

# ADULT CUSTODY DIVISION PROVINCIAL RISK ASSESSMENT REGARDING OFFICER SAFETY IN LIGHT OF COVID-19

## Introduction

On March 31, 2020, a provincial risk assessment was initiated with regard to officer health and safety in light of the COVID-19 pandemic. COVID-19 presents a significant potential risk to officers working in correctional centres, through physical proximity to colleagues, Correctional Health Services (CHS) staff, contractors and inmates.

While the mandate regarding physical distancing from the Provincial Health Officer (PHO) is clear for community settings (requiring the general public to remain two metres apart from one another), the PHO has also stated that there are instances in the designated essential services sector where this will not be possible. British Columbia correctional centres have been designated as an essential service and physical distancing is challenging and/or not attainable throughout the course of an officer's regular daily duties.

On behalf of the Adult Custody Division, the following individuals were assigned to complete the risk assessment, for presentation to Teri DuTemple, Warden and Chair of the Workplace Safety Committee on or before April 15, 2020:

- Kristina Hayes, KRCC; Employee representative
- Brandon Cox, FRCC; Employee representative
- Brian Campbell, BCGEU; Employee representative
- Ben Atkinson, NFPC; Employer representative
- Lyall Boswell, SPSC; Employer representative

## Purpose

The purpose of the terms of reference is to define the responsibilities of the joint committee in reviewing and assessing the risk to correctional officers performing their duties within a correctional environment during the COVID-19 pandemic.

## Responsibilities

The joint committee was tasked to conduct a review and assess the risk to correctional officers performing their duties within a correctional environment as it relates to COVID-19. This is a temporary measure for the purpose of the COVID-19 pandemic disease contingency response.

The joint committee was required to:

- Review and assess the risk to correctional officers performing their duties within a correctional environment during the COVID-19 pandemic,
- Provide evidenced based recommendations in regard to physical distancing and the wearing of personal protective equipment (PPE) in a variety of circumstances, including but not limited to:
  - Working in a living unit
  - Working in an induction unit
  - Working in an isolation unit

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- Working in a health care unit
- Transportation of inmate(s) outside of the correctional centre
- Working in admissions and discharge
- Escorting inmates within the correctional centre
- Working in a control centre
- Responding to codes
- Where PPE is required, provide evidence-based recommendations regarding which articles of PPE are required in the different circumstances.

The joint committee was required to provide recommendations stemming from the review to enhance staff safety.

### Methodology

The joint committee consulted a range of resources, guidance, directions and current practices from the following sources:

- British Columbia Centre for Disease Control (BCCDC)
- Provincial Health Services Authority (PHSA)
- Occupational Health Programs (Dr. M. Yamanaka, Herbert Lam)
- Adult Custody Policy
- Provincial Risk Assessments
- Centre practices relating to COVID-19

### Risk Identification

The joint committee identified the following work locations, duties, and situations as requiring assessment for COVID-19 risk:

1. Working in a living unit
2. Working in an induction unit
3. Working in an isolation unit or any immediate area containing an inmate on droplet precautions/protocols
4. Working in or with health care
5. Working in close proximity with another officer
6. Working in Admissions and Discharge (A&D)
7. Escorting inmates within the correctional centre
8. Responding to codes
9. Equipment exchange and cleaning
10. Staff break, meeting and training rooms
11. Transportation of inmate(s) outside the correctional centre
12. Risk of infection from paper documents and inmate correspondence
13. Video court areas outside of A&D
14. Shops, programs, and work gangs
15. Active screening process

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### Factor #1 - Working in a living unit

#### **Risks:**

- ***Exposure, cross contamination, and transmission of COVID-19 virus***
- ***Situations where physical distancing cannot be maintained***

Issue	Recommended Mitigation Strategies
Meal delivery and distribution	<p>Centres will establish processes and procedures relating to meal delivery, distribution and consumption in order to establish and maintain physical distancing and avoid cross contamination. Areas of concern include, but are not restricted to:</p> <ul style="list-style-type: none"> <li>○ Line ups during mealtimes (consider tape on floor to mark out two metres);</li> <li>○ Too many inmates eating together (limit table occupancy or expand capacity to maintain physical distancing; consider alternative delivery methods such feeding in cells, or pre-setting meals at tables); and</li> <li>○ Current practice of providing bulk items on meal carts does not allow for physical distancing and increases risk of cross contamination. Bulk items pre-portioned (by kitchen contractor or unit inmate feeders) prior to distribution.</li> </ul>
Unlocking units	Inmates are currently coming out on tier during unlock procedure. Inmates will remain in their cells until direction is given by staff that tier unlock is concluded and they may exit.
Cell inspections	Inmates will remain in their cells at a distance of two metres while officers perform visual inspections from the door. Inmates will not vacate their cells until unit inspection is completed.
On unit gym or yard	Establish capacity consistent with physical distancing. Prominently post the capacity limit and restrict number of inmates at one time in these areas.
Off unit shared inmate gym and common room facilities	Access to gym facilities and common room(s) shared between units will be suspended.
Double bunking	All Centres will work toward single bunking on every living unit to facilitate physical distancing.
Officer desk area and general proximity to staff	<ul style="list-style-type: none"> <li>○ Signage, information, and education for inmates regarding PHO physical distancing requirements to be posted prominently away from the officer's desk;</li> <li>○ Plexiglass barrier (i.e. LDB, supermarkets, some centre reception desks) should be adopted if there is not a better alternative available for the officer's desk; and</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Clear delineation (tape or paint) to identify physical distance encompassing officer's desk.</li> </ul>
Staff training and education	<ul style="list-style-type: none"> <li>○ Ongoing training for staff and inmates regarding safe work practises, washing hands, universal precautions, cleaning procedures and physical distancing; and</li> <li>○ Regular staff information sessions, Joint Occupational Health and Safety (JOHS) consultation regarding latest COVID-19 advice and developments.</li> </ul>
PPE	<ul style="list-style-type: none"> <li>○ Surgical masks, eye protection and gloves to be readily available for unit officers for code responses/emergencies;</li> <li>○ Centre to provide (appropriately located) disposal or laundry stations for PPE; and</li> <li>○ If physical distancing cannot be maintained PPE (mask and eye protection) will be worn.</li> </ul>

### Factor #2 - Working in an induction unit

**Risk: Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to unknown health status.**

#### **Recommended Mitigation Strategies**

- Refer to Provincial Workplace Risk Assessment Precautionary Intake Induction Units (COVID-19) April 2020.

### Factor #3 - Working in an isolation unit or any immediate area containing inmates on droplet precautions/protocols

**Risk: Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to being COVID-19 positive or health status unknown.**

<b>Issue</b>	<b>Recommended Mitigation Strategies</b>
Visual checks	Are to be completed through a closed door and there are no inmates on the tier – mask/gloves not required.
Negative pressure cells	While use of negative pressure cells is not medically required, they typically provide greater separation from others and can be used if not otherwise required.
Signage	Signage will be affixed to the cell door to alert staff and list required PPE protocols.

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<p>Entering the inmate's cell or close contact with the inmate</p>	<ul style="list-style-type: none"> <li>○ Inmate is instructed to don a surgical mask prior to officer entering the cell;</li> <li>○ Gowns/Tyvek suits, gloves, eye protection and mask will be worn by officers while in the inmate's cell or when coming into close contact (within two metres) with them; and</li> <li>○ This will continue until the individual is cleared by a medical professional.</li> </ul>
<p>Disinfecting and PPE removal protocols after inmate is secured back in cell</p>	<ul style="list-style-type: none"> <li>○ Remove gloves, mask, and dispose of in a designated biohazard bin;</li> <li>○ If eye protection was used, wearing a new pair of gloves, wipe the glasses with a CaviWipe;</li> <li>○ Ensure anything touched while wearing PPE's (radio, pen, computer, door handles, keys) is disinfected with a CaviWipe; and</li> <li>○ Ensure anything the inmate touched (pen, door handles, walls, etc.) is disinfected with a CaviWipe; and</li> <li>○ Wash hands.</li> </ul>
<p>Meal distribution</p>	<ul style="list-style-type: none"> <li>○ Meals are to be eaten in the inmate's cell;</li> <li>○ The kitchen will have all meals pre-portioned and placed on/into paper disposable plates, cups, and bowls with disposable utensils;</li> <li>○ A cart will be utilized to place the individual meal items on. The inmate will not be provided a conventional tray; a disposable tray may be used;</li> <li>○ The meal cart will be placed in front of the cell door and, while secured in their cells, inmates will be given direction to wash and dry their hands. The inmate must wear his surgical mask before the cell door is accessed. Once completed, staff will stand back at least six feet from the cell door. They will call control to have the door accessed and the inmate will remove the items from the cart and secure the inmate's cell door.</li> </ul>
<p>Laundry</p>	<ul style="list-style-type: none"> <li>○ Centres must develop procedures for issuing, collecting and washing potentially infectious clothing;</li> <li>○ Inmates bag up their own dirty laundry and the bag is sealed and identified as potentially infectious; and</li> <li>○ Whenever possible, water-soluble laundry bags are used to minimize contact with potentially contaminated laundry.</li> </ul>
<p>Unit Cleanliness</p>	<ul style="list-style-type: none"> <li>○ Centres will develop procedures for ensuring unit is cleaned and disinfected following each inmate ablution/telephone period;</li> <li>○ Centres will develop procedures for issuing and collecting potentially infectious garbage that includes the safe disposal of meal plates, cups, bowls and utensils;</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Recommend that inmates seal up garbage and it is identified as potentially infectious; and</li> <li>○ Identified garbage is placed, by the inmate, into an identified garbage bin for collection by centre's cleaning crew.</li> </ul>
Medication	<ul style="list-style-type: none"> <li>○ While secured in their cells, inmates will be given direction to wash and dry their hands;</li> <li>○ The inmate must wear a surgical mask before the cell door is accessed;</li> <li>○ Healthcare staff will then provide the inmate the medication; and</li> <li>○ The cell door will be re-secured. The inmate will then take their medication and staff will perform a mouth check/visual monitoring (including methadone and suboxone) through the cell door window.</li> </ul>
Time out of cell to be limited to legal calls and hygiene	<ul style="list-style-type: none"> <li>○ Inmate must always wear a surgical mask while out of the cell;</li> <li>○ Time out of the cell is to be minimized; inmate must only leave for hygiene purposes and phone calls;</li> <li>○ Inmate must remain two metres from others;</li> <li>○ The living unit/washroom/phone is to be thoroughly disinfected prior to reuse by another inmate; and</li> <li>○ Return immediately upon completion of ablution or phone call.</li> </ul>
Code response protocols	<ul style="list-style-type: none"> <li>○ Centres are required to establish specific response code protocols to address the elevated risk of exposure; and</li> <li>○ This includes: <ul style="list-style-type: none"> <li>➤ PPE requirements and accessibility specific to the isolation unit;</li> <li>➤ Unit staffing model (e.g. second staff present when an inmate is on tier);</li> <li>➤ Designated supervisor equipped with appropriate PPE; and</li> <li>➤ Designated responders equipped with appropriate PPE whose duties remain within reasonable proximity of the isolation unit.</li> </ul> </li> </ul>
After the inmate is cleared and moved to another unit	<ul style="list-style-type: none"> <li>○ The cell is thoroughly disinfected prior to reuse by another inmate; and</li> <li>○ The cleaner will be using all PPE's while conducting the cleaning.</li> </ul>
PPE	<ul style="list-style-type: none"> <li>○ Inmate: will wear a surgical mask whenever in proximity with an officer or health care staff;</li> <li>○ Officers within two metres of inmate: Gowns/Tyvek suits, gloves, eye protection, and mask will be worn (e.g. while in the inmate's cell);</li> </ul>

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	<ul style="list-style-type: none"><li>○ Officers maintaining physical distancing (two metres away from inmate): eye protection and masks will be worn (e.g. giving direction to inmate, opening cell door for health care rounds);</li><li>○ PPE requirements for code yellow response must include eye protection, suitable mask for code response and gloves;</li><li>○ The mask must be capable of withstanding physical engagement with an inmate (examples include, but are not limited to, tactical mask, N3 half mask respirator);and</li><li>○ Centre to provide (appropriately located) disposal or laundry stations for PPE.</li></ul>
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### Factor #4 - Working in or with health care

**Risk: Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to medical setting and inmate movement from multiple units.**

Issue	Recommended Mitigation Strategies
If physical distancing is not possible or officers are required to assist HC staff	Officers don the same level of PPE as the health care worker.
Maintaining control, separation, and physical distancing	Only one unit to have inmate movement to health care at a time.
Separation of unit populations	Centre to develop a plan to minimize a mixing of unit populations, and establish physical distancing within health care area.
Cleaning protocols	To be implemented following every unit movement to health care.
Medication and health care delivery	<ul style="list-style-type: none"> <li>○ Centres to engage with CHS to develop processes to deliver medications and appropriate treatments to units wherever possible;</li> <li>○ Tape or other visual indicators are to be used to ensure physical distancing for medication lines;</li> <li>○ Suboxone or methadone: to be monitored on unit or suitable space that permits two metre distance between inmates; and</li> <li>○ Diversion mouth checks require use of identified PPE (or face shield if conducted within two metres for minimal time).</li> </ul>
PPE	<ul style="list-style-type: none"> <li>○ If physical distancing cannot be maintained PPE (mask and eye protection) will be worn; and</li> <li>○ Centre to provide (appropriately located) disposal or laundry stations for PPE.</li> </ul>



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### Factor #5 - Working in close proximity with another officer

**Risk:** *Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to physical proximity.*

Issue	Recommended Mitigation Strategies
Physical proximity to another officer due to job requirements and limitations of area	<ul style="list-style-type: none"> <li>○ Adjustment of workstations wherever possible;</li> <li>○ Affix plexiglass/appropriate separation barrier to workstation if two metres distancing is not possible (centre to provide interim PPE measure until completed);</li> <li>○ Define a safe distance workspace for staff with identifiable markers (e.g. tape) on floor indicating two metres;</li> <li>○ Areas of concern could include Control, shared offices, Chaplain, Administration, etc.;</li> <li>○ Limit a maximum number of staff per enclosed office/room; and</li> <li>○ Post signage identifying capacity.</li> </ul>

### Factor #6 -Working in Admissions and Discharge (A&D)

**Risk:** *Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to inmates coming in from the community along with their effects.*

Note: Provincial Workplace Risk Assessment Precautionary Intake Induction Units (COVID-19) April 2020 *Factor # 3 – Booking in new intakes* also applies.

Issue	Recommended Mitigation Strategies
New admissions	<ul style="list-style-type: none"> <li>○ Upon entry, new admissions will be directed to wash hands thoroughly and wear a mask until assessed and cleared by health care;</li> <li>○ Active screening will occur (in holding tanks if available or other designated area) by A&amp;D and health care staff before inmate is brought into records area;</li> <li>○ Classification, A&amp;D officers and health care staff will remain behind glass or practice physical distancing;</li> <li>○ Centres to establish isolation protocols if healthcare identifies suspected infection; and</li> <li>○ Isolation protocols will identify to staff any PPE that is required.</li> </ul>
Effects	<ul style="list-style-type: none"> <li>○ Centres put in place procedures to ensure incoming effects are sealed to prevent accidental exposure. These effects will be clearly marked;</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Records supervisor will screen inmate effects requests on a case by case basis to limit additional unnecessary effects coming into the centre.</li> </ul>
Cleaning and disinfecting	<ul style="list-style-type: none"> <li>○ Ensure proper cleaning supplies are available to disinfect work area after each intake;</li> <li>○ Cleaning checklists are developed, and inmate cleaners are trained in A&amp;D cleaning and disinfection protocols;</li> <li>○ During an admission, any area that the inmate accesses is to be disinfected between every use;</li> <li>○ Disinfection is also required between every use of video court rooms, interview rooms, effects room, and any associated holding tanks. This includes Classification and Case Management (CCM) areas; and</li> <li>○ In addition, the admitting area is to be thoroughly cleaned at least twice per day.</li> </ul>
Visitors	Records supervisor processes requests on case by case basis to limit visitors (i.e. dropping off/picking up effects, recovery house pick ups).
PPE	<ul style="list-style-type: none"> <li>○ PPE consistent with internal escort (factor # 7) and induction unit (factor #2) requirements is to be available to A&amp;D and classification staff; and</li> <li>○ Centre to provide (appropriately located) disposal or laundry stations for PPE.</li> </ul>

### Factor #7 - Escorting inmates within the correctional centre

***Risk: Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to conducting escorting inmates within the centre including close proximity.***

Issue	Recommended Mitigation Strategies
Physical distancing	<ul style="list-style-type: none"> <li>○ Officers will maintain physical distancing while escorting unrestrained inmates; and</li> <li>○ Limit number of inmates being escorted at one time.</li> </ul>
Restrained inmates	<ul style="list-style-type: none"> <li>○ Officers will be required to maintain control for Special Handling Protocols and/or after a code; and</li> <li>○ Officers will wear PPE (see below).</li> </ul>
Elevators	Officers will not accompany unrestrained inmate(s) in an elevator.

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Door control	Wherever possible, Control will access doors to maintain the flow of any escorted group to prevent unnecessary physical proximity at pinch points (i.e. stairwells, corridors, and pod access).
Movements	Wherever possible, each centre must endeavor to limit unnecessary inmate movements.
PPE	Officers to wear eye protection, gloves and surgical mask for escorting restrained inmates.

### Factor #8 - Responding to codes

**Risk: Physical proximity, contact and exposure in an elevated risk situation.**

Issue	Recommended Mitigation Strategies
Proximity	<ul style="list-style-type: none"> <li>○ Officers will, wherever possible, maintain physical distancing when responding to a code;</li> <li>○ The use of verbal direction, officer presence and OC deployment, where appropriate, are tools that can allow officers to maintain physical distance; and</li> <li>○ Officers will don PPE and wait for additional responders before physically engaging, if appropriate.</li> </ul>
Code response protocols	<ul style="list-style-type: none"> <li>○ Each centre's JOHS Committee will review overall centre code response to ensure minimal staff exposure while maintaining operational safety and control; and</li> <li>○ Escort staff to be limited to identified operational requirements to maintain control of the inmate (see factor #7 above).</li> </ul>
PPE	<ul style="list-style-type: none"> <li>○ PPE requirements for physical control of inmates is eye protection, mask, gloves;</li> <li>○ Each centre will designate and stock areas where additional PPE is readily available;</li> <li>○ Additional or designated responders will carry (or obtain) and don PPE before they engage in physical restraint of inmates; and</li> <li>○ As required by the Induction Unit Risk Assessment, PPE requirements for code yellow response to an Isolation or Induction Unit (i.e. eye protection, suitable mask for code response, gloves) must be followed.</li> </ul>

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### Factor #9 - Equipment exchange and cleaning

**Risks:**

- ***Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to physical proximity for equipment exchange***
- ***Cross contamination from shared equipment***

<b>Issue</b>	<b>Recommended Mitigation Strategies</b>
Equipment distribution	Each center will develop a system to ensure that the distribution and return of equipment maintains physical distancing.
Equipment cleaning	Each centre will develop procedures/ protocols to ensure equipment is cleaned and disinfected during equipment exchange or at the beginning and end of each shift.

### Factor #10 - Staff break, meeting, and training rooms

**Risk: *Increased risk of exposure, cross contamination, and transmission of COVID-19 virus due to physical proximity in staff break, meeting and training rooms.***

<b>Issue</b>	<b>Recommended Mitigation Strategies</b>
Physical distancing	Centres will ensure that all staff break, meeting, and training areas promote physical distancing (i.e. removal/rearrangement of furniture & visual indicators).
Staff movement	Centres will establish processes to facilitate small group movement through the building.
Room/area capacity	Centres will identify and establish maximum capacities for confined areas (i.e. mantraps, sally ports, and stairwell lobbies), staff break rooms, training rooms, meeting spaces and recreational areas.
Signage	Centres must post signage of area and room capacity limits.
Alternative/ additional areas	Where possible centres will provide additional areas to facilitate physical distancing, including outdoor areas if appropriate and when weather permits.
Staggered breaks	Centres will examine the feasibility of staggering staff breaks to assist physical distancing protocols.

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### Factor #11 - Transportation of inmate(s) outside of the correctional centre

**Risks:**

- **Increased risk of community transmission**
- **Officer and inmate exposed to the community or hospital settings; increased risk of exposure**

Issue	Recommended Mitigation Strategies
PPE	<ul style="list-style-type: none"> <li>○ For symptomatic inmates, staff are required to wear full PPE (droplet protocols - gloves, eye protection, N95/surgical mask, and gown) prior to escort and worn until completion of escort and inmate is required to wear a surgical mask;</li> <li>○ For asymptomatic inmates, staff are required to wear surgical mask and eye protection; and</li> <li>○ Centre to provide (appropriately located) disposal or laundry stations for PPE.</li> </ul>
Cleaning and disinfecting	<ul style="list-style-type: none"> <li>○ Centres will establish processes to ensure escort vehicles and escort equipment are properly disinfected before and after each use; and</li> <li>○ Inmate is required to wash hands prior to restraints being applied and upon removal.</li> </ul>
Escort criteria	In order to reduce external escorts, the centre will liaise with CHS health care manager to ensure that, wherever possible, external medical escorts are restricted to only those deemed emergent and necessary by the centre's physician.

### Factor #12 – Risk of infection from paper documents and inmate correspondence

**Risk: Increased risk of exposure, cross contamination, and transmission of COVID-19 virus.**

Issue	Recommended Mitigation Strategy
Handling protocols	Centres consider providing internal drop boxes and using envelopes for documents and correspondence to minimize handling.
PPE	Staff to remove gloves (if worn) and wash hands after handling correspondence.
Hygiene	Inmates and staff are encouraged to wash hands frequently.

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### Factor #13 – Video court areas outside of A&D

**Risk: Exposure, cross contamination, and transmission of COVID-19 virus.**

<b>Issue</b>	<b>Recommended Mitigation Strategy</b>
Mixing of inmate populations	Inmate populations to be kept separate from other units/centres in holding areas.
Physical distancing	Maintain physical distancing at all times, in and out of video court and within the cells/holding areas.
Cleaning protocols	Disinfection between every use of video court rooms and any associated holding tanks.

### Factor #14 – Shops, programs, and work gangs

**Risk: Exposure, cross contamination, and transmission of COVID-19 virus.**

<b>Issues</b>	<b>Recommended Mitigation Strategy</b>
Physical distancing	<ul style="list-style-type: none"> <li>○ All programs/shops/work gangs must establish and maintain physical distancing and disinfection protocols; and</li> <li>○ Limit number of inmates attending programs/shops/work gangs to ensure physical distancing.</li> </ul>
Cleaning protocols	Any vehicles/equipment used during programs/shops/work gangs must be disinfected before and after use.
Frisk process	Frisk one inmate at a time, change gloves, and disinfect search area.
PPE	Officers to wear eye protection, mask, gloves when physical distancing is not an option.

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## Factor #15 – Active screening process

### **Risks:**

- **Exposure, cross contamination, and transmission of COVID-19 virus**
- **Exposure of the staff screener**
- **Integrity of screening process**

<b>Issue</b>	<b>Recommended Mitigation Strategy</b>
Screener safety	Maintain two metres distancing (visual markers & physical barrier) during screening process.
Building access	<ul style="list-style-type: none"><li>○ Identify and limit centre entry points; and</li><li>○ Ensure active screening process at every entry point.</li></ul>
Active screening questions	Joint BCGEU/BC Corrections COVID-19 Standing Committee to examine, as a matter of priority, the need to broaden screening questions to capture the risk of officers, staff, and contractors working at multiple locations.

## Conclusion

This provincial risk assessment was conducted to identify potential officer safety risks in the workplace relating to the COVID-19 virus. Recommendations were introduced to mitigate the identified risks given that officers are required to work near other officers, Correctional Health Services staff, contractors and inmates.

The PPE levels recommended in this document are based on the levels recommended by the PHSA at the time this document was created. PPE levels are subject to change, based on the recommendations of BCCDC and as knowledge of the COVID-19 virus increases.

This risk assessment covers a large number of contingencies, not all of which can be imagined or addressed in a single document. The employer and employee representatives recognise that the recommendations here may apply in a multitude of situations. It is their expectation that centres will adopt the best practices recommended here and apply them consistently as outlined, and flexibly as unaddressed or previously unimagined contingencies arise.

The employer and employee representatives have reviewed the identified risks and agree with the associated mitigation strategies.

- Kristina Hayes, KRCC; employee representative
- Brandon Cox, FRCC; employee representative
- Brian Campbell, BCGEU; employee representative
- Ben Atkinson, NFPC; employer representative
- Lyall Boswell, SPSC; employer representative