garvin, Alisha PSSG:EX
Sent: Monday, March 16, 2020 4:44 PM
To: PSSG ADM HQ Staff; PSSG CB Capital Division HQ Staff
Cc: Crossman, Julie PSSG:EX; Crozier, Giuliana PSSG:EX; Gao, Christy PSSG:EX; Laursen, Shawna PSSG:EX; Morrison, Tessa PSSG:EX; Trigg, Willow PSSG:EX
Subject: ADM Update on COVID-19

Admin – please distribute branch wide:

Good afternoon,

As promised, since the COVID-19 outbreak, we have been continuing to monitor the development and overall risk that this situation poses to all of you, and the clients and individuals in our care.

To help ensure you have access to the most up to date information, we have created a [COVID-19 landing page](#) on CorrPoint for related memos, Frequently Asked Questions (FAQ) documents and links to other reliable information sources to help keep you and your family safe.

The response to COVID-19 remains a complex and rapidly changing situation that reminds us we are all part of a broader global community with a responsibility to look out for each other. It is for that reason that the Federal and Provincial Health Officers across the nation continue to make recommendations on how and when to practice [social distancing](#) and [self-isolation](#).

We play a valuable role in public safety. Provincial directors will be reaching out soon with more details on new operational measures to ensure the safe supervision of individuals in custody and under community supervision to best support our [Provincial Health Officer's direction](#) and do our part as global citizens to help slow the spread of this virus. All COVID-19 related memos will also be available to everyone on the COVID-19 CorrPoint landing page.

Many of you heard the news today that all Canadians have been asked to stay home as much as possible and avoid any unnecessary social interaction to help [flatten the curve](#) of this pandemic. These measures are to support individuals whose work requires them to be in public and reduce their risk of exposure. Many of our staff delivering direct services in our centres and community offices are among those whose work requires them to be in public, making all of the measures we are taking vitally important.

Please be patient with conflicting and shifting information and/or direction. Because of how quickly things continue to evolve, the [Public Service Agency FAQs](#) and others will be frequently updated and posted to our COVID-19 page as soon as they are received. In the meantime, this may mean that some of your questions will be considered by your supervisors on a case-by-case basis and may take time to answer. This also means that what is recommended one day might change and/or quickly become a requirement the next.

This situation has presented all of us with a number of challenges and I want to thank you for your continued patience during this time and for doing your part to protect yourselves, your colleagues, families, clients and individuals in custody, and communities. I am confident that with your support we can continue to conduct our important work with as little disruption as possible.

We are in this together – thank you for your ongoing support.

Elenore Arend | Assistant Deputy Minister

BC Corrections

Ministry of Public Safety and Solicitor General

Phone 778-974-3009 | Mobile 250-415-6297



Ministry of
Public Safety and
Solicitor General

BC Corrections
Office of the Assistant
Deputy Minister

MEMORANDUM

Mailing Address: PO BOX 9278 STN PROV GOVT, Victoria, BC V8W 9J7 Telephone: 250 387-5354
Location Address: 7th floor, 1001 Douglas Street, Victoria BC V8W 2C5 Facsimile: 250 387-5698

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March 12, 2020

All BC Corrections staff

Re: COVID-19

As the situation with the COVID-19 is rapidly evolving, I wanted to reach out to let you know that we are paying close attention to the global response efforts underway.

BC's Chief Provincial Health Officer, Dr. Bonnie Henry is now providing a daily COVID-19 update around 3:30pm aired online [here](#) (by clicking on the yellow banner that reads live update). This will include the latest information available from the [BC Centre for Disease Control](#) (BCCDC), [Public Health Agency of Canada](#) (PHAC), and [World Health Organization](#) (WHO).

With countries all over the world impacted, there is a lot of information circulating online. I want to urge you to refer to the BCCDC, PHAC and WHO as your source for accurate information.

Dr. Henry has urged British Columbians to practice "social distancing" and regular handwashing following the [BCCDC guidelines for handwashing or hand rubbing](#) with an alcohol-based sanitizer.

Social distancing is not to be confused with self isolation. There are a lot of definitions for "social distancing," essentially you are encouraged to refrain from all non-essential social interaction outside of work and school, etc.

Today, Dr. Henry advised against all travel outside of Canada. Moving forward, those that choose to travel outside of Canada will be required to self isolate from work, schools and other public spaces for 14-days following their return. Based on today's update from Dr. Henry, the Public Service Agency is drafting an FAQ for staff and supervisors that will provide us with more information regarding these new measures.

Dr. Henry has also advised that all events over 250 are now cancelled. Though it's been decided to cancel events of this size, Dr. Henry has confirmed that those working in buildings or spaces with over 250 people can continue to attend these practicing social distancing while in those environments.

All British Columbians are urged to take the guidance from Dr. Henry seriously. She will continue to update British Columbians regarding any new interventions to prevent the spread of COVID-19, which we are committed to sharing with you in real time.

We understand several of you have questions. Your supervisors may be able to answer your questions specific to your personal situation. While we may not have the answers to all your questions immediately, we will coordinate efforts by consulting our senior management, ministry executive and/or one of the agencies noted above. Information will be shared with all staff by their provincial

director as appropriate. Additionally, question(s) and answer(s) will be added to an FAQ on CorrPoint to help keep all staff informed in the event you have similar questions.

Meetings are occurring daily to discuss the latest COVID-19 information and direction from the Public Service Agency, to determine next steps as required. We are working hard to plan for all possible eventualities to ensure that we can respond quickly and efficiently to any change in directions from Dr. Henry. This includes any required changes to policy and procedures during this time.

I want to assure you that your health and the health of the individuals we support is our top priority.

Thank you for your continued professionalism during this time -- your efforts to keep yourselves and your workspaces healthy are appreciated.

A handwritten signature in black ink, appearing to read 'E. Arend', written in a cursive style.

Elenore Arend
Assistant Deputy Minister

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
BC CORRECTIONS
INFORMATION BRIEFING NOTE**

PURPOSE: For **INFORMATION** for Mike Farnworth,
Minister of Public Safety and Solicitor General.

ISSUE:
BC Corrections restart plan during COVID-19 pandemic

SUMMARY:

- Over the next few months, BC Corrections will gradually restore services and programs which have been affected as a result of the COVID-19 pandemic.
- The Adult Custody Division (ACD) will maintain all protocols currently in place including screening and testing, limiting visitors, enhanced cleaning, and use of personal protective equipment (PPE). In addition, ACD is exploring options to increase video technology capacity in correctional centres to facilitate court appearances by video or phone.
 - All new admissions, including those returning from in-person court appearances, will continue to be placed in induction units which are dedicated units to house all new (asymptomatic) admissions for a 14-day assessment period. Induction units are supported by the Provincial Health Officer (PHO) and have proven to be effective.
 - In addition to induction units, individuals attending multi-day court hearings are held separately from all others in the correctional centre until the trial is complete. After the hearings are complete, these individuals start their 14-day placement in an induction unit.
 - While ACD will continue to assess all individuals serving an intermittent sentence for temporary absence, individuals with fewer than 60 days remaining in their sentence will no longer be pro-actively assessed. Consistent with the *Prisons and Reformatories Act* and the *Correction Act*, provisions are already embedded in Adult Custody Division's policy for sentenced individuals to apply for a temporary absence of up to 60 days at any time.
- The Community Corrections (CCD) will gradually increase staffing levels at community offices, where appropriate, and in-person client reporting with consideration given to office configuration, operational needs, and ability and capacity to deliver effective virtual case management.
 - CCD is quickly adapting technology solutions to support virtual supervision needs. This includes increased use of paperless files, telephone reporting, and video conferencing when interacting with clients.
 - Virtual collaboration and case consultation is occurring with other service providers, including virtual inter-agency meetings with community and justice partners.

- CCD is exploring options to enroll clients on electronic supervision while keeping both staff and clients safe.
- BC Corrections Headquarters (HQ) will gradually increase staffing levels, where appropriate, and resume all research and programming activities.
 - Similar to ACD and CCD, HQ will develop protocols for screening staff, enhance cleaning and the use of PPE, where appropriate, for when staff return to the office.
 - The Central Monitoring Unit at HQ will work with CCD and justice partners to ensure there is staff capacity to manage new intakes of clients into the electronic supervision program once appropriate PPE is available to probation officers to enable them to safely attach ankle bracelets and conduct home visits for technical suitability reports.
- BC Corrections is adapting client programming to align with PHO recommendations. This includes small, in-person group sessions and video conferencing.
- BC Corrections will continue to update practices and procedures, as appropriate, to align with any direction received pursuant to federal or provincial announcements, including recommendations and orders by public health officials.

BACKGROUND:

- As outlined in the Ministry Recovery Plan for the Ministries of Attorney General and Public Safety and Solicitor General, BC Corrections was tasked to develop a detailed operations plan that identified priority activities and corresponding return of employees to offices, in support of the gradual return to full or increased levels of operation.
- The branch's operational plan consists of four documents: a summary of the branch's overall response and three separate detailed action plans for ACD, CCD and HQ. As each division and HQ was affected differently by the pandemic, it was necessary to create separate action plans.
- Similar to B.C.'s Restart Plan, BC Corrections used a four-phased approach to its operational plan. As BC Corrections is an essential service, a cautious approach to increasing staffing and service levels is being taken.
- BC Corrections' restart plan is dependent on coordination with justice partners. Regular meetings between the judiciary, BC Prosecution Service, and defence counsel ensure awareness of the unique needs of our community corrections offices and correctional centres.

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- Between March 1, 2020 and June 1, 2020, the number of individuals in provincial correctional centres decreased by over 30%.
 - The remand count decreased by approximately 35% and is attributed to the courts prioritizing bail hearings, which resulted in a significant number of releases to bail; plus, a decrease in new remand admissions received from court.
 - The sentenced count decreased by approximately 25% and is attributed mostly to individuals completing their sentences.
- Between March 16, 2020 and June 1, 2020, 80 individuals received temporary absences.
 - 50 were individuals on intermittent sentences.
 - 30 were individuals sentenced to straight time.
- BC Corrections operates the electronic supervision program, which, at the direction of the court, uses equipment to electronically supervise clients with court-ordered conditions in the community 24/7. Electronic supervision requires close physical contact between staff and clients which cannot be avoided:
 - During the preparation of court-ordered technical suitability reports that require a home visit; or
 - When a probation officer affixes the ankle bracelet to the client.

INDIGENOUS PEOPLES CONSIDERATIONS:

- BC Corrections will continue to work with First Nations leadership and Indigenous partners to ensure the unique needs of Indigenous individuals are considered when adapting our restart plan.

OTHER MINISTRIES IMPACTED/CONSULTED:

- Court Services Branch
- BC Prosecution Service

PREPARED BY:

Morgan Zazula
A/Program and Policy Analyst
BC Corrections
778-974-2999

APPROVED JUNE 9, 2020, BY:

Elenore Arend
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BC Corrections
778-974-3009

APPROVED JUNE 9, 2020 BY:

Mark Sieben
Deputy Solicitor General

FAQs: Individuals in custody

During this COVID-19 outbreak, we are all experiencing a time of worry about our health and overall well-being. We recognize that being in a correctional centre adds to your feelings of anxiety and uncertainty. The following Frequently Asked Questions (FAQs) have been developed to answer some of the questions you may have. Please don't hesitate to ask additional questions. The health and well-being of everyone in the centres is very important to us.

1. What is being done to stop COVID-19 from entering the centre?

We have strict rules to protect our centres from COVID-19. Here are some of the things we are doing:

- New admissions process for all intakes to screen for COVID-19.
- No visitors, non-essential contractors or official visitors are allowed into the centre, unless there are exceptional circumstances. Confidential visits with lawyers can occur without direct contact behind glass in secure visit booths, but video visits or telephone calls are preferred.
- No one, including staff, may enter the centre if they are experiencing COVID-19 symptoms or if they have travelled outside of the country.
- Mandatory handwashing and cleaning protocols.
- Increased cleaning throughout the centre, livings units, staff areas and all "high-touch" surfaces.
- Working with health care to make sure men and women in custody that are sick are screened and isolated if needed.

2. How are new admissions/intakes being screened?

There is a process for all new intakes coming into the centre to prevent the spread of COVID-19. This includes an in-depth questionnaire by correctional staff plus a health screen and temperature check.

New admissions will be isolated for up to 14 days and health care will be consulted before they are taken off assessment. During the assessment period, health care will check them frequently for signs of COVID-19.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

3. Are staff being checked for COVID-19?

Staff are self-monitoring and following strict provincial health guidelines for self-isolation, when it is required.

4. How can I prevent getting infected?

The Provincial Health Officer has indicated that the most important thing you can do is wash your hands regularly and avoid touching your face. Using soap and water is the single most effective way of reducing the spread of infection. To reduce your risk of infection:

- Wash your hands often with soap and water for at least 20 seconds.
- Do not touch your face, eyes, nose or mouth with unwashed hands.
- Cover your mouth and nose with a disposable tissue or the crease of your elbow when you sneeze or cough.
- Regularly clean and disinfect frequently touched surfaces.
- Do not share food, drinks, utensils, etc.

While you may not feel sick and these rules may seem like an inconvenience, please be mindful of others who are more vulnerable to COVID-19. We are all in this together.

5. How does social distancing work on the unit?

There are many ways to practice social distancing:

- Limit activities outside of your cell.
- If you are out on the unit, try to keep as much distance between yourself and others as possible.
- Keep your hands at your side when possible.
- Cough or sneeze into your elbow or sleeve.
- Stay in your cell when you are sick and advise the unit officer.

6. Why aren't we being given masks and gloves?

The use of personal protective equipment (gloves, masks, etc.) is determined by health care and our safety plan. Wearing a mask when a person is not sick can give a false sense of security and make it more likely that someone touches their face and doesn't participate in social distancing or hand washing.

Instead, keep as much distance between each other as possible and wash hands frequently.

7. Can all staff and people in custody be tested for COVID-19?

Medical staff determine who is tested for COVID-19. Currently the BC Centre for Disease Control does not recommend testing people who are not showing COVID-19 symptoms.

Please monitor yourself for signs of illness and tell health care staff if you are feeling unwell. Staff are also self-monitoring and they will seek medical advice if they are showing any symptoms.

The best defence is keeping distance from others as much as possible and washing hands frequently.

8. Will there be enough cleaning supplies on the unit?

Staff are making sure that each unit has enough cleaning materials supplied daily. Also, the unit cleaners have been instructed to clean common and "high-touch" areas more often, such as the handrails, tables, phones, etc.

9. Are the phones and other equipment being cleaned after each use?

All "high-touch" surfaces are being cleaned more regularly. You can also wipe down the phone with soap and water before you use it.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

10. Should I still be eating my meal with a large group of people? What about being out on the unit with others?

We have added a lot of things to protect our centres from COVID-19: new intake screening, staff screening, increased cleaning, stopping visits and reminding everyone about social distancing and hand washing. These go a long way to keep our units safe.

During meal times and when you're out on the unit, be mindful of how close you sit beside another person, do not share utensils, do not share food, and wash your hands as much as possible.

11. Will programs continue?

Volunteer programs have been reduced or temporarily stopped. Contracted services for the most part continue to be available at this time. As the situation progress, things may change.

12. Why can't I have face-to-face meetings with my lawyer?

Visitors are limited right now to reduce the chance of COVID-19 coming into the centre. Confidential visits with lawyers can occur without direct contact in secure visit booths, or by video visit or telephone, depending on the situation.

FAQs: Individuals in custody

During this COVID-19 pandemic, we are all experiencing a time of worry about our health and overall well-being. We recognize that being in a correctional centre adds to your feelings of anxiety and uncertainty. The following Frequently Asked Questions (FAQs) have been developed to answer some of the questions you may have. Please don't hesitate to ask additional questions. The health and well-being of everyone in our centres is very important to us.

1. What is being done to stop COVID-19 from entering the centre?

We have strict rules to protect our centres from COVID-19. Here are some of the things we are doing:

- New admissions process for all intakes to screen for COVID-19.
- No visitors, non-essential contractors or official visitors are allowed into the centre, unless there are exceptional circumstances. Confidential visits with lawyers can occur without direct contact behind glass in secure visit booths, but video visits or telephone calls are preferred.
- No one, including staff, may enter the centre if they are experiencing COVID-19 symptoms or if they have travelled outside of the country.
- Mandatory handwashing and cleaning protocols.
- Increased cleaning throughout the centre, livings units, staff areas and all "high-touch" surfaces.
- Working with health care to make sure men and women in custody that are sick are screened and isolated, if needed.

2. How are new admissions/intakes being screened?

There is a process for all new admissions into the centre to prevent the spread of COVID-19. This includes an in-depth questionnaire by staff plus a health screen and temperature check by health care.

New admissions are isolated for up to 14 days and health care will be consulted before they are taken off assessment. During the assessment

ADULT CUSTODY DIVISION COVID-19 RESPONSE

period, health care will perform wellness checks frequently for possible symptoms of COVID-19.

3. ***UPDATED* Are staff being checked for COVID-19?**

There is active screening at the entry to all centres. Anyone entering the centre, including staff, are being asked if they are experiencing COVID-19 symptoms. Staff are also self-monitoring and following strict provincial health guidelines for self-isolation, when it is required.

4. **How can I prevent getting infected?**

The Provincial Health Officer has indicated that the most important thing you can do is to wash your hands regularly and avoid touching your face. Using soap and water is the single most effective way of reducing the spread of infection. To reduce your risk of infection:

- Wash your hands often with soap and water for at least 20 seconds.
- Do not touch your face, eyes, nose or mouth with unwashed hands.
- Cover your mouth and nose with a disposable tissue or the crease of your elbow when you sneeze or cough.
- Regularly clean and disinfect frequently touched surfaces.
- Do not share food, drinks, utensils, etc.

While you may not feel sick and these rules may seem like an inconvenience, please be mindful of others who are more vulnerable to COVID-19. We are all in this together.

5. ***UPDATED* How is COVID-19 spread?**

Coronavirus is spread from an infected person by:

- Droplets being spread when a person coughs or sneezes
- Using their hands to cover their mouth or nose when they cough or sneeze.
- Touching an object or surface with the virus on it, then touching their mouth, nose or eyes before washing their hands.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

6. ***UPDATED*** What is the difference between droplet contact and airborne transmission?

Droplet contact: Some diseases can be transferred by infected droplets contacting surfaces of the eye, nose, or mouth. For example, droplets that may be invisible to the naked eye are generated when a person sneezes or coughs.

These droplets typically spread only one to two metres and quickly fall to the ground. Influenza and SARS are two diseases capable of being transmitted from droplet contact. Currently, health experts believe that coronavirus can also be transmitted in this way.

Airborne transmission: This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs.

Examples of diseases capable of airborne transmission include measles, chickenpox and tuberculosis. Currently, health experts believe that coronavirus cannot be transmitted through airborne transmission.

7. ***UPDATED*** Can I get sick from someone who isn't showing symptoms?

There is still a lot we don't know about COVID-19 and there are studies underway to better understand it.

There have been a few instances of transmission before the person became sick or the symptoms were so mild that the person did not know they were sick. Those are exceptions as most people became ill from being in close contact with someone who showed symptoms such as coughing and sneezing, therefore transmitting the virus through droplets.

This is why B.C. health officials are focused on putting protection around people who are ill and showing symptoms, in order to decrease the spread to others.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

8. ***UPDATED*** Can I catch COVID-19 from eating my meals?

Our food providers are taking precautions to practice excellent hygiene during food prep. Also, public health officials do not have concerns about transmission of the virus through prepared food.

9. **How does social distancing work on the living unit?**

There are many ways to practice social distancing:

- Limit activities outside of your cell.
- If you are out of your cell on the living unit, try to keep as much distance between yourself and others as possible.
- Keep your hands at your side when possible.
- Cough or sneeze into your elbow or sleeve.
- Stay in your cell when you are not feeling well and immediately advise the unit officer.

10. **Why aren't we being given masks and gloves?**

The use of personal protective equipment (gloves, masks, etc.) is determined by health care and through the development of our safety plan.

All staff will now wear non-surgical procedural masks when they are interacting with inmates. These masks help to prevent the spread of the virus from staff to others. This is being done as an additional step to protect everyone in our centres.

Even with the masks, it is very important to continue to keep as much distance between each other as possible and wash hands frequently.

11. **Staff are handling my mail and canteen items without wearing gloves. Is that safe?**

The best protection against COVID-19 is frequent hand washing. Gloves may collect germs and people are less likely to wash their hands when

ADULT CUSTODY DIVISION COVID-19 RESPONSE

wearing gloves. Staff are frequently washing their hands before handling items. We encourage you to also wash your hands as frequently as possible.

12. Can all staff and people in custody be tested for COVID-19?

Health care staff determine who is tested for COVID-19. Inmates and staff at correctional centres are being given priority testing by the BCCDC when a test is needed.

Please monitor yourself for signs of illness and tell health care staff if you are feeling unwell. Staff are also self-monitoring and they will seek medical advice if they are showing any symptoms. The best defence is keeping distance from others as much as possible, washing hands frequently and not touching your face.

13. Will there be enough cleaning supplies on the unit?

Staff are making sure that each unit has enough cleaning supplies. Also, the unit cleaners have been instructed to clean common and “high-touch” areas more often, such as the handrails, tables, phones, etc.

14. Are the phones and other equipment being cleaned after each use?

All “high-touch” surfaces are being cleaned more regularly. You can also wipe down the phone with soap and water before and after you use it.

15. Should I still be eating my meal with a group of people? What about being out on the living unit with others?

We are doing a lot to protect our centres: new intake screening, staff screening, separating and testing when someone is symptomatic, increased cleaning, stopping visits and reminding everyone about social distancing and hand washing. These go a long way to keep our living units safe.

ADULT CUSTODY DIVISION COVID-19 RESPONSE

During meal times and when you're out on the living unit, be mindful of how close you sit beside others, do not share utensils, do not share food, and wash your hands as much as possible...and don't touch your face.

16. Will programs continue?

Volunteer programs have been reduced or temporarily stopped. Contracted services for the most part continue to be available at this time. As the situation progresses, things may change.

17. Why can't I have face-to-face meetings with my lawyer?

Visitors are limited right now to reduce the chance of COVID-19 coming into the centre. Confidential visits with lawyers can occur without direct contact in secure booths, or by video visit or telephone, depending on the situation.

18. *UPDATED* I have heard that some people are being released early on temporary absences. Will I be released?

BC Corrections can grant temporary absences to individuals serving sentences (intermittent or straight time), when it is appropriate and safe.

BC Corrections is currently conducting risk assessments for sentenced individuals with less than 60 days left on their sentence for consideration for early release. This assessment considers criminal history, sentence length, offence type, and any other relevant information, with risk to public safety as the primary consideration.

If you qualify for a temporary absence, a staff person will discuss this with you. If you are remanded (pretrial), BC Corrections does not legally have the authority to proactively release people who are remanded in custody pending court matters. This decision rests with the courts.

Keep safe...practice physical distancing, wash your hands and don't touch your face!

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue:

- BC Corrections continues to work closely with health officials to adapt and introduce protocol to help prevent the spread of COVID-19 and/or respond to confirmed cases amongst staff and individuals in custody.

Background:

- To date, 10 BC Corrections staff members and six new intakes into custody have tested positive for COVID-19 within the 14-day induction period upon admission. At this time, these cases have not resulted in subsequent cases among staff or individuals in custody.
- Working with justice partners, the number of individuals in custody decreased from approximately 2,400 in mid-March and has remained between 1400-1500 to date. Between March 16 - May 24, 2020, 26 sentenced individuals (with less than 60 days remaining of their sentence) and 43 individuals serving intermittent sentences were granted temporary absences.
- Other risk reduction measures include:
 - Actively screening everyone who enters a correctional centre for health symptoms and/or travel history outside of Canada;
 - Suspending in-person visits and only allowing essential contracted service delivery;
 - Encouraging legal counsel to meet with their clients using video technology or by phone;
 - Increasing court appearances by video or phone, unless directed otherwise by the judge;
 - Ensuring physical distancing in food preparation, serving, eating and program delivery;
 - Providing frequent communication, information sessions, handouts and signage for staff and individuals in custody about COVID-19 prevention; and,
 - Implementing extensive cleaning and sanitation protocols along with the use of Personal Protective Equipment for staff and essential contractors, when physical distancing is not possible.

Issue/Opportunity:

- s.13

- COVID-19 has significantly increased the costs of operations and required us to suspend visitation and reduce programming, which over time, could result in unrest and subsequent violence within our centres. The temporary introduction of free unlimited local and long-distance calling has mitigated these issues for the time being. BC Corrections is currently piloting video visitation technology and plans to roll this out to all centres by December 2020, at which time the costs of calls will be reintroduced.

- s.13; s.17

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- In lieu of in person-visitation, free local and long-distance calling has been provided to individuals in custody s.13; s.17
s.13; s.17

BC Corrections Procedures for Defence Counsel Access to Clients in Custody

To speak with your client, please contact the correctional centre directly. If you are unsure of the correctional centre where your client is in custody, please contact BC Corrections' toll-free service line: 1 888 952-7968.

The numbers below are confidential and should not be distributed further or posted on a public website.

Centre	Primary number to reach your client	Back-up number (0800-1600 hours)	Back-up number (1600-0800 hours)
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Due to the fluid nature of the COVID-19 pandemic – this information is subject to change

BC Corrections
Ministry of Public Safety and Solicitor General

BC Corrections Procedures for Court Attendance for Individuals in Adult Custody

As part of BC Corrections commitment to mitigate the potential introduction and spread of COVID-19 into correctional centres, the following protocols have been developed for in-person court appearances. Individuals in custody will be informed of these protocols in advance.

Single day in-person court appearances

- Individuals returning to a correctional centre following an in-person court appearance are considered as having been in the community and will be treated as new admissions. Cohorts are established based on those admitted to custody on the same day.
- Upon return from court, individuals will not return to their regular living unit and will be placed on an induction unit – a dedicated unit to house all new admissions for a 14-day assessment period. Those returning from court will join the cohort established for new intakes from the day of their return.
- While on induction units, individuals have access to the same amenities they would on a regular living unit, e.g., phone, canteen, exercise, etc., and are regularly monitored by health care staff for symptoms of COVID-19 during the 14-day period before being return to a regular living unit in the correctional centre.

Multiple day in-person court appearances

- Individuals with several consecutive days of in-person court appearances will be placed separately from other individuals in custody during this time until they have completed their last court appearance. Their health will be regularly monitored, and they will be given as much time out of their single-bunked cell and provided with as many amenities as can be reasonably accommodated in the circumstances.
- Following the final day of in-person court attendance, individuals will be placed on an induction unit for the 14-day assessment period as described above. Once placed on an induction unit, the individual will be able to interact with others within their cohort.

Video court preferred option

- To protect the health of individuals in custody and staff, movements in and out of correctional centres need to continue to be minimized wherever possible.
- It is recommended that video court options be considered prior to proceeding with in-person appearances.
- An amendment to the original warrant of remand may be required and will be the responsibility of the defense counsel assigned to make the necessary arrangements for a video appearance.

Please note: The following two pages contain the information provided to individuals in custody in advance of their in-person court appearance.

Due to the fluid nature of the COVID-19 pandemic – this information is subject to change

Frequently Asked Questions - BC Corrections Procedures for Court Attendance for Individuals in Adult Custody

The Province of B.C. recently announced a four-phased “Restart BC Plan,” which will slowly ease some of the restrictions that have been put in place in response to COVID-19. The Province is currently in phase two. Correctional centres are closed living and working environments, and during this phase very little will change in the correctional centres. However, one change you will notice is that the Province has restarted in-person court appearances. Video court appearances remain the preferred option, and the Adult Custody Division will continue do everything possible to facilitate video court appearances where ordered by the courts.

The following Frequently Asked Questions (FAQs) have been developed to answer some of the questions you may have. Please don’t hesitate to ask correctional staff if you have additional questions.

1. How will I know if I have been scheduled for a video court appearance or an in-person court appearance?

When you receive your order to attend court, it will state if your court appearance is by video or in-person. If it doesn’t specify, it will be considered an in-person appearance.

2. What do I do if I am not feeling well and I am scheduled to attend court in person?

If you are not feeling well, even if your symptoms may be mild, please immediately advise your living unit officer or other correctional staff and seek a medical assessment from health care. Your court matters may be rescheduled to video court and/or for another day.

3. I have an in-person court appearance scheduled, but I would prefer to attend video court, what can I do?

If you have been scheduled for an in-person court appearance but you would prefer a video court appearance, you need to speak to your legal counsel. They may be able to apply to the court on your behalf to request that your appearance be changed to video court. These requests should be made as soon as possible as last-minute requests may not be possible.

4. I have video court appearance scheduled, but I would prefer to attend court in person, what can I do?

If you have been scheduled for a video court appearance but you would prefer an in-person court appearance, you need to speak to legal counsel. They may be able to apply to the court on your behalf to request your appearance be changed to an in-person court appearance. These requests should be made as soon as possible as last-minute requests may not be possible.

Due to the fluid nature of the COVID-19 pandemic – this information is subject to change

Frequently Asked Questions - BC Corrections Procedures for Court Attendance for Individuals in Adult Custody

5. I have an in-person court appearance scheduled, what can I expect?

If you have attended court in-person before, you will notice many changes since the provincial health emergency was declared in March 2020. BC Corrections, BC Sheriff Services, and the Courts are working together to minimize the transmission and spread of COVID-19. In addition to being asked to follow

recommendations from provincial health officials, below are some of the things that you can expect to encounter to minimize the risk to you and others during transport with BC Sheriffs Services and while in attendance at the courthouse:

- Active health screening of all individuals before and at the courthouse, e.g., you will be asked about your current health;
- Enhanced cleaning of frequently occupied spaces throughout the courthouse areas and cell block;
- Reconfiguration of courtrooms to allow two-meter distancing and/or barriers installed to mitigate the chances of transmission of droplets if unable to maintain two-meter distancing in the courtroom;
- Requirement for handwashing or use of hand sanitizer upon entry to or exit from the cell block;
- Signs and/or floor markers directing one-way foot traffic or indicating where to sit or stand;
- Authorized visits with counsel or others will only occur in rooms with a partition between the parties.
- You will be transported by yourself in a vehicle compartment, and the compartment will be cleaned between each occupant's use.
- You will be by yourself in a cell while at the courthouse, and the cells will be cleaned between each use.
- You will be asked to wear a mask if no barrier is in place and you are unable to maintain two-meter distancing.
- If you are subject to a search, a new pair of nitrile gloves will be used for each search.

6. What will happen when I return to the correctional centre after my in-person court appearance?

BC Corrections has introduced many new procedures to mitigate the spread of COVID-19 inside our correctional centres and keep you and our staff members safe. One of these procedures is our new admission process. All new admissions are separated from the general population for up to 14 days and health care is consulted before they are placed within the general population. During the assessment period, health care will perform wellness checks frequently for possible symptoms of COVID-19.

When you return from an in-person court appearance, you will be considered a new admission to the centre.

Due to the fluid nature of the COVID-19 pandemic – this information is subject to change

Frequently Asked Questions - BC Corrections Procedures for Court Attendance for Individuals in Adult Custody

If you have several days of in-person court appearances in a row, you will be housed separately for this time period until you have completed your last in-person court appearance. Once completed, you will begin the new admission process by being placed on the induction unit for 14 days.

COVID-19 transmission remains a concern in the community. BC Corrections has introduced these additional safety procedures to minimize the possibility of COVID-19 entering the correctional centres from the community.

Due to the fluid nature of the COVID-19 pandemic – this information is subject to change

BC Corrections
Ministry of Public Safety and Solicitor General



Mailing Address: P.O. Box 9278 Stn Prov Govt
7th floor, 1001 Douglas Street, Victoria, British Columbia V8W 9J7 Telephone: (250) 387-5098 Fax: (250) 952-6883

C573496

July 8, 2020

Wardens
Adult Custody Division

Re: Temporary Provincial Transfer Memo

BC Corrections has introduced numerous operational protocols in response to the COVID-19 pandemic to prevent the introduction of this virus into correctional centres and to limit the possibility of the spread within facilities. These include implementing infection prevention and control best practices developed in partnership with our Correctional Health Services (CHS) team and other healthcare partners. One of the areas of risk mitigation involves limiting provincial transfers of individuals between BC Correctional Centres. Having said this, with the fluidity of the situation and consideration being given to changing operational needs and challenges, it is important to establish clear guidelines and parameters where intra-provincial transfers may still be required to occur due to given operational requirements.

Parameters:

Intra-provincial transfers may occur in the following circumstances:

- Operational requirements, specific to count pressures, demands the movement of individuals to another centre
- Specific programming opportunities exist at NCC (GTC) and FMCC (Sex Offender Programming)

The ACD COVID -19 EOC (Operations lead - Elliott Smith) is to be advised in advance of all intra-provincial transfers. **Where transfers are required outside of the criteria noted, with final approval will be authorized by the Provincial Director, Stephanie Macpherson.**

Procedures:

s.15

s.15

Of note, all provincial transfers must have already completed a 14-day induction/isolation period, be free of symptoms, and free of having direct contact with symptomatic staff or individuals during that time.

If a provincial transfer is necessary for established operational reasons and an individual has not completed the 14-day induction/isolation process, the following steps will be implemented for transfer:

s.15

Additional Considerations:

If a positive COVID-19 case is identified at a centre (staff or incarcerated), all non-essential transfers to and from that centre will cease. Resumption of “regular” operations will be done in consultation with CHS and the area Health Authority, and with prior approval of the Provincial Director.

The warden or designate ensures that the CORNET transfer summary includes the approval for the provincial transfer and any other relevant information.



Stephanie Macpherson
Provincial Director

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7th floor, 1001 Douglas Street, Victoria, British Columbia V8W 9J7 Telephone: (250) 387-5098 Fax: (250) 952-6883

C575528

August 17, 2020

Wardens
Adult Custody Division

Re: Change to Legal Authority for COVID-19 Induction Unit and Medical Isolation Placements.

Ministerial Order M193 under the *Emergency Program Act*, signed June 17, 2020, authorizes the operation of induction units and use of medical isolation to mitigate the spread of COVID-19 in correctional centres. The Ministerial Order specifies these measures are necessary in order to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic. Under the Ministerial Order, medical isolation placements are a form of induction unit placement.

To date, BC Corrections has used separate confinement authorities under the Correction Act Regulation (CAR) to place individuals in induction units and on medical isolation.

Effective Wednesday, August 19, 2020 any inmate placement that is COVID-19 related will be by Ministerial Order authority and not by separate confinement (s.17 and s.18 of the CAR). This allows for a clear demarcation between COVID-19 related placement decisions and normal operational separate confinement decisions.

Impacts to correctional centres

The introduction of the Ministerial Order authority changes only the status under which individuals are held on induction units and in medical isolation. The change in authority necessitates a change in placement notification forms and tracking templates. All other protocols regarding the operation of induction units and medical isolation remain unchanged and may be found in the COVID-19 Induction Unit and Isolation Protocols.

Placement notification forms

Current induction unit and medical isolation placement notifications occur using two modified s.17/18 forms. These COVID-19 s.17/18 forms are now replaced with **amended placement notification forms** that use the same language but have been altered to remove reference to separate confinement and replace Correction Act

Regulation authority with the authority of the Ministerial Order. As noted in the table below, the amended forms will be **used for new induction unit and medical isolation placements effective August 19, 2020**. Existing placements will continue with their original s.18 forms and these will gradually expire over the next 14 days.

Current form	Amended form – Use for new induction and isolation placements effective August 19, 2020
Separate Confinement Notification COVID-19 <i>Induction</i> Assessment	<u>Notification of COVID-19 <i>Induction</i> Unit Placement</u>
Separate Confinement Notification COVID-19 <i>Isolation</i> Protocols	<u>Notification of COVID-19 Induction Unit – <i>Medical Isolation</i> Placement</u>

There is **no change to non-COVID separate confinement placement notification**. Non-COVID related s.17/18 placements occur using the standard CAR notification form. These placements will continue as usual, using the standard form. If an individual is placed on CAR s.17/18 separate confinement while in an induction unit or on medical isolation, the standard notification form is used.

Tracking induction unit and medical isolation placements

The current practice of tracking induction and isolation placements using the segregation roster (or rosters developed specifically for tracking COVID-19 placements) will continue with minor modifications.

- For individuals placed in an induction unit or on medical isolation under the new Ministerial Order authority, staff **select 'MO' from the dropdown options in the 'Current CAR section or MO' column of the roster**.
- If an individual is placed on CAR s.17/18 placement while in an induction unit or on medical isolation, the placement is recorded using the appropriate CAR section on the roster. If the individual is returned to an induction unit or medical isolation placement upon expiration of the CAR placement, their placement is recorded as 'MO' on the roster.

This is the best method available to track Ministerial Order placements and allows for data separation between COVID-19 placements and normal s.17/18/19/24/27 placements. Modified tracking sheets will be distributed to correctional centres during the week of August 17, 2020.

Questions regarding these amendments may be directed to Erin Gunnarson at Erin.Gunnarson@gov.bc.ca or Katherine Regan at Katherine.Regan@gov.bc.ca.



Stephanie Macpherson
Provincial Director

Mailing Address: P.O. Box 9278 Stn Prov Govt
7th floor, 1001 Douglas Street, Victoria, British Columbia V8W 9J7 Telephone: (250) 387-5098 Fax: (250) 952-6883

C575528

September 22, 2020

CDMC
Adult Custody Division

Re: Change to Legal Authority for COVID-19 Induction Unit and Medical Isolation Placements - AMENDED

Ministerial Order M193 under the *Emergency Program Act*, signed June 17, 2020, authorizes the operation of induction units and use of medical isolation to mitigate the spread of COVID-19 in correctional centres. The Ministerial Order specifies these measures are necessary in order to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic. Under the Ministerial Order, medical isolation placements are a form of induction unit placement.

The Ministerial Order is retroactive to the beginning of the provincial state of emergency on March 18, 2020.

To date, BC Corrections has used separate confinement authorities under the Correction Act Regulation (CAR) to place individuals in induction units and on medical isolation. Effective Wednesday, August 19, 2020, any incarcerated individual who's placement is COVID-19 related will be placed by Ministerial Order authority and not by separate confinement (s.17 and s.18 of the CAR). This allows for a clear demarcation between COVID-19 related placement decisions and normal operational separate confinement decisions.

Impacts to Correctional Centres

The introduction of the Ministerial Order authority changes only the status under which individuals are held on induction units and in medical isolation. The change in authority necessitates a change in placement notification forms and tracking templates. All other protocols regarding the operation of induction units and medical isolation remain unchanged and may be found in the COVID-19 Induction Unit and Isolation Protocols.

Placement notification forms

Current induction unit and medical isolation placement notifications occur using two modified s.17/18 forms. These COVID-19 s.17/18 forms are now replaced with **amended placement notification forms** that use the same language but have been altered to

remove reference to separate confinement and replace Correction Act Regulation authority with the authority of the Ministerial Order. As noted in the table below, the amended forms will be **used for new induction unit and medical isolation placements effective August 19, 2020**. Existing placements will continue with their original s.18 forms and these will gradually expire over the next 14 days.

Current form	Amended form – Use for new induction and isolation placements effective August 19, 2020
Separate Confinement Notification COVID-19 Induction Assessment	<u>Notification of COVID-19 Induction Unit Placement</u>
Separate Confinement Notification COVID-19 Isolation Protocols	<u>Notification of COVID-19 Induction Unit – Medical Isolation Placement</u>

There is **no change to non-COVID separate confinement placement notification**. Non-COVID related s.17/18 placements occur using the standard CAR notification form. These placements will continue as usual, using the standard form. If an individual is placed on CAR s.17/18 separate confinement while in an induction unit or on medical isolation, the standard notification form is used.

Tracking induction unit and medical isolation placements

The current practice of tracking induction and isolation placements using the segregation roster (or rosters developed specifically for tracking COVID-19 placements) will continue with minor modifications.

- For individuals placed in an induction unit or on medical isolation under the new Ministerial Order authority, staff **select ‘MO’ from the dropdown options in the ‘Current CAR section or MO’ column of the roster**.
- If an individual is placed on CAR s.17/18/19/24/27 placement while in an induction unit or on medical isolation, the placement is recorded using the appropriate CAR section on the roster. If the individual is returned to an induction unit or medical isolation placement upon expiration of the CAR placement, their placement is recorded as ‘MO’ on the roster.

This is the best method available to track Ministerial Order placements and allows for data separation between COVID-19 placements and normal s.17/18/19/24/27 placements. The attached document provides additional information about documenting authority and recording placements for individuals who are concurrently on induction or medical isolation protocols under Ministerial Order authority and a CAR separate confinement placement.

Questions regarding these amendments may be directed to Erin Gunnarson at Erin.Gunnarson@gov.bc.ca or Katherine Regan at Katherine.Regan@gov.bc.ca.



Stephanie Macpherson
Provincial Director

Clarification: Concurrent CAR Separate Confinement and MO COVID-19 Induction Unit / Medical Isolation Placements

Effective Wednesday, August 19, 2020 any inmate placement that is COVID-19 related is by Ministerial Order (MO) authority and not by CAR separate confinement.

This document clarifies documenting authority and recording placements for individuals who are concurrently on:

- **Induction or Isolation protocols under MO authority; and**
 - **A CAR separate confinement placement.**
-

DOCUMENTING AUTHORITY

When an individual is placed on induction or isolation protocols under MO authority:

1. The appropriate notification form is completed (*Notification of COVID-19 Induction Unit Placement* or *Notification of COVID-19 Induction Unit – Medical Isolation Placement*);
2. The individual remains on MO status until the end of the induction or isolation period, regardless of other internal placements (such as segregation or separate confinement); and
3. MO status contributes to their period of continuous confinement.

If an individual is placed on CAR separate confinement concurrently with MO status (either on intake or while on induction/isolation protocols):

1. The appropriate CAR notification form is completed;
 2. The CAR separate confinement status is the individual's primary status; and
 3. The individual is housed in the segregation unit (as would be the case if the individual were not on MO status).
-

INMATE ASSESSMENT (IA) FOR INDIVIDUALS ON INDUCTION / ISOLATION UNDER MO AUTHORITY

If an individual is separately confined under CAR (i.e. s. 17, 18, 19, 24 or 27), then "SEG" is marked on the IA. If an individual is not on a CAR placement, the individual is not "SEG".

Therefore,

- An individual on an **MO placement ONLY**, although they are on a form of confinement, is not marked as "SEG" on an IA;
 - An individual **concurrently on CAR separate confinement and MO status** is marked as "SEG" on the IA.
-

RECORDING PLACEMENTS ON THE ROSTER

Any time an individual is placed on COVID-19 induction or isolation protocols:

The placement is indicated by selecting 'IND' or 'ISO' from the dropdown options in the 'COVID 19' column of the roster.

The screenshot shows a table with columns: Cell #, Bunk, CS #, Name, PDD, GP/PC, SHP, 15 Min Checks, S/C Start Date, Current CAR Sec. or MO, Current CAR Sec. or MO Start Date, and COVID-19. Row 1 shows 'Induction Placement' with 'IND' selected in the COVID-19 column. Row 3 shows 'Isolation Placement' with 'ISO' selected in the COVID-19 column. An arrow points from the text above to the COVID-19 dropdown menu.

Cell #	Bunk	CS #	Name	PDD	GP/PC	SHP	15 Min Checks	S/C Start Date	Current CAR Sec. or MO	Current CAR Sec. or MO Start Date	COVID-19
1	B	09128734	Induction Placement					2020-09-04	MO	2020-09-04	IND
2	B										
3	B	09456712	Isolation Placement					2020-09-09	MO	2020-09-09	ISO

(Note there are minor differences in Roster appearance between correctional centres.)

The 'Current CAR Sec. or MO' column of the roster is completed differently depending on whether the individual is on induction/isolation protocols only OR is concurrently on induction/isolation protocols and a CAR separate confinement.

A. If the individual is on induction or isolation protocols ONLY (no CAR separate confinement), this is indicated by selecting 'MO' from the dropdown options in the 'Current CAR Sec. or MO' column of the roster.

The screenshot shows the same table as above. In this instance, 'MO' is selected in the 'Current CAR Sec. or MO' column for both rows 1 and 3. An arrow points from the text above to the 'MO' dropdown menu.

Cell #	Bunk	CS #	Name	PDD	GP/PC	SHP	15 Min Checks	S/C Start Date	Current CAR Sec. or MO	Current CAR Sec. or MO Start Date	COVID-19
1	B	09128734	Induction Placement					2020-09-04	MO	2020-09-04	IND
2	B										
3	B	09456712	Isolation Placement					2020-09-09	MO	2020-09-09	ISO

B. If an individual is on induction or isolation protocols AND concurrently on a CAR separate confinement, the CAR placement is considered the primary placement. This is indicated by selecting the appropriate CAR section from the dropdown options in the 'Current CAR Sec. or MO' column of the roster.

Note that 'IND' or 'ISO' remain selected in the 'COVID 19' column.

The screenshot shows the same table as above. In this instance, '17' and '27' are selected in the 'Current CAR Sec. or MO' column for rows 1 and 3, respectively. 'IND' and 'ISO' remain selected in the 'COVID-19' column. An arrow points from the text above to the '17' dropdown menu.

Cell #	Bunk	CS #	Name	PDD	GP/PC	SHP	15 Min Checks	S/C Start Date	Current CAR Sec. or MO	Current CAR Sec. or MO Start Date	COVID-19
1	B	09128734	s.17 (on Induction Protocols)					2020-09-04	17	2020-09-04	IND
2	B										
3	B	09456712	s.27 (on Isolation Protocols)					2020-09-09	27	2020-09-09	ISO

Concurrent CAR Separate Confinement and MO COVID-19 Induction Unit / Medical Isolation Placements

The following two scenarios illustrate how movement between CAR separate confinement and MO COVID-19 induction unit / medical isolation placements is tracked and recorded.

SCENARIO 1:

- A new intake is placed on an induction unit;
- On Day 3, they are placed on s. 17 separate confinement, which expires after 72 hours (3 days);
- The individual is returned to the induction unit for the remaining 8 days (minimum) induction period;
- The individual is placed on a living unit.

Date	Action	Placement Location	Authority	On the Roster			
				S/C Start Date *	Current CAR Sec. or MO	Current CAR Sec. or MO Start Date **	COVID 19 (NO/IND/ISO)
2020-09-04	New admission	Induction unit	MO (Induction); Earliest possible clear date: 2020-09-18	2020-09-04	MO	2020-09-04	IND
2020-09-07	Placed on s. 17 (unrelated to COVID-19); CAR s. 17 notification given	Segregation unit; induction protocols apply	CAR s. 17 (MO remains in effect, secondary to CAR)	2020-09-04	17	2020-09-07	IND
2020-09-10	s. 17 placement ends; individual returned to induction unit	Induction unit	MO (Induction); Earliest possible clear date: 2020-09-18	2020-09-04	MO	2020-09-10	IND
2020-09-18	Induction period ends, individual placed on living unit	Living unit	N/A	--	--	--	--

* The 'S/C Start Date' is the start of an individual's period of **continuous confinement**. It **does not change when an individual's status changes between placement types**. Time spent on MO status contributes to the period of continuous confinement.

** The 'Current CAR Sec. or MO Start Date' is event driven; it **changes when an individual's status changes between placement types**.

Concurrent CAR Separate Confinement and MO COVID-19 Induction Unit / Medical Isolation Placements

SCENARIO 2:

- Individual is charged and placed on s. 24 and subsequently receives a s. 27 disposition (15 days segregation);
- While on s. 27, the individual develops symptoms and is placed on medical isolation protocols;
- Medical isolation period ends;
- The individual is returned to a living unit.

Date	Action	Placement Location	Authority	On the Roster			
				S/C Start Date *	Current CAR Sec. or MO	Current CAR Sec. or MO Start Date **	COVID 19 (NO/IND/ISO)
2020-08-10	Charged and placed on s. 24; CAR s. 24 notification given	Segregation unit	CAR s. 24	2020-08-10	24	2020-08-10	NO
2020-08-12	s. 27 disposition (15 days seg; expiry: 2020-08-25)	Segregation unit	CAR s. 27	2020-08-10	27	2020-08-12	NO
2020-08-20	Placement on COVID-19 medical isolation protocols; MO notification given	Segregation unit	CAR s. 27 (MO [Isolation] in effect, secondary to CAR)	2020-08-10	27	2020-08-12 (CAR s. 27 is primary status)	ISO
2020-08-25	s. 27 placement ends; medical isolation protocols still in place	Medical isolation	MO	2020-08-10	MO	2020-08-25 (date of status change to only MO)	ISO
2020-08-31	Cleared by health care, individual returns to living unit	Living unit	N/A	--	--	--	--

* The 'S/C Start Date' is the start of an individual's period of **continuous confinement**. It **does not change when an individual's status changes between placement types**. Time spent on MO status contributes to the period of continuous confinement.

** The 'Current CAR Sec. or MO Start Date' is event driven; it **changes when an individual's status changes between placement types**.



BC Corrections – Adult Custody Division
Notification of COVID-19 Induction Unit Placement

Inmate Name: ,	CS#:
Location: ___	Date:
Placement Type: Induction Unit – <i>Emergency Program Act</i>	
<p>Legal authority/grounds:</p> <p><i>Emergency Program Act</i> Ministerial Order M193 authorizes the provincial director to designate classes of inmates, including classes of inmates based on the date of admission to a correctional centre, for the purposes of ensuring that the management, operation and security of a correctional centre under the <i>Correction Act</i> is in accordance with emergency and public health guidance.</p>	
<p>Action:</p> <p>To prevent the spread of COVID-19, you will be placed in an induction unit, specifically in a ___ for 14 days.</p> <p>While you are in the Induction Unit:</p> <ul style="list-style-type: none"> • Monitor yourself for symptoms and report your symptoms to a correctional officer, even if mild • You will be seen periodically by a Correctional Health Services (CHS) health care professional and a correctional manager • Avoid physical contact with others and maintain a 2 metre (6 feet) distance from others to help prevent transmission of the virus • Practice frequent hand washing whenever you are outside of your cell and do not share food or utensils <p>If you develop symptoms, immediately isolate yourself from others and advise a correctional officer. CHS are available to you within the correctional centre.</p> <p>You will be seen by a CHS health care professional and if a health care professional determines that a longer period of assessment is required, then this order may be extended. If no further assessment is required, then you will be removed from the COVID-19 Induction Unit.</p>	

Reasons for this action:

COVID-19 has been declared a global pandemic. On March 18, 2020, BC declared a state of emergency to support the province-wide response to the COVID-19 outbreak. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.

To protect people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 into the facilities and to limit the possibility of spread within. Consistent with the Provincial Health Officer's (PHO's) recommendations to self-isolate, all new admissions to the correctional centre (whether symptomatic or not), are being placed in an induction unit for the 14 day incubation period as a necessary measure to prevent the possible introduction or spread of the COVID-19 virus in the correctional centre. "New admissions" also includes individuals returning from a court appearance or returning from another temporary absence from a correctional centre.

Your health and well-being are important to us. We appreciate your understanding as we best ensure your health and the health of others in the correctional centre during this unprecedented time of pandemic.

Person in Charge

Name:

Signature: _____

Date of Notification:

Expiration Date:

Information

Complaints

If you disagree with this action, you may make a written complaint to the person in charge. The person in charge must respond within 7 days of receiving your complaint.

If you disagree with the response from the person in charge

Then you may make a complaint to the Investigation and Standards Office (ISO):

Investigation and Standards Office

Phone: 250 387-5948

Mailing address: PO Box 9279, STN PROV GOVT
Victoria, BC V8W 9J7

You may also file a complaint with the Ombudsperson at any time:

BC Office of the Ombudsperson

Phone: 1-800-567-3247 (toll-free)

Mailing address: PO Box 9039, STN PROV GOVT
Victoria, BC V8W 9A5



Ministry of
Public Safety and
Solicitor General

BC Corrections
Adult Custody Division

COVID-19 Contingency Plan
Induction Unit and Isolation Guidelines

Version ~~0.72.0~~
~~April 20~~July 20, 2020

Document Revision History

Doc Rev	Description	Author	Date
0.6	<p>This version contains the following changes:</p> <ul style="list-style-type: none"> • New format/layout • Added version history and tracking • Added list of people/groups/resources that contributed to the development of this document • Reconciling the guidelines with a recently completed provincial risk assessment for Induction Units • Added 'meal service' section for Induction Units • Updated 'laundry and waste disposal' section for Isolation Protocols 	Matt Lang	2020-04-09
0.7	<ul style="list-style-type: none"> • Added "Draft" watermark to document • Updated instructions for mixing diluted bleach solutions • Removed list of people/groups/resources that contributed to the development of this document • Incorporated stylistic edits suggested by the ADM 	Steve Dickinson	2020-04-20
2.0	<p><u>Reconciled guidelines with the Ministerial Order (M193-2020) authorizing use of Induction Units as follows:</u></p> <ul style="list-style-type: none"> • <u>In the introduction, added information about the Ministerial Order and adjusted language for consistency with the order;</u> • <u>In the Definitions section, added a definition of Classes of Inmates and added language in the definitions of Cohort, Induction Unit, and Isolation Protocols (Medical Isolation) for consistency with the order; and</u> • <u>Adjusted language in the Induction Units Guidelines and Isolation Protocols (Medical Isolation) sections for consistency with the order.</u> 	Katherine Regan & Erin Gunnarson	2020-07-14

Introduction

This document outlines guiding principles for the operation of Induction Units and use of Isolation protocols. These strategies are part of BC Corrections' contingency plan to prevent the introduction and spread of COVID-19 into correctional centres. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission of novel coronavirus.

The operation of Induction Units and use of Isolation protocols is authorized by Public Safety and Solicitor General Ministerial Order M193 under the *Emergency Program Act*. The Ministerial Order specifies these measures are necessary in order to manage and operate correctional centres in accordance with emergency and public health guidance during the COVID-19 pandemic.

These guidelines have been prepared in consultation with the Provincial Health Services Authority (PHSA) Correctional Health Services (CHS), the Public Service Agency Workplace Health and Safety and through reference to information from the BC Centre for Disease Control (BCCDC) and the World Health Organization.

These guidelines are authorized by the provincial director.

As the circumstances related to COVID-19 continue to change, these guidelines may be adapted **s.13** in accordance with emergency and public health guidance, such as when new orders are issued by the Provincial Health Officer, or new direction comes from the Public Service Agency or WorkSafeBC. Changes and updates to this document are recorded in the Document Revision History.

Induction Units and Isolation protocols may need to be adapted based on individual centres' physical space, staffing, population, operations, and other resources and conditions. Centres should contact PHSA CHS for assistance in applying these practices.

Rationale

- There are many opportunities for COVID-19 to be introduced into a correctional centre:
 - Admission of new intake who may have been exposed to COVID-19 in the community;
 - Movements in and out of correctional centres for people to appear in court or attend medical appointments, or for other reasons;

- Transfer of individuals between centres; and,
- Daily attendance of correctional staff, health workers, food service personnel, and other service providers.
- People in custody often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- People in custody live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread if it is introduced into a centre.
- Persons incarcerated in correctional centres are often vulnerable to such communicable diseases due to poor health and/or immune function.
- In most cases, incarcerated persons are not permitted to leave the facility.
- Options for medical isolation additional precautions (droplet and contact precautions) of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Because limited outside information is available to many incarcerated persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.

Questions or concerns

Any questions related to Induction Unit and Isolation protocols should be directed to [Elliott Smith](#), **s.13** Deputy Provincial Director, Adult Custody Division, at **s.13** Elliott.smith@gov.bc.ca.

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Definitions

Routine Practices

Routine Practices help prevent the spread of many infections, including COVID-19. They include:

- Frequent hand washing;
- When coughing or sneezing, cough or sneeze into a tissue or the bend of the arm, dispose of any tissues as soon as possible, and wash hands afterwards;
- Physical distancing; and,
- Regular cleaning/disinfecting of high-touch surfaces.

Physical (Social) Distancing

Physical (social) distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. It means minimizing close contact with others, which includes:

- Avoiding gathering in groups;
- Avoiding common greetings, such as handshakes;
- Avoiding touching one's eyes, nose and mouth;
- Limiting contact with people at higher risk, such as older adults and those in poor health; and,
- Keeping a distance of at least 2 arms-length (approximately 2 metres) from others.

Contact and Droplet Precautions

In addition to Routine Practices, these are additional precautions for suspected or confirmed cases of COVID-19. They include:

- Use of Personal Protective Equipment (PPE); and,
- Enhanced cleaning/disinfecting procedures.

Classes of Inmates

As authorized by *Emergency Program Act* Ministerial Order M193, admissions to a correctional centre may be placed in a class of inmates based on date of admission. "Admission" includes individuals returning from a court appearance or returning from another temporary absence from a correctional centre. In this document, classes of inmates containing one or more individuals are referred to as Cohorts.

Cohort

Refers to the practice of grouping individuals. A cohort may consist of one or more individuals.

Induction Unit

A dedicated unit to house all new admissions for a 14-day assessment period. This measure is taken to monitor for signs of COVID-19 prior to individuals being placed onto a regular living unit. As authorized by Emergency Program Act Ministerial Order M193, induction units are designated by the person in charge (i.e., warden). The warden may order that one or more inmates or a class (cohort) of inmates be confined in the induction unit and ensures that the induction unit is managed and operated in accordance with the Correction Act and regulations.

Isolation Protocols (Medical Isolation)

Refers to the physical isolation of an individual that is subject to Contact and Droplet Precautions. These apply to suspected or confirmed cases of COVID-19, as well as close contacts of suspected or confirmed cases. The warden ensures that isolation protocols are managed in accordance with the Correction Act and regulations.

Close Contact

In the context of COVID-19, an individual is considered a close contact if they:

- Have had close prolonged contact (i.e. within 2 metres for a prolonged period) with a suspected or confirmed case of COVID-19; or,
- Have had direct contact with infectious bodily fluids (e.g. was coughed or sneezed on) of a suspected or confirmed COVID-19 case while not wearing PPE.

Induction Units

Guidelines

- All new admissions are housed on an induction unit for a 14-day assessment period to monitor for signs of COVID-19 prior to being placed onto a regular living unit.
- Prior to cell assignment, any areas such as holding cells, showers and benches are cleaned between groups of new admissions.
- While in an induction unit, **s.13** individuals will be:
 - Housed in a single cell as a single occupant (double-bunking is not permitted);
 - Kept in separate cohorts based on admission dates; and
 - Offered time out of their cells with other members of their cohort or, when safety/security concerns prevent offering time out of cell with other members of their cohort (e.g. due to contact concerns), individually.
- Wherever possible, **s.13**

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Individuals are given as much time out of cell that can be accommodated between cohorts on the same living unit.

- Time out of cell should be shared equitably among individuals/cohorts.
- Cohort group size should be dependent on the ability to maintain physical distancing.
- Wherever possible, cell doors should be opened remotely instead of staff having to key and touch doors.
- Asymptomatic individuals do not need to wear PPE.
- Staff supervising an induction unit (with no suspected or confirmed exposure to a COVID-19 case) do not need to wear PPE.
- Individuals (staff and inmates) assigned to Induction Units should receive training in Routine Practices (hand washing, coughing/sneezing etiquette, and physical distancing) and cleaning/disinfecting procedures.

Meal service

- Centres are to develop procedures to ensure individuals/cohorts do not contaminate meals for other individuals/cohorts.
- At a minimum, those procedures must include:
 - Cleanliness requirements;
 - Physical distancing requirements as/when meals are collected and for the duration of the meal period; and,
 - Disinfection of any meal service items (trays, bowls, meal carts, etc.) before they are returned to the kitchen.
- If possible, meals for Induction Units should be served in disposable containers that are disposed of after use.

Additional considerations:

- Installation of a physical marker (e.g. tape) on the floor surrounding the staff station to clearly indicate the appropriate physical distancing from where staff sit at the desk.
- Installation of additional visual markers (e.g. tape) on unit floor to serve as a reminders of physical distancing requirements.
- Installation of signage outside the Induction Unit door to instruct all staff and contractors of the Routine Practices and any other precautions that are in effect in that area.
- Clear and frequent communication with people in custody about changes to their daily routine and how they can contribute to risk reduction.
- Provision of regular informational sessions by correctional staff and health professionals to provide information and answer questions about COVID-19.
- Identification of alternative social, recreational and program activities to replace group activities that support the mental health of people in custody.

If an individual in a cohort becomes symptomatic

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols (see below).
- The remainder of the cohort is placed on Isolation Protocols.
- If the individual is tested for COVID-19 and tests **positive**:
 - The cohort remains on Isolation Protocols; and,
 - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.
- If the individual is tested for COVID-19 and tests **negative**:

- If the individual is asymptomatic and cleared by a health professional, then they can be removed from isolation and returned to the cohort;
- The cohort can be removed from Isolation Protocols; and,
- The 14-day assessment period resumes (it does not need to restart).
- If the individual is **not tested** for COVID-19 (e.g. they refuse testing):
 - The cohort remains on Isolation Protocols; and,
 - The 14-day assessment period restarts from the date the confirmed case was removed from the cohort.

Health care surveillance

- Health professionals will conduct periodic checks of **s.13** [individuals](#) in Induction Units.
- A health professional will identify to correctional staff if there are any concerns with one or more individuals.
- Surveillance protocols and frequency will be determined by PHSA CHS.

Exit screening

- When individuals complete a 14-day assessment period without displaying any symptoms, they can be moved to a regular living unit.
- No additional screening is required.

Cleaning and disinfecting procedures

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of PHSA CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure all Induction Unit common areas are sanitized several times per day.
- At a minimum, common areas must be cleaned twice daily and after each cohort/individual has been permitted time out of their cells.
- Objects and areas that must be regularly cleaned include:
 - High-touch surfaces;
 - Door handles and light switches;
 - Common toilet, washroom, shower facilities;

- Kitchen areas, including appliances, countertops, sink handles, cabinet door handles;
 - Telephones;
 - Recreational equipment; and,
 - Any other appliances/equipment that individuals use during time out of their cells.
- Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, keys, handcuffs).
 - Use household cleaners that have been certified as effective disinfectants against the virus that causes COVID-19 and is as appropriate for the surface, following label instructions.
 - Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
 - Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock as/when needed.
 - Consider increasing the number of individuals (staff or inmates) trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

Isolation Protocols (Medical Isolation)

Application

Isolation Protocols are recommended and consistent with direction from PHSA CHS. They apply to suspected or confirmed, individual cases of COVID-19, as well as close contacts of suspected or confirmed cases as determined by a health professional. Consistent with Emergency Program Act Ministerial Order M193, Isolation Protocols (Medical Isolation) are considered induction unit placements. Isolation Protocols (Medical Isolation) can be applied to a cohort consisting of a single individual or a group of individuals. The cohort is held as an induction unit placement separate from other cohorts, yet on Isolation Protocols (Medical Isolation).

Isolating suspected and confirmed cases of COVID-19

- As soon as an individual becomes symptomatic of COVID-19, they must be immediately placed on Isolation Protocols ([Medical Isolation](#)).
- Individuals that are symptomatic and suspected of COVID-19 are swabbed for testing.
- The individual remains in isolation until cleared by a health professional.

Isolating Close Contacts of COVID-19 Cases

- Identification of close contacts is done by health professionals in consultation with correctional staff.
- Close contacts of a suspected or confirmed case of COVID-19 are immediately placed on Isolation Protocols ([Medical Isolation](#)).
- If a large group of individuals or even an entire living unit is subject to Isolation Protocols ([Medical Isolation](#)), then the entire group may need to isolate in-place.
- Close contacts remain in isolation until cleared by a health professional.
- Generally, if a close contact is isolated due to contact with a suspected case that is subsequently tested for COVID-19 and receives a negative result, the close contact will be released from Isolation Protocols ([Medical Isolation](#)) and can return to their previous placement (on an Induction Unit, if a new admission, or returned to their previous living unit).

Guidelines

NOTE: Some recommendations below apply primarily to centres with onsite healthcare capacity. Centres without onsite healthcare capacity or without sufficient space to implement effective medical isolation should coordinate with an alternate centre to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.

- To reduce the risk of transmission, individuals on Isolation Protocols ([Medical Isolation](#)) are to be housed in a single cell to prevent contact with others.
- Wherever possible, each isolated individual should be assigned their own housing space, which will include dedicated toilet and shower facilities.
- Keep the individual's movement outside the medical isolation space to an absolute minimum:
 - Individuals within medical isolation to remain in their assigned cell;
 - Serve meals to individuals inside the medical isolation space;
 - Exclude the individual from all group activities;

- For those individuals without an in-cell bathroom, provide a dedicated; and, bathroom when possible. Establish approved disinfection protocols for centres unable to provide an individualized bathroom.
- Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.
- Restrict isolated individuals from leaving the centre (including transfers to other centres) during the 14-day isolation period, unless released from custody or a transfer is necessary for medical care, infection control, lack of isolation space, or extenuating security concerns.

Cohorts of isolated individuals

- Confirmed COVID-19 cases may be isolated as a single cohort.
- Do NOT cohort confirmed cases with suspected cases or close contacts.
- Ideally, suspected cases and close contacts remain individually isolated; to prevent contact with others and reduce the risk of transmission, they should not be placed in a cohort with any other isolated individuals.
- If the number of isolated individuals exceeds the number of isolation spaces available in the correctional centre, and cohorting is unavoidable:
 - Do NOT add individuals to an existing isolation cohort
 - All individuals must be monitored closely, and individuals with symptoms of COVID-19 should be moved to individual isolation
 - Under the guidance of PHSA CHS, those who are at higher risk of developing severe illness from COVID -19 must be closely monitored; and,
 - All possible accommodations to reduce exposure risk for the higher-risk individuals (e.g. intensify physical distancing strategies for higher-risk individuals) should be made.

Meal service

- Meals for isolated **s.13** individuals will be served in disposable containers.
- Meals will be provided to isolated individuals in their cells.
- Disposable food service items are placed in the trash.

PPE requirements

- Isolated individuals should always wear a face mask when outside of the medical isolation space, and whenever another individual enters.

- Clean masks should be provided as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- Isolated individuals should wear face masks, as source control, under the following circumstances:
 - Isolated individuals should always wear face masks when interacting within a cohort (to prevent transmission from infected to uninfected individuals); and
 - All isolated individuals should always wear a face mask if they are required to leave the isolated space for any reason.
- Staff who have close contact with isolated individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties.

Health care surveillance

- Health professionals will conduct periodic checks of **s.13** isolated individuals in Isolation Protocols (Medical Isolation).
- Protocols and frequency will be determined by PHSA CHS.

Exit screening

- Health professionals will “clear” individuals from Isolation Protocols (Medical Isolation).
- Screening protocols will be determined by PHSA CHS and will be uniform for all centres.

Cleaning and disinfecting practices

Implementing intensified cleaning and disinfecting procedures are necessary according to the recommendations of PHSA CHS and OHS risk assessments. These measures will help prevent spread of COVID-19 if it is introduced into a correctional centre.

- Centres are to develop cleaning procedures, including checklists, to ensure enhanced cleaning and disinfecting of all areas housing isolated individuals **s.13**
- At a minimum, those procedures must outline:
 - Thorough cleaning and disinfecting of all areas (e.g., cells, bathrooms, and common areas) used by the individual(s), focusing especially on frequently touched surfaces;
 - PPE requirements for individuals performing cleaning/disinfecting duties; and
 - Ventilation requirements, where possible:

- Open outside doors and windows to increase air circulation in the area. And allow for ventilation prior to cleaning to minimize potential for exposure to respiratory droplets, particularly where air exchange is poor.

Procedures for cleaning and disinfecting hard (non-porous) surfaces:

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection:
 - Cleansers such as VIROX, Cavi and Excel wipes provide effective disinfection for COVID-19;
 - Most common registered, approved household disinfectants should also be effective;
 - Diluted bleach solutions can be used if appropriate for the surface;
 - Choose products based on security requirements within the facility; and,
 - Consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, ventilation, contact time, etc.).
- Never mix household bleach with ammonia or any other cleanser.
- Prepare a diluted bleach solution as follows:
 - If the concentration of bleach on the container is 5.25%
 - Mix 1 part bleach to 99 parts water, or 10mL bleach to 990mL water
 - For other concentrations on the bleach container, use this [Foodsafe bleach calculator](#) to make the right dilution.
 - To sanitize surfaces used in food preparation such as countertops and cutting boards, use a more diluted bleach solution:
 - Mix 1 part bleach to 499 parts water, or 2mL bleach to 998mL water.
 - Make sure to rinse away bleach solution with water before preparing or serving food.

Procedures for cleaning and disinfecting soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise consult with BCCDC or infection controls list of products that are approved for use against the virus that causes COVID- 19 and are suitable for porous surfaces.

Laundry and waste disposal

- Centres are to develop procedures for:
 - Issuing and collecting clothing and bedding to individuals in isolation;
 - Washing potentially infectious clothing and bedding; and,
 - Collecting potentially infectious waste from individuals in isolation.
- At a minimum, those procedures must outline:
 - Frequency of clothing/bedding issue and laundering, and waste collection;
 - Handling procedures; and,
 - PPE requirements for individuals handling clothing and bedding from isolated individuals.
- Launder items as appropriate in accordance with the manufacturer's instructions.
- Launder items using the warmest appropriate water setting for the items, and dry items completely.
- Clean and disinfect clothes hampers/bins according to procedures for surface cleaning.
- If possible, centres should consider using a hamper/bin liner that is either disposable or can be laundered.

Release Procedures

Policies and procedures related to release from custody for **s.13** individuals on Induction Units / Isolation Protocols are included here.

Guidelines

- Procedures for release from custody for individuals on induction units and/or isolation protocols (medical isolation) will be informed by PHSA CHS health professionals in consultation with the regional health authority.
- Health care professionals will incorporate screening for COVID-19 symptoms and a temperature check into release planning (for **s.13** individuals not clearing the screening process, follow the protocol for a suspected COVID-19 case).
- Before releasing an individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, the facility should be contacted to ensure adequate time for them to prepare to continue medical isolation or contact local public health to explore alternate housing options.
- If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, the regional health authority should be contacted to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.



BC Corrections – Adult Custody Division

Notification of COVID-19 Induction Unit – Medical Isolation Placement

Inmate Name: ,	CS#:
Location: ___	Date:
Placement Type: Induction Unit – Medical Isolation – <i>Emergency Program Act</i>	
<p>Legal authority/grounds (click ALL that apply):</p> <p><i>Emergency Program Act</i> Ministerial Order M193 authorizes the provincial director to designate classes of inmates, including classes of inmates based on the date of admission to a correctional centre, for the purposes of ensuring that the management, operation and security of a correctional centre under the <i>Correction Act</i> is in accordance with emergency and public health guidance.</p>	
<p>Action:</p> <p>To prevent the spread of COVID-19, you will be placed on medical isolation specifically in a ___ for up to 14 days.</p> <p>While you are on medical isolation:</p> <ul style="list-style-type: none"> • You will be provided with a medical grade mask, which must be worn whenever you are outside of your cell • Always maintain a distance of at least 2 metres (6 feet) from others to help prevent transmission of the virus unless directed otherwise by a Correctional Health Services (CHS) health care professional or correctional staff • Time out of cell and access to amenities may be restricted to help prevent transmission of the virus to others • Practice frequent hand washing whenever you are outside of your cell • You will be assessed daily by a CHS health care professional and a correctional manager <p>If you develop new or additional symptoms, or if previously reported symptoms worsen, immediately advise a correctional staff to notify CHS.</p> <p>You will be evaluated by a CHS health care professional and reassessed by correctional staff daily. You will be removed from medical isolation when a health care professional has confirmed that it is no longer required.</p>	

Reasons and evidence for this action:

COVID-19 has been declared a global pandemic. On March 18, 2020, BC declared a state of emergency to support the province-wide response to the COVID-19 outbreak. Our province and the rest of Canada along with other countries are implementing strong public health measures to prevent the virus from spreading.

To protect people inside correctional centres, BC Corrections implemented measures to prevent the introduction of COVID-19 into the facilities and to limit the possibility of spread within. Consistent with the Provincial Health Officer (PHO’s) recommendations to self-isolate, individuals must be medically isolated to prevent the spread of the virus if they:

- Are displaying symptoms COVID-19;
- Have been diagnosed with or are confirmed to have COVID-19; and/or
- Have been directed to do so by a health care professional.

Based on the information available, a CHS health care professional has determined that you must be medically isolated. You will be removed from medical isolation protocols once medically cleared by a CHS health care professional.

Your health and well-being are important to us. We appreciate your understanding as we best ensure your health and the health of others in the correctional centre during this unprecedented time of pandemic.

Person in Charge

Name:

Signature: _____

Date of Notification:

Expiration Date:

Information

Complaints

If you disagree with this action, you may make a written complaint to the person in charge. The person in charge must respond within 7 days of receiving your complaint.

If you disagree with the response from the person in charge

Then you may make a complaint to the Investigation and Standards Office (ISO):

Investigation and Standards Office

Phone: 250 387-5948

Mailing address: PO Box 9279, STN PROV GOVT

Victoria, BC V8W 9J7

You may also file a complaint with the Ombudsperson at any time:

BC Office of the Ombudsperson

Phone: 1-800-567-3247 (toll-free)

Mailing address: PO Box 9039, STN PROV GOVT

Victoria, BC V8W 9A5

Date	Action Item Number	Action Item
06-Apr-20	22	Change in PPE (in red) needs to be reflected in centre exposure control planning and SOP's as applicable. CPAP machines can continue to be used for asymptomatic inmates (they would have been in custody longer than 14 days). Any inmate that is being investigated for COVID would be on droplet and contact precautions and CPAP needs to be discussed with infection control at the centre for an individualized plan. For inmates with symptoms or diagnosed with influenza-like illness or COVID-19, staff within two meters of an inmate on CPAP must wear N95 Mask.
03-Apr-20	21	When an individual is placed on isolation protocols (pending), please confirm that you are restricting movement on the unit where they were housed until test results return.
03-Apr-20	21	Compass foods has been given approval to add an additional desert menu items for inmate meals on Wednesday and Saturday dinner meal times. DW Programs should connect with local kitchen managers to confirm and provide notice to inmates. Start on Wednesday, April 8.
02-Apr-20	20	Distribute Essential Services childcare info to all staff
01-Apr-20	19	Nil
31-Mar-20	18	Local SOP Temporary Change Required: The following are the telephone numbers for after-hours Provincial on Call Physicians. If Managers or Correctional Supervisors have COVID related questions or concerns regarding inmates including need to transfer to acute care, they can call this number and ask for the physician to be paged. Answering Service to contact CHS Physician on Call after business hours: 1-866-651-2926 or 1-250-741-9251
30-Mar-20	17	Provide a summary of centre induction unit processes and protocols to Elliott Smith by noon, March 31.
27-Mar-20	16	Prep for the potential reduction of transportation services that we use for releases. OCC has experienced a reduction of taxi services. They are in fine shape but it is a reminder that this service could be reduced or eliminated as the COVID-19 pandemic circumstances change.
26-Mar-20	15	Centres need to be prepared for 'active screening' at a single entry point for each centre. Screening questions are being drafted and will be circulated asap. The screening will require a person checking every person coming into the centre.
25-Mar-20	14	Prior to any transfers to FPH please ensure that a health review is conducted
25-Mar-20	14	CSC is in the process of creating an 'isolation' type intake process for all admissions into their organization. During the planning phase they have asked BC Corrections to temporarily hold all federal transfers. CSC will be providing a statement which can be shared with those pending transfer. In the interim, all 'federal' individuals in custody and new federal admissions need to be advised that federal transfers will be delayed until further notice.
24-Mar-20	13	Nil
23-Mar-20	12	Centres to ensure they have a plan in place to facilitate admissions into an 'intake' unit for the purpose of isolating new intakes from the current population.
23-Mar-20	12	For ADW staffing managers: There's a new STIIP code in TLAM for COVID-19 related sick time. Please ensure staff are made aware of this and it is used where appropriate in place of the general STIIP option.

23-Mar-20	12	<p>For the DBFs:</p> <ul style="list-style-type: none"> - There's been some clarification from CFO office this morning about what costs are considered COVID-19 related with regards to using the new OCG project code. - UPDATED: All COVID transactions will go under 15COVID (regardless of \$ amount). Any items that should be 150XX01 will be adjusted behind the scenes. This is a moving forward exercise – no need to go back and change any entries].
22-Mar-20	11	<p>CDMC call is scheduled for Monday March 23rd to discuss two planning topics:</p> <ul style="list-style-type: none"> - Designating an intake unit to isolate all new admissions from the current population - Preparing for a potential large intake if we are faced with civil unrest leading to incarcerations
22-Mar-20	11	<p>The PHSA Infection Control Staff will be facilitating education sessions for the health care staff as per the attached schedule. We can have corrections staff attend as well however the spots are aimed at those who can pass the information onto our staff and inmates, it is a quasi train the trainer information session. Please have your centre representative connect with the local health care manager to coordinate corrections participation.</p>
20-Mar-20	10	<p>Staff ID: in anticipation of potential provincial restrictions staff should be reminded to carry their corrections ID and badge. This is not to raise any alarms, it is simply a preparedness process.</p>
20-Mar-20	10	<p>ICS: : Centres should review the ability to establish an 'intake specific' unit where all new intake are directed. This is a practice that may be required if units are under isolation protocols or where we see the need to limit new intake exposure to the existing population. This is a planning exercise.</p>
19-Mar-20	9	None at this time
19-Mar-20	8	<p>Given the increase in video court appearances and volume of inmates being processed through video court services; effective immediately all video court service areas (i.e. door knobs, table surfaces, chairs, etc.) must be sanitized after each use. I assume that this is happening already but we have committed to ensuring this function is being carried out at all centres as a prevention measure. We will advise senior leadership within sheriff services of this expectation as well.</p>
19-Mar-20	7	None at this time
18-Mar-20	6	<p>Conduct a staffing assessment to determine essential staffing levels. This should look similar to the strike contingency planning levels we have established in previous years. Plans to be sent to Myrna Luknowsky on Friday March 20th</p>
18-Mar-20	6	<p>We need to provide a summary of the impact to our staff as a result of the notice of schools and daycare centers being closed. Our ADM will bring this matter forward but needs the following information to Myrna by the end of the day March 19th:</p> <ul style="list-style-type: none"> - #s of staff impacted - #s of kids requiring daycare - Ages of the kids - Hours that care would be required <p>** When collecting this detail, please be mindful to not leave the impression we can solve the problem but in order to try to support our staff to address this issue we need some detail.**</p>
18-Mar-20	6	<p>The messaging related to visits restrictions for phone messages and signage has been updated for implementation. Please ensure this is actioned accordingly.</p>
18-Mar-20	6	<p>If your centre has workstations that have not been accessed (signed onto) recently please ensure they are activated. For example, we have workstations in units which are closed. They may be needed as our operations change therefore all equipment should be operational.</p>

17-Mar-20	5	We will be moving towards active screening at the entry points for all people entering Correctional Centres (including staff). Active screening questions will be drafted for consideration. Prepare for active screening where an assigned person will pose a series of screening questions to all people coming into the centre.
17-Mar-20	5	Review access to phone services for inmates. With the visits restrictions it will be important to ensure all inmates have fair access to community support through the ICCS.
16-Mar-20	4	ICS Preparation: - open the discussions regarding the possibility that we may need to cancel leave or change shift patterns as part of the BCP. This is simply aimed at preparing staff in the event of a shortage. - PHSA may need to reassign health staff depending on pressures. Ensure there is correctional centres are aware of the local CHS essential service protocols.
16-Mar-20	4	Inmate transfers – CHS has implemented additional screening for all transfers. LM centres have coordinated a reduction in processing transfers. Centres will look to minimize inmate transfers dependant on Operational pressures. This may become more restrictive as circumstance evolve.
16-Mar-20	4	UPDATE: : centres were asked to consider identifying the ‘vulnerable’ population for the purpose of proactive isolation if needed. CHS has confirmed that our population is too complex to put this concept into practice. The ‘vulnerable person’ criteria is also quite broad at this point so the concept can be stopped.
16-Mar-20	3	CSC has requested the attached form to be filled out and sent with any transfers to CSC. Can centres please ensure the A&D departments are completing this document and providing to CSC upon transfer?
16-Mar-20	3	We have asked CHS to consider identifying clients who may be considered as high risk if they were exposed to the Covid 19 virus. Local contingency planning should include exploring the option of proactively isolating those who are at high risk in the event of an outbreak in a centre (i.e. an identify an LU where access and movement is highly restricted. Prevention versus isolation). Actioning this type of plan will need to be done in consultation with the CHS Medical Director.
16-Mar-20	2	Please coordinate the cancellation of all open visits and only allow closed visits (i.e. behind class) or via video. This includes lawyer/professional visits that are normally in person in a closed room. This designation will be required to meet with their clients either via phone, video or through closed visits. Lawyers requesting access to the site for disciplinary hearings will need to be accommodated via telephone until further notice. This information will be shared with defence council representatives and PLS through HQ.
13-Mar-20	1	With an aim to minimize potential Covid 19 exposure within the centres, all volunteer programing is to cease at the earliest opportunity
13-Mar-20	1	A few centres have coordinated inmate unit representative meetings for information sharing and education. It is recommended that all centres facilitate regular inmate unit rep meetings for this purpose. Each centre has an infection control nurse through CHS who may be accessed to assist with educating the inmate population. The nurse will also assist with any staff forum sessions if needed.

Procedure Mask Use and Safe Work Procedures for COVID 19

Adult custody is adopting the precautionary mitigation measure of providing non-surgical procedural masks for officers, staff and contractors. Procedural masks will be worn when people are unable to maintain the recommended physical distance in their workspace.





COVID 19 is transmitted by large droplets which may be generated when an infected person coughs or sneezes. Droplets travel a short distance through the air (less than 2 meters) and can be deposited on inanimate surfaces or in the eyes, nose, or mouth of individual in the vicinity.

A non-surgical procedural mask can help containing your own droplets and protect others, but it will not protect you from COVID-19. Masks are not a replacement for physical distancing and frequent hand washing /sanitizing.

Masks can become contaminated on the area that you breathe through, including the outside, or when touched by your hands. When wearing a non-surgical procedural mask, you must take the following precautions to protect yourself and others:

- **Avoid touching your face mask while using it**
- **Change a mask by only touching the straps or ear-loops, as soon as it gets damp or soiled by putting it directly into the brown paper bag**
- **Dispose of masks properly in a no touch lined garbage bin or place in the brown paper bag for drying and re use**
- **Do not place a used procedure mask on any work surface, common area or equipment. There is a potential risk of infection due to droplet transfer**
- **Continue physical distancing and wash your hand often.**


Donning an Ear Loop Non-Surgical Procedural Mask

	<ul style="list-style-type: none">• Wash/sanitize your hand before taking your mask from supply and donning
	<ul style="list-style-type: none">• Pull at the top and bottom to open the pleats or chamber• With colored or printed side facing out, and the nose wire at the top, put your fingers through the ear loops position the mask over your nose and mouth.• Place the ear loops securely around the ears.
	<ul style="list-style-type: none">• Pull the mask from the top and bottom to fully open the folds of the mask, and adjust the mask around the face
	<p>Gently re-form (do not pinch) the nose wire (if equipped) Over the bridge of the nose and make any final adjustment.</p>

Removing an Ear Loop Non-Surgical Procedural Mask

Staff will be provided a brown paper bag which is the preferred item to store the mask between uses.

1. Move to a designated area.
2. Ensure that you are within easy reach of the brown paper bag/laundry/disposal bin/container.
3. Reach BEHIND your ears and grasp both ear loops
4. Remove the mask outward from your face by handling only the ear loops.
5. Place the mask into the paper bag provided
6. If disposing the mask: dispose of the the mask by touching only the ear loops into a no touch lined garbage
7. Wash/sanitize your hands

Donning a Tied Non-Surgical Procedural Mask	
	<ul style="list-style-type: none"> Wash/sanitize your hand before taking your mask from supply and donning
	<ul style="list-style-type: none"> Pull at the top and bottom to open the pleats or chamber
	<ul style="list-style-type: none"> With colored or printed side facing out place nose wire over the bridge of the nose so it extends across the upper cheekbones and form the nose wire across the face using both hands.
	<ul style="list-style-type: none"> While holding the mask in place with one hand, grasp the bottom of the mask, separating the folds, and fit the bottom of the mask under the chin towards the neck
	<ul style="list-style-type: none"> Gently form (do not pinch) the nose wire (if equipped) over the bridge of the nose and make any final adjustment.
	<ul style="list-style-type: none"> Tie the lower ties snugly and securely so the mask will not ride up the face
	<ul style="list-style-type: none"> With both hands, gently re-form the nose wire (if equipped) over the nose and cheekbones. This will insure a proper and secure fit.

Removing an Ear Loop Non-Surgical Procedural Mask

Staff will be provided a brown paper bag which is the preferred item to store the mask between uses.

1. Move to a designated area
2. Ensure that you are within easy reach of the brown paper bag/laundry/disposal bin/container
3. Remove the mask by handling **only the ties**
4. Untie the bottom, then the top tie
5. Remove the mask outward from your face
6. Place the mask into the paper bag provided receptacle by touching only the ties
7. Wash/sanitize your hands.

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue:

- The Community Corrections Division is engaged in ongoing pandemic planning meetings with its health and justice partners and continues to adapt and implement operational protocols in response to evolving public health direction.

Background:

- Probation officers and bail supervisors supervise approximately 21,500 individuals on community supervision orders.
- At the beginning of the pandemic, most community clients were transitioned to telephone/virtual technology reporting, with consideration given to case-specific factors, such as the level of risk they posed and their offence type. Cell-phones were provided to clients who required them to enable consistent contact with their probation officer. Some higher-risk clients have been required to report in-person throughout the pandemic, with measures in place to support staff and client safety.
- In June, coinciding with Phase three of B.C.'s Restart Plan, BC Corrections began gradually increasing in-person reporting. All in-person reporting take place with glass separating clients and staff.
- To support physical distancing and staff safety, BC Corrections suspended placing electronic supervision bracelets on the ankles of new clients for approximately three months at the start of the pandemic (March-June) and worked with the courts and other justice partners to meet client and public safety needs using other measures. During this time, electronic supervision continued for approximately 200 clients who were already fitted with ankle bracelets as a court ordered condition of release.
- After developing new operational protocols, BC Corrections resumed new intakes in the Electronic Supervision Program as of July 2, 2020.
 - Personal protective equipment is used when completing Technical Suitability Reports to determine someone's suitability for electronic supervision, which requires a home assessment and once approved, subsequent affixing and/or removing of the equipment.
- Staffing levels in public facing community corrections offices continues to be assessed and adjusted to address workload arising from a resumption of court services, client case management needs and guidance from the provincial health officer. Most staff continue to work both from home and within the office based on client needs. Office signage as well as cleaning and sanitation protocols are in place to support public health direction.

Issue/Opportunity:

- The Community Correction Division continues to explore technology solutions to deliver programs and support clients virtually or with appropriate physical distance.



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Mailing Address: P.O. Box 9278 Stn Prov Govt • Victoria, British Columbia • V8W 9J7

C564431

March 13, 2020

All Staff
Community Corrections Division

Re: COVID-19 Update

Earlier this morning we all received a Memo from our ADM Elenore Arend, updating staff on what we know today regarding measures to manage the potential spread of the COVID-19 virus. I wanted to follow up that message with some additional details of importance to Community Corrections Division staff.

First, while the risk of transmission to British Columbians remains low, it is important for all of us to exercise reasonable caution and take appropriate steps to keep ourselves and others safe as we all work to reduce the spread of this illness. As already outlined, proper hygiene including regular handwashing and maintaining social distance measures are critical steps for each of us. All unnecessary travel, outside of Canada, should be curtailed, mindful of the requirement for anyone leaving Canada to self isolate for 14 days upon return. For many of us, myself included, this has meant a very rapid change in our holiday plans this spring. I note that the BC Public Service Agency is completing work on an FAQ document which will provide clarity around leave benefits and expectations when self isolation is required.

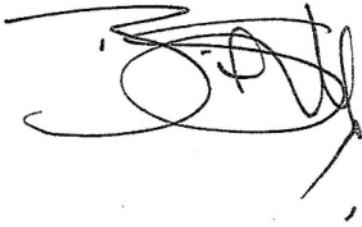
Health information continues to evolve rapidly, and for this reason, BC Corrections' senior managers are briefed each day regarding the status of viral transmission across BC, along with health measures to continue to manage this. The Community Management Committee is also meeting every day to review this information and to follow up on feedback and questions that you raise in your worksites. We will continue this until the health situation in BC is stable and our operations are back to normal. For this reason, any questions you have regarding health and/or operational impacts should be directed to your supervisor who will, in turn, relay these to regional directors for our daily operations meetings. CMC is committed to ensuring you have the information you need to manage your safety and that of your co-workers and clients.

We continue to review our operations throughout the day and will continue to update you regularly. Some of the areas being considered include the status of scheduled in-person training, itinerant office coverage, home visits, the delivery of Core programs and contracted office cleaning protocols. It is also critically important for each of us to monitor our own health; if we are experiencing any cold or flu symptoms, please stay home and seek appropriate medical advice. Similarly, clients should be screened for any symptoms and their appointments rebooked or conducted remotely until they are symptom-free. More details

about signage for the front door asking clients not to enter if they have cold/flu like symptoms will be provided soon.

Your health and that of your families is our first priority. We have an important role in maintaining public safety, but that starts with each of us staying safe in order to continue our important work.

Thank you for continuing to keep your leadership team updated on any questions or concerns that come up in your offices so that we can ensure you have what you need in your roles. An FAQ is being developed and will soon appear on CorrPoint for your reference.

A handwritten signature in black ink, appearing to read 'Bill Small', with a large, stylized flourish at the end.

Bill Small
Provincial Director

C564484

March 17, 2020

All Staff
Community Corrections Division

Re: COVID-19

I am writing to you today to provide additional information and follow up from our last update on Friday, March 13. Your divisional leadership group remains committed to keeping all of our staff updated on the specific measures the Community Corrections Division is taking undertaking to do our part to “flatten the curve” in the global response to the COVID-19 outbreak.

BC Corrections’ senior management team met off and on throughout the weekend and again today to continue planning for the ongoing delivery of key services with a view to protecting you and your clients. Similarly, the Community Management Committee met Monday and again this morning to consider many of the issues I outlined in my message to you on Friday. We have made several key decisions to minimize the gathering of clients and staff in group settings. All of these are intended to support our priority of keeping our staff and clients safe by reinforcing important social distancing measures while we continue to provide important public safety services.

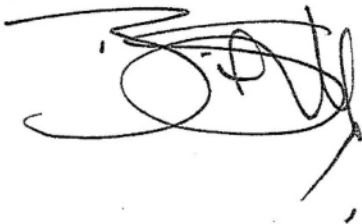
- Effective immediately, all offender group programs are being postponed. This means the in-house delivery of Core programs, along with contractor-delivered programs such as RVP and Forensic Sex Offender groups will be temporarily discontinued for at least the next three months.
- All staff training has been reviewed, and basic staff training for probation officers and administrative support staff will be given priority, with all other training, including modularized STICS courses and Core program facilitator training being postponed. We are working with the JIBC to deliver this basic training remotely, effectively eliminating all face to face training for our staff during this time. This work continues and we will update you on design details as they are finalized.
- Effective immediately, all Strategic Community Supervision Structured Learning Workshops will also be postponed.
- We are continuing to actively implement strategies to reduce the overall flow of client traffic into our offices beyond the steps outlined above. CMC is meeting daily to finalize some of these measures, which will undoubtedly evolve over time. Of particular note, we are distributing additional information to assist with immediate front-line screening of

all clients, preventing in-office attendance by individuals who are symptomatic and/or have recently returned from international travel, and are finalizing protocols to safely reduce our direct supervision activities.

Local Managers have been briefed and will provide direct support to you in your offices as we implement the decisions made today and any future measures to support reduced points of contact and volumes in our offices. These measures will continue to change over the coming days, and we will keep you updated on all of them.

In addition, we are aware that as the week progresses there are several other important issues CMC will be addressing with you, including supporting staff whose childcare situations are impacted by virus control measures which keep them and their children at home. Similarly, we have staff who face the prospect of home visits, notifications and other community outreach. I will reiterate that it is perfectly appropriate to consult with your local managers and to pause what would normally be a routine case management activity while you consider the right decision; much of our work is anything but routine at this time. Finally, as things develop over the coming week or two there may be a need for offices, particularly in smaller communities, to consider their business continuity plans and for that reason it will be important for all staff to ensure they are familiar with their office's BCP ahead of any need to discuss their activation.

With your safety underlying all of the decisions and future discussions I have outlined here, I want to thank you for your continued professionalism and support to as we take steps to do our part by reducing the risk of exposure while keeping communities safe.

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish at the end.

Bill Small
Provincial Director

C564606

March 20, 2020

All Staff
Community Corrections Division

Re: Interim Policies for Community Corrections

As part of the Community Corrections Division's commitment to reducing the transmission of COVID-19, the following interim policies are effective immediately:

Court referrals:

- Clients reporting in person from court to a court office, are directed to **report by phone** to the appropriate receiving office. The court office confirms current telephone numbers and alternate numbers for the client prior to sending the referral.
- The receiving office admits the client into CORNET when phone contact has been established. The probation officer who receives this phone call conducts a verbal intake with the client, making an interim assessment of risk which will determine whether the client can continue to report by telephone or whether in-person reporting will need to be established. Refer to the Interim Levels of Intervention principles in section 2.4.5 of the *Community Corrections Policy Manual*.
- If the client fails to report by phone to the receiving office, the referral is returned to the court office for consideration of enforcement action. The receiving office makes every reasonable effort possible to contact the client, using multiple attempts, prior to returning the referral to the court office.

Client transfers:

- If an existing client subject to telephone reporting moves to the catchment area of another office, they will remain under the supervision of the current office unless exceptional circumstances or unique circumstances warrant otherwise. The current office is most familiar with the client, and, as such, challenges associated with assuming supervision of a client unknown to a new catchment area are reduced.
- If an existing client subject to in-person reporting based on assessed risk moves to the catchment area of another office, supervision is transferred to the new office.

Client release:

- Adult Custody Division staff will direct clients, upon release, to report by telephone to the appropriate receiving community office.

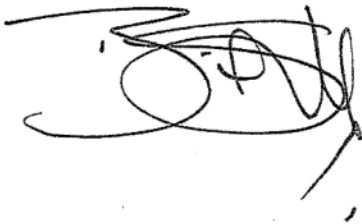
Letters of permission:

- Letters of permission may be sent to the client through email as an encrypted document. The authorized encryption process is attached in the email and can be found here on CorrPoint. The outgoing transfer of documents without encryption is not permitted. The letter of permission is to be scanned or sent as a photograph (JPEG) to ensure the original direction is not altered.
- All letters of permission are to be reviewed verbally with the client to ensure the client understands the full scope of the permission letter.

CPIC:

- s.15

Questions relating to these interim policies may be directed to Kyla Wiersma, policy and program analyst, at 236-912-2017 or Kyla.Wiersma@gov.bc.ca.

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish extending from the bottom right.

Bill Small
Provincial Director



Ministry of Public Safety
and Solicitor General

BC Corrections
Community Corrections

MEMORANDUM

7th floor, 1001 Douglas Street • Victoria, British Columbia • V8W 2C5 • Telephone: (250) 356-7930
Mailing Address: P.O. Box 9278 Stn Prov Govt • Victoria, British Columbia • V8W 9J7

C564859

March 26, 2020

All Staff
Community Corrections Division

Re: Canadian Police Information Centre (CPIC) requests – Interim Policy

s.15

Questions relating to these interim policies may be directed to Micheal LaRocque, policy and program analyst, at 778-698-7503 or Micheal.LaRocque@gov.bc.ca.

Bill Small Provincial
Director

pc: Kimberley McLean
Nathan Buckham

Leading change every day

C565004

March 30, 2020

All Staff
Community Corrections Division

Re: Court services transition to HUB service model – COVID-19 response.

In response to the COVID-19 pandemic, the Provincial Court of British Columbia has transitioned to a Hub Court model. Urgent criminal trials, bail hearings during court sitting hours, and other urgent criminal hearings will only be heard by video conference or telephone at one of the below Hub Court locations, unless otherwise ordered by the Regional Administrative Judge or their designate:

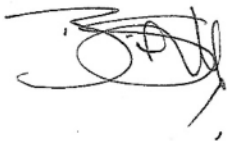
- Victoria Provincial Court – Adult criminal matters in the Island Coastal region;
- Vancouver Provincial Court (222 Main St.) – Adult criminal matters in the Vancouver region;
- Surrey Provincial Court – Adult criminal matters in the Fraser Metro region;
- Kelowna Provincial Court – Adult criminal matters in the Interior Fraser region; and
- Prince George Provincial Court – Adult criminal matters in the Northern Interior region.

Daily court lists at each identified Hub Court will reflect the originating court file location. The originating court registry and BC Prosecution Service office will retain ownership of matters proceeding at the new Hub Court locations. Non-urgent matters will be adjourned to future dates.

Generally speaking, initial reporting from court will occur by phone rather than in-person to the receiving court office. BC Corrections has provided the judiciary, Court Services Branch, and BC Prosecution Service with contact information for each Community Corrections office within the province to support telephone reporting direction to the correct location.

This interim practice does not remove the referral process outlined in section 18.2.6 of the *Community Corrections Policy Manual*, as some individuals may require additional referral direction. If/when this occurs, the client is provided verbal direction to report by phone to the appropriate Community Corrections office. All verbal referral directions are logged in CORNET accordingly.

Questions regarding this change in service delivery may be directed to Micheal LaRocque, policy and program analyst, at Micheal.LaRocque@gov.bc.ca or 778-698-7503.



Bill Small
Provincial Director

C565571

April 9, 2020

All Staff
Community Corrections Division

Re: Electronic Supervision Program Suspension

On April 3, 2020, Elenore Arend, Assistant Deputy Minister, notified justice partners including representatives of the BC Prosecution Service, the federal Public Prosecution Service, defence counsel and members of the judiciary, including the Chief Judge of Provincial Court, that the electronic supervision (ES) program is suspended and no longer available except in those cases where ES has already been established and is currently being monitored.

The decision to suspend the ES program was made for the health and safety of both staff and clients and in compliance with instructions from the Provincial Health Officer (PHO) regarding physical distancing. Close physical contact between staff and clients cannot be avoided during the preparation of court-ordered technical suitability reports that require a home visit or when a probation officer affixes the anklet to the client.

In acknowledgement of this direction, when a client is issued a release order or sentenced order that includes conditions requiring ES, the supervising probation officer should inform the local manager and contact Crown counsel to advise of the need to return the matter to court for removal of any conditions that require enrollment in the ES program.

Removing ES anklets upon order expiry

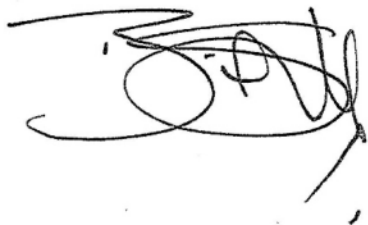
Access to personal protective equipment (PPE) has been prioritized for distribution to Community Corrections offices supervising clients on ES with order expiry dates within the next 90 days. Staff are reminded to confirm whether electronic supervision is a condition on any other active order before removing the anklet device.

Probation officers may remove the anklet device from clients upon order expiry, at the direction of the court, or when the anklet device requires replacement prior to the conclusion of supervision. PPE is to be worn by staff during the removal of the anklet device from a client. Information on how to effectively wear and remove PPE (e.g. gloves and masks) has been attached as an appendix to this memorandum. Local managers may request additional PPE from Rick Gill, regional director, at Rick.Gill@gov.bc.ca.

To support limiting close physical interactions between staff and clients, when deemed appropriate by the supervising probation officer, clients may be provided the Strap Removal Tool (SRT) to remove the anklet device under the direct supervision of the probation officer. If the SRT is provided to a client for self removal, it must be cleaned with a sanitizing agent after the anklet device has been removed. PPE is to be worn by probation officers when facilitating this removal option.

If removal of the anklet cannot be facilitated in a manner described above, the local manager is advised, and other options may be considered in consultation with the regional director.

Sincerely,

A handwritten signature in black ink, appearing to be 'Bill Small', written over a horizontal line.

Bill Small
Provincial Director
BC Corrections

APPENDIX A

Removing Disposable Gloves

Remove disposable gloves as soon as possible if they become damaged or contaminated. Remove them after you have completed the task that required gloves. Gloves should also be removed before leaving the work area. **Do not wash and reuse** your gloves. Use new gloves for each new task.

Follow these steps to make sure your hands do not contact any blood or body fluids left on used gloves:

1. With both hands gloved:

- Grasp the outside of one glove at the top of the wrist. (See drawing below left.)
- Peel off this glove from wrist to fingertips while turning it inside out, as you pull the glove off your hand and away from you.
- Hold the glove you just removed in your gloved hand. (See drawing below right.)



Grasp the outside of one glove. Hold the glove with your gloved hand.

2. With the ungloved hand:

- Peel off the second glove by inserting your fingers on the inside of the glove at the top of your wrist (See drawing below left.)
- Turn the glove inside out while pulling it away from you, leaving the first glove inside the second. (See drawing below right.)



Insert your fingers on the inside of the glove. Turn the glove inside out over the first glove.

3. Dispose of the entire bundle promptly in a waterproof garbage bag.

4. Wash your hands thoroughly with soap and water as soon as possible after removing gloves and before touching non-contaminated objects and surfaces.

Wearing a mask

While there are varying types of masks in circulation across the division, some basic principles to adhere to while wearing a mask as Protective Personal Equipment include:

- Check to make sure the mask has no defects prior to use;
- Place the mask over your nose, mouth and chin;
- Fit the flexible nose piece over the bridge of the nose;
- Bring both top ties to the crown of your head and secure with a bow;
- Tie bottom ties securely at the nape of your neck in a bow; and
- Remove the mask after you have completed the task by handling only the ties and untie the bottom tie followed by the top tie.

Remove disposable masks as soon as possible if they become damaged or contaminated. Masks should also be removed before leaving the work area.

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
BC CORRECTIONS
INFORMATION BRIEFING NOTE**

PURPOSE: For **INFORMATION** for Mark Sieben,
Deputy Solicitor General, Ministry of Public Safety and Solicitor General.

ISSUE: Status Update on the WorkSafeBC 2019 Inspections of Correctional
Centres

SUMMARY:

- WorkSafeBC (WSBC) conducted follow up inspections at four (4) correctional centres: Fraser Regional Correctional Centre (FRCC), North Fraser Pretrial Centre (NFPC), Surrey Pretrial Services Centre (SPSC), and Vancouver Island Regional Correctional Centre (VIRCC). The 2019 inspection period commenced October 7, 2019 and concluded November 22, 2019.
- The inspections focused on workplace violence procedures, joint health and safety committee functioning, and exposure control plans for biological and chemical agents. As part of the inspection process WSBC also inspected the centre's health care provider, Provincial Health Services Authority (PHSA).
- The correctional centres worked closely with WSBC to facilitate and organize these inspections, which are intended to further enhance and fine tune the high-standards already in place.
- WSBC communicated a positive overall impression of the inspected centres and specifically commented that centres were "very well managed" and "staff seemed confident with their own abilities."
- WSBC issued eighteen (18) orders to BC Corrections, eight (8) to the PHSA and one (1) to Brookfield WSI, who is the facility maintenance provider.
- Provincial policy and procedures are being drafted to ensure all centres follow WSBC legislation.
- There were no orders issued with respect to workplace violence procedures; therefore, confirming compliance with WorkSafeBC regulations.
- Implementing the recommendations and achieving compliance is a top priority.

BACKGROUND:

- WSBC conducted inspections of all correctional centres in 2012/13 and followed up with focused inspections in 2016 at FRCC, NFPC, SPSC and VIRCC.
- All correctional centres have active Occupational Health and Safety Committees with representation from both the employer and the union, which meet monthly to address safety concerns.
- BC Corrections, Adult Custody Division, also has an Employers Safety Committee with representation by correctional centre managers that meet monthly to:
 - review health and safety issues, activities, trends and to identify best practices and appropriate courses of action;
 - ensure risk assessments and incident investigations are completed in an effective, consistent and timely manner;
 - identify and promote training that ensures compliance and develops employee knowledge of safety practices and responsibilities;
 - promote safe work practices and a healthy workplace; and
 - coordinate provincial risk assessment initiatives.
- The BCGEU, PHSA and WSI (and now CBRE) are important partners. The safety of all workers is the top priority, and working together, we ensure workplace risks are mitigated to the degree possible.
- Correctional centres are working with the BC Public Service Agency Occupational Health and Safety Specialists to comply with WSBC orders.
- As of April 7, 2020, all eighteen (18) orders have been complied with. This has been confirmed by WSBC.

PREPARED BY:

Helen Sharp
Assistant Deputy Warden, Staffing
BC Corrections
778-974-3019

APPROVED APRIL 10, 2020, BY:

Elenore Arend
Assistant Deputy Minister
BC Corrections
778-974-3009

C566420

April 28, 2020

All Staff
Community Corrections Division

Re: Consistent Purpose Notifications – Interim Policy

In response to the COVID-19 pandemic, the Community Corrections Division suspended public outreach for consistent purpose notifications on March 17, 2020. The following interim policy for consistent purpose notifications is effective immediately. Community Corrections Division sex offender policy, and the Residence Approval and Notification Guidelines remain in effect.

Prior to effecting a notification staff consider:

s.15

The notification option that most effectively responds to the individual need and risk, while maintaining staff safety by limiting the circumstances in which staff may have face to face and/or close proximity contact, is chosen.

1. Notification effected in-person at the residence(s):
 - Personal Protective Equipment (PPE) is required;
 - Probation officers attend the exterior door of a residence and ensure social distancing is adhered to;
 - Individual(s) are screened for pandemic-related health concerns and their eligibility to receive the information (i.e. there are protected persons residing or regularly visiting the residence); and
 - The notification is affected using a slightly enlarged poster, which facilitates viewing of the poster while respecting social distancing requirements.

This option may be preferable for single family dwellings or other residence situations where there are a lower number of individuals receiving the notification, depending on how specific circumstances align with the general considerations noted above

2. Notification effected from the secure interview room:
 - Depending on the urgency, probation officers will mail, or hand deliver a template letter to the residence(s), without knocking on doors or engaging in face to face contact;
 - When letter(s) are hand delivered, Personal Protective Equipment (PPE) is worn;

- The letter invites individual(s) to contact the probation office and speak with a duty officer in order to receive information regarding a safety matter;
- When the individual contacts the office, the duty officer arranges for the individual to attend the office in-person; and
- Individual(s) who contact the office and are screened for pandemic-related health concerns and their eligibility to receive the information (i.e. there are protected persons residing in or regularly visiting the residence) and view the poster through the glass in the secure interview room.

This option may be preferable for multi-resident situations where there are a higher number of individuals receiving the notification, depending on how specific circumstances align with the general considerations noted above.

Notification to MCFD may be considered to augment a notification effected by a probation officer or if there are barriers preventing contact with individual(s) or access to the residence.

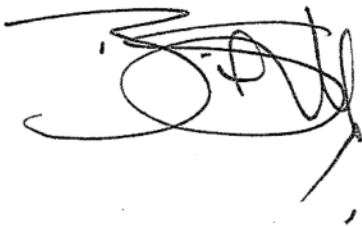
The following approaches to notification are not supported:

- Skype for Business;
- Telephone;
- Notification in person, to those who have pandemic-related health issues; and
- Notification in the secure interview room to individuals who, for pandemic-related health reasons, would otherwise be asked not to attend the office.

Notifications that do not relate to a sex offender residence are considered using the same principles. All proposed notifications require consultation with the local manager, regional director, high risk offender analyst and privacy and notification analyst.

Questions relating to these interim policies may be directed to:

- Lisa Crawford, High Risk Offender Analyst, at Lisa.Crawford@gov.bc.ca or 250 787-6115; or
- Don Cherry, Privacy and Notification Analyst, at Don.Cherry@gov.bc.ca or 778 698-1761

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish at the end.

Bill Small
Provincial Director

C566424

April 27, 2020

All Staff
Community Corrections Division

Re: Interim Policies for Conducting Screening Interviews for Alternative Measures

As part of the Community Corrections Division's continued commitment to reducing the transmission of COVID-19, the following interim policies are effective immediately when conducting screening interviews for Alternative Measures:

- When an Alternative Measures referral is made by Crown counsel, the screening interview outlined in sec. 5.2.2 of the *Community Corrections Policy Manual* is facilitated by **video conference**.
- If the client is unable to participate in a video screening interview, the screening interview may be conducted by **phone** with the approval of the Local Manager as outlined in sec. 5.2.2 of the *Community Corrections Policy Manual*.
- **In-person** screening interviews are only conducted when video or phone interviews are not available. In-person screening interviews are to be held in a secure interview room and with the prior approval of the Local Manager.

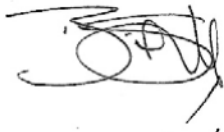
Skype for Business and Microsoft Lync are the only permitted methods for video conferencing with clients at this time. The following guides have been developed for reference when facilitating video conferencing with clients:

- [CCD Video Conferencing](#) (for Probation Officers)
- [Video Conferencing Computer Guide for Clients](#) (PC and Mac instructions)
- [Video Conferencing Smart Phone/Tablet Guide for Clients](#)

Guides for clients are generic and do not refer to community supervision. This allows staff to include these guides in their Skype meeting invite without the added step of encrypting the guides.

Please be aware of the limitations of community resources during the pandemic. Alternative measures plans should be consistent with sec. 5.2.6 of the *Community Corrections Policy Manual*.

Questions relating to these interim policies may be directed to Micheal LaRocque, policy and program analyst, at 778-698-7503 or Micheal.LaRocque@gov.bc.ca.



Bill Small
Provincial Director



7th floor, 1001 Douglas Street • Victoria, British Columbia • V8W 2C5 • Telephone: (250) 356-7930
Mailing Address: P.O. Box 9278 Stn Prov Govt • Victoria, British Columbia • V8W 9J7

C573235

June 30, 2020

All Staff
Community Corrections Division

Re: Resuming Electronic Supervision Services

On April 3, 2020 Assistant Deputy Minister Elenore Arend, notified justice partners that Electronic Supervision services were being temporarily suspended for the health and safety of staff and clients. A memorandum advising of this change was sent to all staff on April 9, 2020.

With new guidance from the Provincial Health Officer, WorkSafe BC and the BC Public Service Agency, the Division is now prepared and ready to resume this service. The BC Prosecution Service, the Public Prosecution Service of Canada, representatives of the defence bar and the Chief Judge of the Provincial Court have now been advised that Electronic Supervision services will resume, starting July 2, 2020.

Occupational Health and Safety requirements necessitate safe work procedures which outline the steps all staff must follow to safely conduct any work task that would otherwise present a risk to their health or safety. In consultation with an employee representative and the BC Public Services Agency, a safe work protocol has been established for resuming intake of new Electronic Supervision cases. This protocol will be attached to every office's COVID-19 Safety Plan. In addition, a training video has been created, outlining the steps of the safe work practices. Both of these resources are available on the Here and Now, Navigating Through Change site.

Staff are to review the safe work practice document, view the video and consult with their supervisor prior to commencing the hook-up or removal of electronic supervision equipment in their offices.

I want to again acknowledge everyone in our division for your ongoing professionalism throughout the events of the last several months and for your careful observance of safety protocols, which have been put in place to protect you, your colleagues and your clients.

Sincerely,

Bill Small
Provincial Director

C574199

July 14, 2020

Re: Community Corrections Business Recovery Update

Further to my memo date June 12, 2020, I want to acknowledge the extensive work local managers and Occupational Health and Safety representatives have been undertaking to complete workplace risk assessments in all of our staffed offices. The bulk of these assessments are now complete, and the information is being used to make modifications to work sites, order signage, create new interaction protocols to support proper physical distancing, and ensure offices continue to be equipped with sufficient personal protective equipment.

These workplace assessments are a critical piece of Stage One of the BCPSA Process Stages-“Planning”. The next steps in the planning stage are to orient staff to their modified work site and train staff in new workplace procedures.

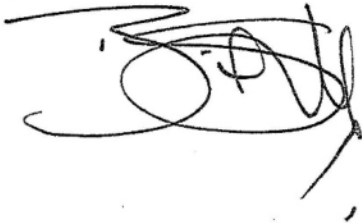
Once our planning and training is complete, offices will begin Stage Two- “Executing”. This is when we can begin to increase the number of staff and clients physically attending the worksite. Undoubtedly, each location will look different as Stage Two progresses. Every office has a different capacity to see clients in-person, different needs amongst their staff, different operational considerations and, of course, different client needs for effective client supervision. For this reason, establishing target numbers or percentages would not be a responsible approach; office configurations will naturally vary, depending on their circumstances.

It is important that the return of clients to in-person reporting is driven by case management effectiveness. Primary case managers, in consultation with their local manager, will decide which clients need to report in-person, the frequency of in-person reporting, and the most appropriate location for that in-person reporting. Through this process, we can ensure we are providing the most effective, safe service possible to our clients and our communities. Virtual case management tools, including video reporting using Skype or MS Teams, will be an important factor in assessing client reporting needs. The more proficient we are with these tools, the more we can control the flow of clients in our offices.

I hear that many of you are eager to return to the workplace more frequently and resume a fuller array of services, while some of you are understandably worried about what pending changes to our office configuration will mean for you. As Stage Two progresses, please raise any health and safety questions with your supervisor or your office Occupational Health and Safety representative. Open conversation, transparent communication, and collaborative

problem solving will help us maintain safe workplaces while continuing to provide effective case management to our clients to effect positive change.

Thank you for your continued patience and dedication to working effectively with your clients and each other as we cautiously navigate through the next stages of our workplace responses to COVID-19.

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish extending from the end.

Bill Small
Provincial Director

C575243

August 6, 2020

All Staff
Community Corrections Division

Re: WES Pulse Survey on Employee Impacts of COVID-19

You will have seen Deputy Minister Okenge Yuma Morisho's email announcing the WES Pulse Survey on Employee Impacts of COVID-19. The WES Pulse survey is not a full WES survey but a quick – 5-minute, 16-question – capture of four very important drivers:

- Empowerment
- Stress & Workload
- Tools & Workspace
- Executive-Level Management

As with all WES surveys, the information and feedback you provide is critically important to CMC. It is an opportunity for the division to hear directly from you.

The WES Pulse survey gives us an opportunity to do a much-needed temperature check on how our staff feel the Community Corrections Division has responded to the unprecedented events of the last several months. It is an opportunity for you to reflect on our response to the challenges and changes introduced to our business as a result of COVID-19 and how these measures have supported you to be able to continue your work and attend to the many demands COVID has placed on your home life.

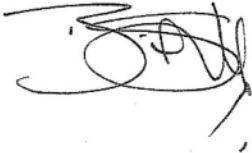
As we enter Stage Two of the BC Public Service's model of business recovery, we will continue to maintain our cautious, careful approach to resuming our operations. We have begun to increase our services and welcome more staff and clients back into our offices as it is safe to do so. As you will read in the August issue of the *CCD Leading Change* newsletter, we have quickly adapted to meet the needs of our clients and in doing so, have created and embraced some impressive innovations which will serve our clients and staff well into the future. Despite so much uncertainty over the last number of months we have a great deal to be proud of in the way each of us has responded to the challenges presented by this pandemic.

You have either already received or will soon be receiving a personal invitation to complete the WES Pulse survey. Alongside information from WES 2020 and the Stress and Workload Survey, your feedback to this short additional survey will inform the division's priorities in our

Strategic HR Plan and, as always, provides important context for the community management committee.

We have always been able to count on our staff to have a strong voice; I really encourage you all to be part of this important conversation. The survey closes at 4:30 pm on Friday, August 14, 2020.

On behalf of every member of your community management committee, thank you in advance for your participation.

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish at the end.

Bill Small
Provincial Director

7th floor, 1001 Douglas Street • Victoria, British Columbia • V8W 2C5 • Telephone: (250) 356-7930
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C575447

August 12, 2020

All Staff
Community Corrections Division

Re: Safe Work Procedures

As you are undoubtedly aware, the BC Public Service Agency (BCPSA) introduced the COVID-19 Workplace Guidelines in June 2020 which provided guidance to all government agencies in the assessment of risk from COVID-19, mitigation of that risk and the implementation of controls to ensure our workplaces remain safe. The BCPSA presented a host of standard precautions and a number of safe work procedures which allowed many organizations to resume their business once their workplace risk assessments were complete.

Community Corrections' business includes several tasks which are not covered by the BCPSA standard precautions and safe work procedures. In mid June, the Division established a small committee to support the creation of Safe Work Procedures which are specific to our work. I am pleased to share new Safe Work Procedures for the following work processes:

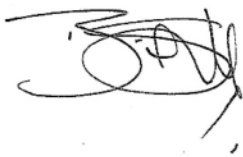
- In-person client reporting
- Home Visits
- Notifications
- E-Services

Each of these procedures has been developed in consultation with an employee representative and the BC Public Service Agency. These protocols will be attached to every office's COVID-19 Safety Plan and are available on the Here and Now, Navigating Through Change site.

It is important to note that the resumption of these tasks will vary by location and may be impacted by office readiness and the availability of required personal protective equipment. Your supervisor will provide the guidance and necessary supports for these procedures. In consultation with the supervisors, employees are to review the safe work procedure documents and discuss any questions or concerns prior to commencing any of these tasks. Employees are responsible for following the procedures and for reporting unsafe conditions to their supervisor.

I want to again acknowledge everyone in our division for your ongoing professionalism throughout the events of the last several months and for your continued, careful observance of safety protocols which have been put in place to protect you, your colleagues and your clients.

Sincerely,



Bill Small
Provincial Director

C578603

November 10, 2020

All Staff
Community Corrections Division

Re: Provincial Health Officer Orders – November 7, 2020

Yesterday afternoon you received communication from our Deputy Ministers regarding our response to the recent Public Health Orders, limiting social interactions in the Fraser and Vancouver Coastal Health Regions. As the Deputies noted, over the weekend BC's Provincial Health Officer released orders that apply to all areas of these Health regions except for Hope (Fraser Region) and parts of the Central Coast and Bella Coola (Vancouver Coastal) and which remain in effect until noon on November 23 or until they are changed. The PHO reflected on the importance of these measures to, in part, protect the delivery of essential services to residents in these areas.

As you are aware, over the past several months community corrections offices have put in place a set of clear protocols to support the safe delivery of our essential front-line services. It was only when those protocols were in place and reviewed with all staff that we began a very slow and deliberate return to the office, first by limited numbers of staff and then with the clients they supervise. The focus of in-person reporting continues to be for those deemed the highest risk and/or most in need of direct interventions. Although offices are below the maximum capacity established as part of our safe work protocols, it will be important for those in the communities subject to these public health orders to pause any further increase in the current staffing levels; barring significant risk or needs issues indicating otherwise, maintaining client reporting at the current levels for the duration of this order is also appropriate. As our Deputy Ministers outlined in their message, we will continue to support staff to work remotely on those days they are not required to be in the office to provide direct front-line services to clients. Staff continue to have access to an array of technology tools, put in place since the outset of the pandemic, to provide virtual services to their clients that don't require in-person reporting.

All employers have been directed to ensure active in-person screening of employees attending their workplaces is occurring. In the Community Corrections Division staff have been required to check in with their supervisor before coming to the office to confirm that they are feeling well, that they do not have any symptoms of COVID-19 and have not come into contact with someone has been diagnosed with or had a presumptive case of COVID-19. To ensure compliance with the current orders, effective November 12, the Community Corrections Division will be enhancing its active screening protocols in all offices within the two health

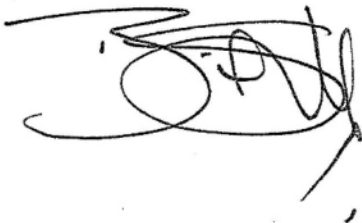
regions subject to these orders. This means that in those offices, local managers will be providing staff with specific direction regarding how enhanced active health screening will be conducted. Prior to arrival **or** immediately upon arriving at the office, staff will be asked four screening questions by a designated person, in most cases a local manager or senior probation officer, before they commence any work or interact with their coworkers. In addition to inquiring about the presence of symptoms and exposure to any diagnosed or presumptive COVID cases, employees will be asked about any travel outside Canada and will also be asked if they are subject to any PHO orders to self-isolate. These measures will remain in effect in these offices until the expiry of these orders. These questions expand on our current screening practices in these two health regions and screening being managed by local managers elsewhere in the province should continue as it has been.

Staff in these offices will be receiving directions from their local managers about how this screening will be managed within their office. There will also be updated signage to ensure staff are reminded about these temporary measures, including identifying appropriate staff entry points to support this enhanced screening.

I recognize that these changes will take a day or two to become habits, but as we have seen throughout this pandemic, the Community Corrections Division has demonstrated great flexibility and adaptability and I'm confident that will be the case with these new measures. Our workplaces remain safe for the delivery of the essential services we provide to help keep British Columbians safe. This is due in large part to our careful adherence to the safety protocols in our division and the way each of us has taken our responsibilities to one another seriously from the first days of this pandemic. I want to thank everyone for continuing to make this a priority and for staff in the offices subject to these new health orders for your support for this temporary enhanced screening.

Your local managers and regional directors have been updated on these measures and remain available to answer any questions about how they will be implemented in your offices.

Thank you

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish extending from the bottom right.

Bill Small
Provincial Director

Page 088 of 106 to/à Page 091 of 106

Withheld pursuant to/removed as

s.13 ; s.16

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
BC CORRECTIONS
INFORMATION BRIEFING NOTE**

PURPOSE: For **INFORMATION** for Mike Farnworth,
Minister of Public Safety and Solicitor General

ISSUE:

The prevalence of mental health and substance use issues among BC Corrections' custody population: change from 2007 to 2017.

SUMMARY:

- To estimate the prevalence of mental health and substance use disorders among BC Corrections' custody population, diagnostic data from the Ministry of Health was linked to BC Corrections data via the Inter-ministry Evaluation Database.
- The research, carried out by Dr. Julian Somers at Simon Fraser University, looked at the proportion of BC Corrections' custody population that had been diagnosed with either a substance use disorder or mental disorder in the five years prior to admission, and further, examined change over time in the prevalence of diagnosed substance use and mental disorders between 2007 and 2017 (Somers et al., 2020).
- Results of this study suggest that as of 2017, 69% of BC Corrections' custody population have been diagnosed with either a mental health or substance use disorder, increasing from 57% in 2007.
- The proportion of the custody population diagnosed with *both* a substance-use disorder and a mental disorder increased by over one third, from 30% in 2007 to 42% in 2017.
- Other shifts in diagnostic prevalence between 2007 and 2017 are as follows:
 - Drug dependence, the most prevalent diagnosis, increased from 31% to 43%.
 - Drug abuse diagnosis increased from 13% to 26%.
 - Anxiety and depressive disorder diagnoses, the top non-substance-related diagnoses, increased from 23% to 33%, and from 26% to 31%, respectively.
 - Schizophrenia and bipolar disorder diagnoses increased from 6% to 12%, and from 10% to 18%, respectively.

BACKGROUND:

- Anecdotally, it has been observed that BC Corrections' custody population has become increasingly more complex, in part due to an increase in the proportion of inmates with mental health and substance use issues.

- A previous analysis reported that 60% of individuals under BC Corrections' supervision, either in custody or community, had been diagnosed with a substance use disorder, a non-substance-related mental disorder, or both (Somers Research Group, 2016).
- Although this earlier study showed that BC Corrections supervises substantial numbers of people with mental health and substance use issues, it did not provide direct evidence to support the notion that the custody population of BC has become more complex because it studied the custody and community population as one population, and it did not quantify the temporal changes in the prevalence.
- This more recent study (2020) analyzed the records of all individuals admitted to BC custody between January 1st, 2007, and December 31st, 2017, including both sentenced and remanded individuals.
- A yearly cohort approach was used to identify the population in each calendar year. Individuals with at least one custody exposure in a year were included in the yearly cohort. People with multiple custody exposures in different calendar years were included in each of the corresponding yearly cohorts.
- The health records of those individuals were investigated to identify any diagnosis made within the five-year period preceding the time of admission.
- This analysis was carried out using the Inter-ministry Evaluation Database (IMED). The database consists of linked de-identified administrative data from the Ministry of Public Safety and Solicitor General (Corrections), Ministry of Health, and the Ministry of Social Development and Poverty Reduction.

INDIGENOUS PEOPLES CONSIDERATIONS:

- N/A- results were not disaggregated by Indigeneity.

OTHER MINISTRIES IMPACTED/CONSULTED:

- The Ministries of Health and Mental Health & Addition were consulted as members of the IMED Steering Committee.

PREPARED BY:

Leigh Greiner, PhD
Director, Research & Strategic Planning
BC Corrections
778-698-8197

APPROVED FEBRUARY 11, 2021 BY:

Lisa Anderson
Assistant Deputy Minister
BC Corrections
778 572-3602

APPROVED FEBRUARY 11, 2021 BY:

Mark Sieben
Deputy Solicitor General

C615322

February 16, 2021

All staff
Community Corrections Division

Re: Community Corrections Occupational Health and Safety Program and Itinerant Working
Group Report

The Community Corrections Occupational Health and Safety (CCOHS) Program was launched in 2017 to strengthen our commitment to occupational health and safety legislation and related authorities. In 2019, the Provincial Occupational Health and Safety Committee undertook a substantive review and update of the CCOHS Program.

Notable improvements to be released on February 18, 2021 include increased support for supervisors and worksites to develop local occupational health and safety programs, direct links to internal and external supports, and the introduction of a local worksite procedures section. Additionally, the Community Corrections Joint Occupational Health and Safety CorrPoint Site has been updated to allow for easy navigation to CCOHS Program resources.

In collaboration with members of their Joint Occupational Health and Safety Committees, local managers are required to transition their current occupational health and safety programs into the new program template by April 30, 2021.

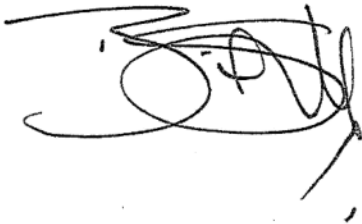
In December 2020, the Itinerant Working Group produced a report which recommends a broad range of improvements to itinerant worksites, including physical security, office design standards, policy, procedure, training, and best practices. These improvements are reflected in the following resources which are now available to support itinerant worksite safety:

- Itinerant Orientation Training Checklist;
- Itinerant Best Practice Guide;
- Itinerant Worksite Checklist; and
- Itinerant Worksite Risk Register.

Chapters 2, 11, and 15 of the Community Corrections Policy Manual will also be updated to reflect the recommendations of the Itinerant Working Group.

Questions relating to the Community Corrections Occupational Health and Safety Program and itinerant worksite resources may be directed to Kyla Wiersma, policy and program analyst, at 236-912-2017 or Kyla.Wiersma@gov.bc.ca.

Thank you in advance for familiarizing yourself with the new CCOHS program and resources to support itinerant worksite safety and thank you to all who participated in creating and updating these valuable resources.

A handwritten signature in black ink, appearing to read 'Bill Small', with a stylized flourish at the end.

Bill Small
Provincial Director

HIGH PRIORITY MEMORANDUM

Date: January 24, 2020
To: Correctional Health Services Staff
From: Infection Control Committee
David Harris, Maureen Sexsmith, Nader Sharifi
Subject: Heightened Surveillance for Identifying Novel Coronavirus

A cluster of respiratory illnesses attributed to a [novel coronavirus](#), named 2019-nCoV, originally identified in Wuhan, China, has now been identified in places outside of Wuhan. The identified cases outside of Wuhan have mainly been linked to travellers from Wuhan.

At this point in time, the risk to the Canadian public is low. While no cases have been confirmed in BC, the [BC Centre for Disease Control \(BCCDC\)](#) and provincial and federal authorities are monitoring the situation very closely.

Travelers who have visited Wuhan within 14 days but who have NO symptoms should be provided with information on signs and symptoms of acute respiratory illness/pneumonia, and advised to notify Correctional Health Services Staff, Canadian Border Services Agency Staff, or BC Corrections Staff if they develop symptoms of acute respiratory illness/pneumonia. These symptoms include, but are not limited to, fever, dry cough, sore throat, and headache.

If CHS, CBSA, or BCC Staff identify a traveller who has visited Wuhan within 14 days, but is in an immigration hold, or is being taken into custody, the staff should monitor closely for acute respiratory illness/pneumonia. The client should be advised to notify CHS, CBSA, or BCC Staff if they develop symptoms of acute respiratory illness/pneumonia.

If an acute respiratory illness/pneumonia develops, staff should place the client in a single-occupancy room as soon as possible and use **droplet** and **contact** precautions (hand hygiene, surgical mask, eye protection, gown, gloves) for all interactions (N95 masks are not routinely recommended). Clients should also be encouraged to wear a surgical mask. Once a client has been identified as having travelled to Wuhan and has an acute respiratory illness/pneumonia, **droplet** and **contact** precautions should be maintained until 2019-nCoV has been ruled out.

It should be emphasized that even amongst travellers returning from Wuhan with respiratory symptoms, the most likely diagnoses are influenza and other common respiratory viruses, which are more common in China at this time of year.

Check the [BCCDC bulletins on emerging respiratory viruses](#) for the most current information and instructions on infection control measures for clients who present with symptoms. BCCDC is providing regular updates and information on the situation.

As more information becomes available, we will continue to share updates with you through BCMHSUS's communications channels.

DATE OF COMPLAINT	DATE RECEIVED	INMATE	CS #	ICF FORM #	ASSIGNED TO	DATE FORWARDED	ISSUE	DATE COMPLETED	RESPONSE BY	SENT INMATE COPY (Y/N)	SCAN AND ATTACH TO CLOG (Y/N)
29-Jan	02-Feb	s.22		280908	Warden	02-Feb	Thinks that him being tested positive for COVID could have been averted.				
24-Jan	26-Jan		282692	N/A	N/A	Feels like covid protocols in facility are not adequate	25-Jan	ADW Seckler	Y	Y	
23-Jan	26-Jan		262049	Warden	26-Jan	Concern about Covid protocols at facility. Same issue as ICF 277293, 262048	29-Jan	Warden Lacroix	Y	Y	
30-Jan	01-Feb		224998	DW Gemmill	02-Feb	Allegedly has his rights violated. Allegedly wrote to nurse several times to see him for pains in his eye and is not being seen.	02-Feb	DW Gemmill	N - EOS	Y	
23-Jan	26-Jan		262048	Warden	26-Jan	Concern about Covid protocols at facility. Same issue as ICF 277293, 262049	29-Jan	DW Uppal	Y	Y	
21-Jan	22-Jan		263076	DW Uppal	22-Jan	Does not agree with having unit locked up because of positive covid case.	22-Jan	ADW Seckler	Y	Y	
20-Jan	26-Jan		277293	Warden	26-Jan	Concern about Covid protocols at facility. Same issue as ICF 262048, 262049	11-Feb	A/ADW Coward	Y	Y	
31-Jan	03-Feb		27528	N/A	N/A	Allegedly covid procedure weren't followed by an officer changing his beddings	02-Feb	A/DW McMahan	Y	Y	
26-Jan	10-Feb		280913	DW Uppal	10-Feb	Would like to know why he was kept on unit (2C)	19-Feb	ADW Easton	Y	Y	
18-Jan	20-Jan		277055	N/A	N/A	Complaint about unsanitary conditions at NFPC	Forwarded to NFPC				
15-Jan	19-Jan		274238	N/A	N/A	Wants to be able to shower	18-Jan	DW Gemmill	Y	Y	

DATE OF COMPLAINT	DATE RECEIVED	INMATE	CS #	ICF FORM #	ASSIGNED TO	DATE FORWARDED	ISSUE	DATE COMPLETED	RESPONSE BY	SENT INMATE COPY (Y/N)	SCAN AND ATTACH TO CLOG (Y/N)
20-Mar	26-Mar	S.22		274713	Warden	26-Mar	was moved from 1D to 2D and allegedly is being moved back. Does not want to be moved back due to COVID-19 (cross-contamination)	26-Mar	Warden Lacroix	Y	Y
05-Mar	17-Mar		282651	DW Programs	12-Mar	Has not received allergy test results. Thinks is allergic to fish.	16-Mar	DW Racette	Y	Y	
21-Mar	26-Mar		274732	Warden	26-Mar	concerned about being moved units during COVID-19 (cross contamination)	26-Mar	Warden Lacroix	Y	Y	
26-Mar	31-Mar		277751	N/A	N/A	Inmate filed a complaint along with multiple other inmates on March 21st regarding moving from 2D back to 1D. Worried about social distancing.	30-Mar	DW Racette	Y	Y	
21-Mar	26-Mar		274722	Warden	26-Mar	concerned about being moved units during COVID-19 (cross contamination)	26-Mar	Warden Lacroix	Y	Y	
29-Mar	02-Apr		281533	N/A	N/A	Complaint about the inmate not getting what he nutritionally need to get.	02-Apr	DW Racette	Y	Y	
23-Mar	25-Mar		239299	N/A	N/A	Complaint that Inmate had numerous conversations with a CS & CO about staff touching his medical respirator. Worried about cross contamination on his meds & respirator.	25-Mar	DW Uppal	Y	Y	
19-Mar	26-Mar		274731	DW Programs	26-Mar	was moved from 1D to 2D and allegedly the unit was very dirty	26-Mar	Warden Lacroix	Y	Y	
01-Apr	02-Apr		253110	N/A	02-Apr	Would like a different cell as the assigned one is allegedly dirty	02-Apr	DW Uppal	Y	Y	
03-Apr	06-Apr		253115	N/A	N/A	Complaint that there are no wheelchair accessible shower nor a shower mat in order for him to have a shower safely.	07-Apr	ADW Lotts / Easton	Y	Y	
02-Apr	06-Apr		253117	N/A	N/A	Inmate insists due to Covid-19 and several distancing measures that any staff entering his cell be required to wear appropriate P.P.E.	04-Apr	DW Gemmill	Y	Y	
24-Apr	27-Apr		262942	Warden	27-Apr	Concerned about CS not wearing PPE at all times and does not feel treated with respect.	05-May	A/DW Juliusson	Y	Y	
21-Apr	30-Apr		263062	DW Racette	30-Apr	would like to wear masks while working	30-Apr	DW Racette	Y	Y	
28-Apr	29-Apr		263064	DW Juliusson	29-Apr	Concerned about new inmate allegedly not having been isolated before being brought onto the unit.	30-Apr	DW Gemmill	Y	Y	
04-Apr	06-Apr		275383	Warden (redirect to Juliusson)	06-Apr	Complaint that the inmate is worried about 2 Delta being turned into a quarantine area for infected inmates. Thinks this is unacceptable.	13-Apr	A/DW Juliusson	Y	Y	
04-Apr	04-Apr		275384	Warden (redirect to Juliusson)	06-Apr	Inmate is concerned that while staff are performing cell frisks/cell inspections they are touching possessions from one cell to another. He has requested staff change gloves every cell.	13-Apr	A/DW Juliusson	Y	Y	
04-Apr	06-Apr		281540	Warden (redirect to Juliusson)	06-Apr	The inmate is worried about 2D being made into an isolation unit and that the ventilation system will allow the virus to filter into 1D.	12-Apr	A/DW Juliusson	Y	Y	
08-Apr	08-Apr		281544	Warden (Redirected to A/DW Juliusson)	08-Apr	Concerned about inmates leaving facility and returning to unit.	14-Apr	A/DW Juliusson	Y	Y	
09-Apr	09-Apr		281547	Warden (Redirected to A/DW Juliusson)	10-Apr	Concerned about not being told about inmate with COVID symptoms attending kitchen unit.	14-Apr	A/DW Juliusson	Y	Y	
08-Apr	04-Apr		281548	Warden (Redirected to A/DW Juliusson)	08-Apr	Concerned about sharing ventilation with a quarantine unit	14-Apr	A/DW Juliusson	Y	Y	
10-Apr	10-Apr		281550	Warden (Redirected to A/DW Juliusson)	10-Apr	Concerned about inmate with COVID symptoms being housed at 1C while waiting for test results	14-Apr	A/DW Juliusson	Y	Y	
27-Apr	07-May		281593	N/A	07-May	Wondering why maintenance workers are not wearing masks	07-May	DW Juliusson	Y	Y	
26-Apr	07-May		281596	N/A	07-May	wondering why he cannot order / get masks	07-May	DW Juliusson	Y	Y	
26-Apr	07-May		281597	N/A	07-May	allegedly officers are not social distancing when doing cell inspections	07-May	DW Juliusson	Y	Y	
06-Apr	09-Apr		282199	Warden (Redirected to A/ADW VanDokkumburg)	11-Apr	Does not agree with No Contact regulation during COVID	16-Apr	DW Uppal	?	Y	
16-Apr	17-Apr		282673	Warden (Redirected to DW Racette)	17-Apr	Healthcare complaints that were not answered and brought up with unit staff which referred it to healthcare. Still no answers or replies.	21-Apr	DW Racette	Y	Y	
06-May	07-May		225458	A/DW Juliusson	07-May	Would like to see more wheel chair accessible showers in center.	07-May	A/DW Juliusson	Y	Y	

10-May	11-May
01-Jun	02-Jun
14-Jun	15-Jun
24-Jul	05-Aug
15-Jul	04-Aug
27-Jul	05-Aug
21-Jul	22-Jul
23-Jul	04-Aug
06-Aug	07-Aug
06-Aug	10-Aug
13-Aug	18-Aug
21-Aug	24-Aug
11-Sep	18-Sep
10-Nov	12-Nov
06-Nov	12-Nov
16-Nov	17-Nov
02-Dec	04-Dec
03-Dec	07-Dec
24-Dec	29-Dec
22-Dec	23-Dec
11-Dec	14-Dec

263226	A/DW Juliusson	11-May	Had a dripping nose during Suboxone wait and allegedly was not allowed to blow his nose.	14-May	A/DW Juliusson	Y	Y
282675	DW Uppal	02-Jun	CO was touching items during cell inspection w/o having changed his gloves in between cells.	02-Jun	DW Uppal	Y	Y
235137	DW Uppal	15-Jun	Allegedly officers were not social distancing and one officer was not wearing gloves during unit search	16-Jun	DW Uppal	Y	Y
262014	N/A	N/A	Unit was in lockdown & we did not receive our medication. After I was physically ill I got my medication but medication. I feel this was an abuse of power and would like this looked at please.	03-Aug	A/DW Juliusson	Y	Y
274211	N/A	N/A	Confined in quarantine for 15 days, swabbed & negative for Covid. Would like to not be in seg.	02-Aug	A/DW Rae	Y	Y
262028	N/A	N/A	Our unit was locked up for an investigation. Nurses came in to give us methadone but were turned away by CS Dalton. We are to be given methadone at a certain time each day. I was sick as I didn't get my methadone till 6pm. This needs to be addressed so it doesn't happen again.	03-Aug	A/DW Juliusson	Y	Y
274557	A/DW Rae	22-Jul	Has COVID concerns about being in an elevator with 8-10 more inmates during movement.	27-Jul	A/DW Rae	Y	Y
275088	N/A	N/A	Told if he goes to court he has to self isolate for 2 weeks. Officers come & go everyday on this unit and they don't have to isolate in seg after I shift, 'why do I'? Why do I not get PPE/Masks?	02-Aug	A/DW Rae	Y	Y
275096	N/A	N/A	Officers not practicing social distancing	07-Aug	DW Gemmill	Y	Y
275091	Warden	10-Aug	Concerned with officers entering cell for cell inspections during COVID	11-Aug	Warden	Y	Y
275092	N/A	N/A	Would like to be allowed to wear PPE. Allegedly filed complaint about that before for which he has not received a response yet.	17-Aug	DW Racette	Y	Y
276162	N/A	N/A	Allegedly has a lump in his neck which is growing in size and causing him problems eating / drink and gives him pain	22-Aug	ADW Juliusson	Y	Y
276169	N/A	N/A	Allegedly has fish allergy and alert has been removed. Subsequently is now receiving fish with his meals.	17-Sep	DW Racette	Y	Y
277278	DW Uppal	12-Nov	C/O ear pain and infection. Claims he is told it is not an urgent matter and wait for appt.	forwarded to Healthcare			
262315	DW Uppal	12-Nov	allegedly unit staff were not wearing gloves during cell inspection	12-Nov	ADW Seckler	Y	Y
262319	DW Uppal	17-Nov	allegedly unit staff were not wearing gloves during cell inspection - same concern as ICF #262315	17-Nov	DW Uppal	Y	Y
263071	DW Uppal	04-Dec	Would like to be able to shower and does not agree to have to ask for water.	08-Dec	DW Uppal	Y	Y
277601	DW Uppal	07-Dec	I/M was not given a means to shower. The shower chair does not work. A bucket is not good enough anymore.	10-Dec	ADW Speiss	Y	Y
263074	DW Uppal	30-Dec	Would like to have access to a shower	31-Dec	ADW Seckler	Y	Y
274591	DW Gemmill	23-Dec	Wants to move his cell but is not allowed because it needs to be covid cleaned	04-Jan	ADW Easton	Y	Y
262337	DW Uppal	14-Dec	Allegedly shower and / or water smells bad.	14-Dec	DW Uppal	Y	Y

Form # or Letter Date	Inmate Name	CS No.	Addressee	Nature of Complaint (ie Food, Staff Conduct, Health Care, Visits etc.)	Date (yy/mm/dd)	Receiving Unit Officer	Reviewing Supervisor	Reviewing Director	Date Resolved (yy/mm/dd)	c-logged by: CO/CS/Other
446845	S.22		Warden	HC - appointment really sick	2020.02.21	Grimason	Grimason	Kristofferson	2020.03.01	sb
310775			Warden	medication issue	2020.03.01	Hothi	Bigham	Kristofferson	2020.03.02	sb
419652			Warden	seeing Psychologist	2020.02.15	Manke	Campbell	Kristofferson	2020.03.04	sb
446792			Programs	sausages for soft diet	2020.03.02	Landsburg	Cassidy	Kristofferson	2020.03.04	sb
419662			Warden	HC-depression	2020.03.02	Landsburg	Cassidy	Kristofferson	2020.03.05	sb
419750			ADW Programs	soft diet	2020.02.28	Lundgren		Magliocchi	2020.03.06	sb
404298			Programs	kosher diet on street no pork here	2020.03.05	Lariviere	Cassidy	Magliocchi	2020.03.09	sb
419596			Programs DW	social distance for virus	2020.03.16	Doak		Kristofferson	2020.03.17	sb
404283			Programs	unit number too high -social distance	2020.03.17	Anastasio		Kristofferson	2020.03.20	sb
325054			ADW	why new i/m from street not quarantine	2020.03.22	Marino	Milne	Kristofferson	2020.03.23	sb
420163			CS Ops	special diet	2020.03.19	Gosse	Lundgren	Magliocchi	2020.03.27	sb
420200			CS Ops	COVID-19 see ICF# 446551	2020.03.27	Phipps	Coldwell	Kristofferson	2020.04.01	sb
446551			CS Ops	PPE not supplied s/b checking all staff	2020.03.27	Phipps	Coldwell	Kristofferson	2020.04.01	sb
419629			Warden	social distance for virus-officers trained	2020.03.26	Jack	Smith	Carnovale	2020.04.01	sb
417405			Programs	HC won't provide seysodyne toothpaste	2020.03.28	Williamson	Bigham	Kristofferson	2020.04.01	sb
417407			Warden	screen staff daily for covid-19	2020.04.02	Branch	Grant	Kristofferson	2020.04.02	sb
446554			ADW	kitchen run during COVID-19	2020.04.01	Nohels	Hines	Kristofferson	2020.04.03	sb
417420			Programs	not safe going to HC	2020.04.05	Cheeseborough	Watson	Magliocchi	2020.04.06	sb
417411			ADW Programs	suboxone social distancing	2020.04.05	Cheeseborough	Watson	Magliocchi	2020.04.06	sb
417421			ADW	unit numbers for social distancing	2020.04.05	Cheeseborough	Watson	Magliocchi	2020.04.06	sb
417419			Warden	attending HC for suboxone	2020.04.05	Cheeseborough	Watson	Magliocchi	2020.04.06	sb
417413			Warden	suboxone on unit not HC	2020.04.05	Cheeseborough	Watson	Magliocchi	2020.04.06	sb
419645			McIntosh	inmate wants staff to wear gloves	2020.04.05	Shea	German	Lumley	2020.04.08	sb
417422			Programs	med. Cut off -plan of care decided upon	2020.04.06	McMillian	Bigham	Kristofferson	2020.04.08	sb
325055			Programs	kosher diet	2020.04.10	Anastario	Lundgren	Kristofferson	2020.04.14	sb
420183			Programs	no onion diet	2020.04.14	von Pander	Speed	Kristofferson	2020.04.17	sb
445421/22				inmates have right to fast	2020.04.12	Hothi	Marrington	Kristofferson	2020.04.17	sb
445417			Programs	HC Staff	2020.04.23	Minichiello	Elias	Carnovale	2020.04.27	sb
417435			Programs	HC sprained ankle	2020.04.24	Cheeseborough	Lundgren	Kristofferson	2020.04.27	sb
420115			Warden	Hala diet	2020.04.25	Espinosa	Speed	Magliocchi	2020.05.01	sb
445301			ADW	HC - confidentiality	2020.04.28	Werstuik	Elias	Kristofferson	2020.05.05	sb
445304			Programs	H/C privacy interviews	2020.05.05	Werstuik	Speed	Kristofferson	2020.05.08	sb
445321			Warden	HC records stolen not returned	2020.05.01	Doak	Elias	Kristofferson	2020.05.08	sb
445323			Warden	HC records stolen not returned	2020.05.03	Doak	Elias	Kristofferson	2020.05.08	sb
445324			Programs	denied prescription glasses	2020.05.05	Werstuik	Lundgren	Lumley	2020.05.13	sb
445326			Warden	healthcare directive	2020.05.12	Vinning	Speed	Lumley	2020.05.15	kjn
417445			Programs	foot checked can't move it	2020.05.13	Phipps	Bigham	Kristofferson	2020.05.22	sb
311156			Programs	foot injury	2020.05.15	Phipps	Bigham	Kristofferson	2020.05.22	sb
446577			Warden/HC	DNR form	2020.05.27	von Pander	Lundgren	Kristofferson	2020.05.29	sb
445438			ADW	sick- head ache, sore throat	2020.05.30	McLean	Mainville	Lumley	2020.06.01	sb
419762			CCM-DW	inmate HC/meals/ at jepordized	2020.06.09	Vinning	Dubois	Carnovale	2020.06.12	sb
404302			ADW Programs	hala diet vegetarian salami	2020.06.15	Landsburg	Speed	Magliocchi	2020.06.18	sb
313278			DW Programs	Hala diet	2020.06.24	Anastasio	Speed	Kristofferson	2020.06.29	sb
420134			Warden	back/knee pain improper foot wear	2020.06.22	Kazuki	Speed	Kristofferson	2020.06.29	sb
446595			Programs	kosher diet	2020.06.29	Benoit	Lundgren	Kristofferson	2020.06.30	sb
446596			ADW/Warden	laundry soap -sensitive skin	2020.07.03	Howes	Grimason	Kristofferson	2020.07.06	sb
419799			Programs	intolerance to food	2020.07.08	Darbyson	Cassidy	Magliocchi	2020.07.13	sb
445340			CCM CS	HC suppose to be in gym	2020.07.10	Jack	Elias	Tiessen	2020.07.15	sb
446597			Programs	options for kosher meals	2020.07.13	Merrick	Cassidy	Magliocchi	2020.07.16	sb
310827			Warden	poor medical service	2020.08.01	Brown	Smith	Kristofferson	2020.08.07	sb
310836			SCO/Warden	PPE mask concerns	2020.08.16	Jack	Marrington	Tiessen	2020.08.24	sl
446169			ADW/Programs	requesting why his ortho shoes returned	2020.08.22	Schnider	Lundgren	Magliocchi	2020.08.26	sl

446520 s.22

446520	CS Programs	unhappy with the Kosher rotation	2020.09.02	Ganton	Lundgren	Kristofferson	2020.09.09	sl
416937	Warden	concerns with diabetes/hypoglycemia	2020.09.08	Hardy	Lundgren	Kristofferson	2020.09.09	sl
325068	Warden	complaint about his Halal meal	2020.09.15	Stankovich	Robertson	Kristofferson	2020.09.16	sl
325122	DW Programs	concerned no mask when went to RIH	2020.09.15	Doak	Van Damme	Kristofferson	2020.09.17	sl
447063	Warden	knee injury - shoes frisked	2020.10.19	Doyle	Grant	Kaban	2020.10.20	sb
419857	Warden	approved for compression socks	2020.10.17	Nohels	Schwitek	Kaban	2020.10.21	sb
415945	DW	why on self harm protocols	2020.11.09	Podruzny	Lundgren	Kristofferson	2020.11.13	sb
325132	ADW/HC	Sleep log pattern not logged properly	2020.11.29	Benoit	Marrington	Tiessen	2020.12.02	kc
445778	CS Ops	COVID-19 concerns	2021.01.18	Podruzny	Schwitek	Kaban	2021.01.26	cm

DATE OF COMPLAINT	DATE REC'D COMPLAINT	CS #	FORM #	ASSIGNED TO	ISSUE TYPE	ISSUE	DATE COMPLETED	BY:
2020-03-01	2020-03-04	S.22	341441	DW Steele	Work	I/M believes he has missed his raises	2020-03-05	DW Steele
2020-03-01	2020-03-02		356942	A/DW Ellis	Health	I/M requesting new protocols for effects of sanctioned inmates	2020-03-04	A/DW Ellis
2020-03-03	2020-03-04		356494	DW Steele	Work	I/M has not been paid hours worked	2020-03-05	DW Steele
2020-03-04	2020-03-06		405186	DW Steele	Work	Feels he is not paid full wages for his job.	2020-03-06	DW Steele
2020-03-05	2020-03-06		416223	DW Lewis	Work	Upset cell was dirty when assigned a cell.	2020-03-06	DW Lewis
2020-03-06	2020-03-09		429918	A/DW Ellis	Health	His meds have been cut off and he needs them for pain	2020-03-12	A/DW Ellis
2020-03-10	2020-03-13		356506	DW Steele	Work	Not pleased with integration of protective custody in wood shop and losing his job after not signing waiver	2020-03-12	DW Steele
2020-03-12	2020-03-16		356923, 416682	DW Lewis	Health	would like sectioned inmates have their own unit x2	2020-03-16	DW Lewis
2020-03-15	2020-03-16		429923, 429924	DW Steele	Health	upset that he keeps getting allergic reactions	2020-03-15	DW Steele
2020-03-17	2020-03-24		354922	DW Steele	Work	I/M would like to become the laundry worker and was not happy when someone got the job ahead of her just because they were a spare	2020-03-24	DW Steele
2020-03-17	2020-03-18		356585	A/DW Ellis	Health	I/M was not able to get o health care due through wearing sandals	2020-03-20	A/DW Ellis
2020-03-19	2020-03-18		357051	DW Steele	Work	Displeased with integration of PC with GP and would like to work in other areas on the days that they are in the shops	2020-03-23	DW Steele
2020-03-19	2020-03-19		341422	A/DW Ellis	Health	Would like a mask to wear to help protect from Covid 19	2020-03-24	DW Steele
2020-03-21	2020-03-24		356924	A/DW Ellis	Health	Would like to have his Meds adjusted as he isn't feeling anxious, having outbursts and is feeling unsafe around other and self	2020-03-24	DW Steele
2020-03-23	2020-03-24		429931	A/DW Ellis	Health	I/M would like COs to use their own sink not the ones that the I/M use	2020-03-24	DW Steele
2020-03-28	2020-03-30		341449	DW Steele	Work	Feels he didn't get his pay	2020-04-01	DW Steele
2020-03-29	2020-03-30		429933	DW Steele	Health	Would like to be able to get more cardio and be more active, and units are too small	2020-04-01	DW Steele
2020-03-29	2020-03-30		429934	DW Steele	Health	Upset with Healthcare and waiting to see Dr.	2020-03-31	DW Steele
2020-03-27	2020-03-30		356492	DW Lewis	Health	CPAP Machine	2020-03-30	DW Lewis
2020-03-28	2020-03-30		341447	DW Lewis	Health	Concerned for their health and safety and think their lives are being at risk with Covid 19. Feels should be let out of prison	2020-04-06	DW Lewis
2020-03-29	2020-03-30		341451	A/DW Ellis	Health	I/M believes it unacceptable for person to be temporarily placed on unit then moved to seg. The new inmate told him he was exposed to Covid	2020-04-01	A/DW Ellis
2020-03-31	2020-04-01		429938	DW Steele	Work	was paid as a spare and not as a worker and is looking for compensations for the mess up	2020-04-03	DW Steele
2020-03-31	2020-04-01		429939	DW Steele	Work	Is looking for compensation for pay misses	2020-04-03	DW Steele
2020-03-17	2020-04-01		354922	DW Steele	Work	I/M would like to become the laundry worker and was not happy when someone got the job ahead of her just because they were a spare	2020-03-24	DW Steele
2020-03-29	2020-04-01		373954	DW Lewis	Health	I/M displeased with being taken off medical observation	2020-04-06	DW Lewis
2020-03-27	2020-04-02		429932	DW Steele	Work	Is looking for compensation for pay misses	2020-04-06	DW Steele
2020-04-02	2020-04-03		356583	DW Steele	Health	Upset about Covid -19 in Jail, and doesn't think staff aren't protecting them from it.	2020-04-06	DW Steele
2020-04-05	2020-04-06		416221, SR 104778	DW Lewis	Health	Group of I/Ms on AW unit are unhappy with the hygiene efforts from another particular inmate	2020-04-09	DW Lewis
2020-04-04	2020-04-06		356996	DW Steele	Health	would like to be using hand sanitizer that is not expired	2020-04-07	DW Lewis
2020-04-03	2020-04-06		356581	DW Lewis	Health	I/M is unit Rep and the I/M in the unit would like to see the COs social distancing more often and not "hanging out" in groups of 4-5 people	2020-04-07	DW Lewis
2020-04-01	2020-04-06		356998	DW Steele	Health	I/M was under medical Observation for a 24 hours and in that time was not permitted to see Health care professionals	2020-04-20	DW Steele
2020-04-05	2020-04-07		373963	A/DW Ellis	Health	I/M is displeased with how SEG is doing their medication rounds	2020-04-09	A/DW Ellis
2020-04-06	2020-04-07		356532	A/DW Ellis	Health	IM was woken up for his meds and was not happy by the manor he was awoken	2020-04-09	A/DW Ellis
2020-04-02	2020-04-08		356480	DW Steele	Health	I/M is putting in a second request for a CPAP machine and will be filing a legal suit for not providing (First Complaint # 356492)	2020-04-08	DW Steele
2020-04-12	2020-04-14		341498	DW Lewis	Health	I/M wanted us to be aware that being locked up is causing him pain/damage in his legs	2020-04-14	DW Lewis
2020-04-09 - 11	2020-04-14		405459 405460 405461 405468 405469 356533	DW Steele	Health	Feels he is being held under an unlawful title; Feels that he should not be sectioned; Phone is not recognizing his voice; Feels separate condiment notice is unlawful;	2020-04-17	DW Steele
2020-04-11	2020-04-15		405462	DW Steele	Health	Would like to have a nail file and not have to wait , as he believes it's a health and safety concern	2020-04-16	DW Steele
2020-04-15	2020-04-16		344580	DW Steele	Health	Would like some more attention from health care	2020-04-16	DW Steele
2020-04-15	2020-04-17		344691	DW Steele	Work	Feels he should be atop tier cleaner and May 1 should be getting a raise and staff is	2020-04-17	DW Steele
2020-04-18	2020-04-20		341492, 341481, 341415, SR 103128, 341492	DW Lewis	Health	Wearing masks , Covid, Isn't pleased with CO responses to requests, Feels a CO has symptoms , even though CO says its allergies	2020-04-20	DW Lewis
2020-04-22	2020-04-24		344656	DW Steele	Work	Feels hasn't been treated fairly by staff and wants higher pay as he feel he has been passed over for raise.	2020-04-24	DW Steele
2020-04-26	2020-04-27		341419	DW Steele	Health	Upset that HC appointment was cancelled for behaviour. Does not think it's fair.	2020-04-27	DW Lewis
2020-04-24	2020-04-27		317416317417	DW Steele	Work	Upset about cleanliness of cells. Wants a job to clean them.	2020-04-27	DW Steele
2020-04-21	2020-04-27		318526	A/DW Ellis	Health	Upset staff do not appear to be changing gloves during cell inspections. Covid related.	2020-04-27	A/DW Ellis
2020-04-29	2020-05-01		344658	DW Steele	Work	Upset that being first up on the work list, and the job was given to someone else.	2020-05-01	DW Steele
2020-05-03	2020-05-04		318527,318528, 317524	A/DW Ellis	Health	I/M displeased with being kept in isolation longer than 14 days. He is also feeling like the Cos are not treating his with respect	2020-05-13	A/DW Ellis
2020-05-01	2020-05-04		406323	DW Steele	Health	I/M has been woken up for morning meds by mistake	2020-05-04	DW Steele
2020-05-26	2020-05-26		418928	DW Steele	Health	I/M got sick after eating moldy bread	2020-05-29	DW Steele
2020-05-25	2020-05-26		418931	DW Steele	Health	I/M got sick after eating moldy bread	2020-05-29	DW Steele
2020-05-25	2020-05-27		418933	DW Steele	Health	Feels nauseous, feels his food is undercooked and moldy.	2020-05-28	DW Steele
2020-05-26	2020-05-28		361061	DW Steele	Work	Concerned about not getting paid for his job.	2020-05-28	DW Steele
2020-05-27	2020-05-28		lined paper	DW Lewis	Health	Concerned about how isolation is run for Covid-19 in this centre	2020-05-29	DW Lewis
2020-05-28	2020-05-29		343792	A/DW Ellis	Health	Upset that Staff would not allow her to go out of her cell when her EHT was cancelled	2020-05-29	DW Steele
2020-05-29	2020-06-01		418903	A/DW Ellis	Health	I/M believes that unnamed staff was being confrontational with him at morning meds	2020-06-08	DE Steele
2020-05-29	2020-06-03		418902	DW Steele	Health	Would like access to law library and variety of medical book and operating in corrections.	2020-06-09	DW Steele
2020-05-29	2020-06-04		406336	DW Steele	Work	Feels he didn't get paid for 3 days work.	2020-06-05	DW Steele
2020-06-08	2020-06-10		339757	A/DW Ellis	Health	Feels that Staff did not talk to HC about Dinner meds as HC staff said he didn't. The stress of this is causing out bursts.	2020-06-17	A/ DW Ellis
2020-06-10	2020-06-12		316049	DW Steele	Health	Upset that has to be in isolation after going to court	2020-06-15	DW Steele

2020-06-10	2020-06-12	316045 & 316007	Warden	Health	Wants explanation on why bail isn't paid and why not getting Covid - 19 payment from govt	2020-06-15	Warden Rempel
2020-06-13	2020-06-15	343604	DW Lewis	Health	I/M feels like her COVID-19 droplet & isolation protocols are too long. Feels discriminated against	2020-06-15	DW Lewis
2020-06-12	2020-06-15	419052	DW Lewis	Health	I/M feels that his 14 day COVID-19 isolation should be done	2020-06-16	DW Lewis
2020-06-11	2020-06-15	339761	DW Steele	Work	I/M feels that a staff member is tracking his work hours incorrectly. A.K.	2020-06-15	DW Steele
2020-06-13	2020-06-15	316047	DW Steele	Health	I/M having trouble ordering reading glasses	2020-07-16	DW Steele
2020-06-10	2020-06-15	Written Letter	DW Steele	Work	I/M feels that a staff member is discriminating against him, therefore not allowing him a job. S.F.	2020-06-22	DW Steele
2020-06-15	2020-06-17	316038	DW Lewis	Health	I/M is concerned about the new procedure when people are going out to court and believe that there are other ways that would be more likely to bring Covid into t	2020-06-19	DW Lewis
2020-06-17	2020-06-19	430125	DW Lewis	Health	Upset couldn't get a shower for 4 days due to Covid-19 protocol	2020-06-25	DW Lewis
2020-06-27	2020-06-29	406338	DW Steele	Work	needs bigger clear gloves for work	2020-06-30	DW Steele
2020-06-28	2020-06-30	418945, 356703, 356702, 356704	DW Steele	Health	cell is too hot; did not receive the required amount of yard EHT time; complaint about being moved to a different cell as punishment; complaint that his genitals can	2020-07-06	DW Lewis
2020-06-28	2020-06-30	356719	DW Steele	Work	Was shorted pay from job	2020-06-30	DW Steele
2020-07-06	2020-07-09	316052	DW Steele	Health	Feels the vents in the gym should be cleaned to create better airflow.	DW Steele	44022
2020-07-09	2020-07-10	361078	DW Steele	Work	Would like to get a job in the wood shop because h was fired from his previous job for something that was proven to be untrue	2020-07-21	DW Steele
2020-07-06	2020-07-10	430135	DW Steele	Work	I/m Would like to have job. Others have multiple jobs and he doesn't have any	2020-07-10	DW Steele
2020-07-10	2020-07-14	406340	DW Steele	Health	I/M would like to be taken off of morning Meds.	2020-07-14	DW Lewis
undated	2020-07-17	356729	DW Steele	Health	Feels lack of yard time is affecting his health.	2020-07-21	DW Steele
2020-07-27	2020-07-28	344356	DW Steele	Health	Missed out on dessert at dinner because didn't get substitute due to being allergic to pineapple.	2020-07-28	DW Steele
2020-07-25	2020-07-29	344696	DW Steele	Health	Feels even though he is prescribed sleeping meds, he hasn't gotten them. Upset with HC	2020-07-29	DW Steele
2020-07-31	2020-08-19	418934	A/DW Ellis	Work	I/M feels that he is being treated differently than other inmates. He wants his job back. No staff named	2020-08-21	A/DW Ellis
2020-07-31	2020-08-19	344366	DW Steele	Work	I/M feels he is missing pay for 5 days of work	2020-08-19	DW Steele
2020-08-07	2020-08-10	418937	DW Steele	Health	I/M has not received response from HC related request	2020-08-10	DW Steele
2020-08-10	2020-08-11	317539,405500	A/DW Ellis.DW Lewis		Not happy that (JW) a staff member is "sweeping me under the rug" to talk to his bank, and upset that has to be isolated when someone has been swabbed for covi	2020-08-14	DW LewisA/DW Ellis
2020-08-06	2020-08-11	356550	DW Steele	Work	Upset he was fired from his job, for swearing at officers HJ & Ban) would like pay form time fired to present	2020-08-19	DW Steele
2020-08-11	2020-08-12	344319	DW Steele	Work	Upset that he was fired from his job. Feels has false c-log from JH.	2020-08-19	DW Steele
2020-08-12	2020-08-13	356714	DW Steele	Health	Upset that a nurse accused him of cheeking his meds	2020-08-13	DW Steele
2020-08-15	2020-08-17	418936	DW Lewis	Health	Upset that his covid mask was "stolen" by Staff (SK) from cell.	2020-08-18	DW Lewis
2020-08-11	2020-08-18	416311	DW Steele	Work	Upset that job got taken away by staff (JN)	2020-08-18	DW Steele
2020-08-13	2020-08-18	361091	DW Steele	Work	Feels he was shortened pay for 2 weeks.	2020-08-20	DW Steele
2020-08-14	2020-08-19	344360	DW Steele	Work	Referring to SR 109304, upset that tail shop work projects are being confiscated	2020-08-19	DW Steele
2020-08-14	2020-08-19	356715	DW Lewis	Health	Feels there were lack of masks on staff in the Covid outbreak, and felt intimidated in the hearing room.	2020-08-25	DW Lewis
2020-08-17	2020-08-19	419066	DW Lewis	Health	Wants to have a say in his classification due to sec 17 for possible covid exposure. Feels we aren't giving him what he is entitled to. Ex: extra pillow, fresh air, lawye	2020-08-24	DW Lewis
2020-08-05	2020-08-19	317543	DW Steele	Work	I/M upset that he does not have a job and he feels that others are doing a poor job	2020-08-19	DW Steele
2020-08-20	2020-08-24	373551	DW Lewis	Health	I/M is not happy with OCC is dealing with the COVID outbreak. Please note we only received the pink sheet. We are missing the white sheet and the noted attached	2020-08-27	DW Lewis
2020-08-25	2020-08-26	419083	DW Lewis	Health	Offender has never been in SEG and would like reconsideration due to medical conditions PTSD and intergenerational trauma	2020-08-27	DW Lewis
2020-08-26	2020-08-27	419087	DW Lewis	Health	I/M wants to know why CS was not wearing a mask. (Covid related) RE: SC	2020-08-28	DW Lewis
2020-09-05	2020-09-08	316064	DW Steele	Health	Multiple HC requests - special diet - Metis identification - complaint against staff H.H.	2020-09-08	DW Steele
2020-09-07	2020-09-09	hand written	DW Lewis	Health	Refuses to sign mental health placement waiver to be move units, feels this is not necessary	2020-09-09	DW Lewis
2020-09-05	2020-09-09	316098	DW Steele	Work	Would like to be in work program and feels his punishment in discip is not fair	2020-09-15	DW Lewis
2020-09-04	2020-09-09	356205	DW Steele	Work	Did not get paid for week that he worked as a spare, there for can not get canteen	2020-09-09	DW Steele
2020-09-07	2020-09-09	316092	DW Steele	Health	Wants his street shoes due to foot pain.	2020-09-08	DW Steele
2020-09-08	2020-09-09	356206	A/DW Ellis	Health	Finds it hard to sleep with excessive noise all night	2020-09-14	DW Ellis
2020-09-09 - 13	2020-09-14	339795, 419091, 356208	DW LewisA/DW Ellis	Health	Upset that biometrics will be used for meds due to Covid concerns, Upset about separate confinement and changing units, upset that cant get DVMS footage and re	2020-09-14	DW Lewis
2020-09-12	2020-09-14	339796	DW Lewis	Health	Does not want to use finger scanner due to covid -19 concerns	2020-09-15	DW Lewis
2020-09-12	2020-09-15	316089	A/DW Ellis	Health	Upset that staff (EK) was in his cell without him present and feels there is health concerns for contamination	2020-09-15	A/DW Ellis
2020-09-15	2020-09-16	416214	DW Steele	Health	HC complaint. Looking for prescription for eye glasses	2020-09-18	DW Steele
undated	2020-09-17	419094	DW Steele	Work	Upset that cleaner cleaned cell and that threw out papers	2020-09-17	DW Steele
2020-09-19	2020-09-21	419093	DW Lewis	Health	Issue with officer (MK), wants COVID TA and mentions non-specific incident in Records.	2020-09-29	DW Lewis
2020-09-17	2020-09-21	317547	A/DW Ellis	Work	Wants to be on a working unit	2020-09-28	A/DW Ellis
2020-09-22	2020-09-24	316155	DW Steele	Work	Upset about being put on the first pay level after getting charged for his job, want to go back to max pay	2020-09-25	DW Steele
2020-09-24	2020-09-25	342905	DW Steele	Health	Feels has been cut off medication without any reason. And does not want to be on Separate confinement	2020-09-25	DW Steele
2020-09-26	2020-09-28	110705	DW Lewis	Health	Complaint written on a SR. Complaint re HC nurse & officer denying him medication. J.B.	2020-09-29	DW Lewis
2020-09-24	2020-09-28	316158	DW Steele	Work	Upset that another I/M was given the job that he requested.	2020-10-06	DW Steele
19 & 20-Oct	2020-10-27	356230 341562	A/DW Mountstephen	Health	Wants a photo of his injury taken by HC; Missing his birth certificate after cell search	2020-10-30	A/DW Mounstephen
2020-10-26	2020-10-27	405808	DW Steele	Work	I/M upset that he was not paid for 11 days of work.	2020-10-27	DW Steele
2020-10-24	2020-10-28	316218	DW Steele	Work	Feels wasn't paid for whole amount of pay from working.	2020-10-29	DW Steele
2020-10-26	2020-10-29	316217	DW Steele	Work	Feels CS(SF) did not hire him for a job he has done before. Feels CS (DD) should be placing him	2020-10-29	DW Steele
2020-10-19	2020-10-20	430144	DW Steele	Health	His tuna casserole was past date and he got sick.	2020-10-21	DW Steele
2020-10-18	2020-10-19	316156	DW Steele	Health	Upset that he was woken up for medicine and had to show his card. Feels staff could be more respectful at 6:45 am. No staff named	2020-10-19	DW Steele
2020-10-23	2020-10-26	316163	DW Steele	Health	Question about how visits will run during covid	2020-10-26	DW Steele

2020-10-30	2020-11-02	s.22	316167	Steele	Health	Does not want to stay on induction unit as part of court return covid protocols	2020-11-02	DW Steele
2020-10-12	2020-10-13		418455	DW Steele	Health	Staff has been reading medical forms and also he doesn't like how the staff are talking to him while on isolation	2020-10-14	DW Steele
2020-10-11	2020-10-13		416613	DW Steele	Health	Would like to know more information about Covid from the nurses. Believes that the respect that he is getting is slowing killing him	2020-10-14	DW Steele
2020-10-26	2020-10-29		316219	DW Steele	Work	Would like a job and feels CS (SF) isn't filling it on purpose.	2020-10-29	DW Steele
2020-10-21			316175	DW Steele	Work	Missing pay	2020-10-23	DW Steele
2020-11-22	2020-11-24		430111	DW Steele	Health	Did not get a chocolate bar after flu shot	2020-11-24	DW Lewis
2020-11-02	2020-11-03		356739	DW Steele	Health	Would like a pair of glasses	2020-11-18	DW Steele
2020-11-06	2020-11-10		430117	DW Steele	Work	Upset about not being able to work in the wood working shop	2020-11-10	DW Steele
2020-11-17	2020-11-18		316177	DW Steele	Health	I/M upset with a staff member doing med check and writing up a negative c-log. E.K.	2020-11-27	DW Steele
2020-11-06	2020-11-10		430147	DW Steele	Work	Upset about not being able to work in the wood working shop	2020-11-10	DW Steele
2020-11-24	2020-11-25		416316	DW Steele	Health	Is not getting enough food and was getting water from toilet bowl	2020-11-27	DW Steele
2020-11-10	2020-11-16		418965	DW Steele	Work	Wants to review why he was fired from laundry job.	2020-11-16	DW Steele
2020-11-09	2020-11-12		356985	DW Steele	Health	Feels didn't get new clothes and bedding as his medical condition stipulates when he got admitted.	2020-11-13	DW Steele
2020-11-05	2020-11-09		356655	DW Steele	Health	Feels he hasn't been able to see health care for 2 days, has infected thumb	2020-11-10	DW Steele
2020-11-15	2020-11-19		342920	DW Steele	Work	I/M feels that the EP50 is being used too quickly on the unit. Would like covers put back on	2020-11-27	DW Steele
2020-11-23	2020-11-26		341583	DW Steele	Health	Upset that healthcare did not give him suboxone and we sick for 5 days	2020-11-26	DW Steele
2020-11-25	2020-11-27		341588	DW Steele	Work	Upset that he did not get the job he requested	2020-11-27	DW Steele
2020-11-08	2020-11-10		341574	DW Steele	Work	Upset that supervisor (SF) wiped his name off the board to work	2020-11-13	DW Steele
2020-11-10	2020-11-16		341569	DW Steele	Work	Does not understand why he was removed from a unit cleaner job.	2020-11-16	DW Steele
2020-10-04	2020-12-08		341575	A/DW Coburn	Health	Would like glasses	2020-12-10	A/DW Coburn
2020-12-31	2020-12-31		407105	A/DW Urbanski	Health	Not Sleeping would like med increase	2021-01-02	A/DW Urbanski
2020-12-07	2020-12-09		356207	A/DW Urbanski	Health	Eye Glasses wanted	2020-12-17	DW Steele
2020-12-08	2020-12-09		416245	A/DW Urbanski	Health	Would like to see Doc about medical issued	2020-12-09	A/DW Urbanski
2020-12-16	2020-12-17		Written Letter	A/DW Urbanski	Health	Would like to talk with Warden about medical Issues	2020-12-21	A/DW Urbanski
2021-12-31	2021-01-04		416225	A/DW Urbanski	Health	Sunglasses	2021-01-05	A/DW Urbanski
2020-12-30	2020-12-31		416247, 416224, 416243	A/DW Urbanski	Health	Wants Sunglasses. Thinks the staff is playing games with him	2021-12-31	A/DW Urbanski
2020-12-26	2020-12-29		416328	DW Steele	Health	Does not understand why she is in induction isolation	2020-12-30	A/DW Urbanski
2020-12-14	2020-12-21		418960	A/DW Urbanski	Work	Feels off unit worker should get insoles in shoes	2020-12-22	A/DW Urbanski
2020-12-20	2020-12-24		339771339779	A/DW Coburn	Health	Would like Cardio machines in Gym. Would like to know why Toilet cut him.	2020-12-24	A/DW Coburn
2020-12-15	2020-12-18		341512	A/DW Urbanski	Health	Would like to have commercial clippers for the inmates to use because the one that is provided is not sanitary	2020-12-21	A/DW Urbanski
2020-12-20	2020-12-21		430062	A/DW Coburn	Health	Feels staff (TH) didn't wake him for his meds	2020-12-24	A/DW Coburn
2021-01-28	2021-02-01		341517	A/DW Urbanski	Work	Would like the mops washed separate of rags	2021-02-02	A/DW Urbanski
2021-01-18	2021-01-19		345101	A/DW Urbanski	Work	Would like to have more condiments and sugar packs	2021-01-21	A/DW Urbanski
2021-01-18	2021-01-20		430057	A/DW Urbanski	Work	Meal Cart worker is giving out more soup to others	2021-01-21	A/DW Urbanski
2021-01-08	2021-01-18		344901	A/DW Urbanski	Work	Feels he is doing more than his job	2021-01-18	A/DW urb: 1
2021-01-09	2021-12-13		405813, 405811	A/DW Urbanski	Work	Believes that unit is not clean, Would like copy of CARs	2021-01-13	A/DW Urbanski
2021-01-11	2021-12-13		406288	A/DW Urbanski	Work	Has ideas on how to improve recycling	2021-01-13	A/DW Urbanski
2021-01-14	2021-01-19		405812	A/DW Urbanski	Work	Would like to know why rate will not increase after 11 Months of work	2021-01-13	A/DW Urbanski
	2021-02-01		429978	A/DW Ellis	Health	Feels should have been informed of covid 19 in unit earlier, feels not all officers do a good job providing hot water for tea		
2021-01-06	2021-01-11		344674	DW Steele	Health	Inmate would like to be place into another unit and would like explanation why he cant be moved	2021-01-12	DW Steele
2021-01-18	2021-01-18		358025	DW Steele	Health	Unhappy with SIP Schedule	2021-01-18	DW Steele
2021-01-07	2021-02-18		416238	DW Steele	Work	Would like to be paid for work	2021-02-19	DW Steele

Prince George Regional Correctional Centre

COVID complaints within the time period stipulated is **18**:

Health Related

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Labour Related

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B) Health care Complaints involving prisoners and prison staff						
Complaint Date		Complaint #	Inmate	CS #		Nature of Complaint
17-Mar-20		428075	s.22			No hand sanitizers and wipes
20-Mar-20		427957				CO Lozoway asked for inmate to remove mask that was given to him
2-Apr-20		428096				Too many people in medication line up and no masks provided
2-Apr-20		427232				Too many people in medication line, methadone and suboxone should be separate
8-Apr-20		424245				CO Tello raised his face shield
27-Apr-20		424240				Inmate's life at risk due to movement and constant isolating units
21-May-20		427240				Co barker not wearing ppe
3-Jul-20		425765				Officers not wearing masks when coming close to inmate.
3-Jul-20		425765				CO not wearing mask
1-Sep-20		425543				Wants to be able to wear a mask.
1-Oct-20		426090				Was locked down and isolated because inmate had a stomach ache
8-Nov-20		426056				Concerned about Covid. Wants to wear a mask
10-Nov-20		425986				Covid measures are a joke
8-Nov-20		426044				Inmate is not allowed to wear a mask`
8-Nov-20		426045				Would like a mask
16-Nov-20		425857				Would like the Covid19 Protocols to ease
25-Nov-20		426104				VIRCC is not following Covid19 protocols
13-Nov-20		421085				Inmate claims unfair treatment durin covid19