

Provincial Workplace Risk Assessment Precautionary Intake Induction Units (COVID-19)

Introduction

On March 24, 2020, a provincial risk assessment was initiated with regards to precautionary intake induction units (induction units). The Adult Custody Division is designating locations within each centre where new intakes can be isolated from the general population for the required fourteen (14) day period as outlined by the Provincial Health Officer and the British Columbia Center for Disease Control (BCCDC) prior to being introduced into the main population.

On behalf of the Adult Custody Division, the following people have been assigned to complete the risk assessment, with presentation to Teri DuTemple, warden and chair of the Workplace Safety Committee by March 31, 2020.

- Kristina Hayes, KRCC; employee representative
- Brandon Cox, FRCC; employee representative
- Brian Campbell, BCGEU; employee representative
- Jason Lumley, KRCC; employer representative
- Kevin Bishop, NCC; 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 staff when working with inmates who are housed in induction units.

Responsibilities:

The joint committee shall conduct a review of the risks and provided recommendations of best practices for staff working with inmates housed in induction units. The joint committee is asked to:

- Review Adult Custody policy as it relates to isolation of inmates
- Consult with each facility to identify what practices have been put in place or are planned for their induction units
- Identify best practices for their personal safety and protection of staff including:
 - When PPE is recommended
 - Best practices for meal delivery
 - Best practices for medication delivery
 - Best practices for cleaning
- Review the current practices in place to protect against COVID-19 and determine if safety practices are appropriate

- Consult with other similar agencies and include any best practices deemed suitable in a correctional environment.

History and Pertinent Information

This is a temporary measure for the purpose of the COVID-19 pandemic disease contingency.

In an effort to ensure the safety of staff and the inmate population induction units are being created to separate new admissions for a period of precautionary isolation and monitoring prior to integration into the main population.

Methodology

Review of available procedures from OCC, KRCC, VIRCC, NFPC, PGRCC, ACCW and SPSC.

Documentation and policy reviewed

- BC Corrections, Adult Custody Policy, 1.23, Separate confinement
- Emails and information packages received from correctional centre staff about induction units and planning.

Protocols from each centre were reviewed however they have not been included in this risk assessment as they are in early stages of development.

A jurisdictional scan was requested but due to the widespread nature of the pandemic and short window no response was received. Any responses received to be considered for inclusion at a later date.

Consultation with Provincial Health Services Authority (PHSA) and review of relevant information from BCCDC.

Risk Identification

1. Inmates put on intake unit are individuals that may have been exposed to COVID-19 in the community.
2. Refusal to be placed in an induction unit.
3. Booking in new intakes prior to healthcare assessment and potential exposure prior to placement in the induction unit.
4. Tier times for multiple classifications of inmates placed in the induction unit. This may include but is not limited to:
 - Protective custody,

- General population,
- Sex offenders,
- Inmate with mental health needs; and
- Contact concerns.

5. Exposure or cross contamination from entering the induction unit
6. Exposure during tier times
7. Exposure/cross contamination from multiple tier times
8. Potential infection from inmate laundry and garbage
9. Exposure/cross contamination from meal delivery
10. Exposure from medication distribution
11. Infection from paper documents and inmate correspondence.
12. Entering cells for inspections or frisks
13. Escorting inmates from the induction unit
14. Pat frisking inmates
15. Code yellow response
16. Code Blue response and assisting healthcare with medical procedures
17. Authorization for removal from the induction unit
18. Inmates that begin to demonstrate symptoms

Factor #1 – Potential exposure prior to entering facility

Recommended Mitigating Strategy

- All centres should discuss COVID-19 protocols with their enforcement partners for pre-identification of new intakes with symptoms
- Pre-admission symptomatic screening of new intakes
- Ensure hand washing stations and pre-screening for symptoms happens immediately upon admission to the centre
- New admissions directed to wear a mask upon entry until assessed and cleared by Health Care

Factor #2 – Refusal to be placed in an induction unit

Recommended Mitigating Strategy

- Informational posters regarding COVID-19 spread and prevention posted in entry areas, Admission and Discharge (A&D) and induction unit to provide accurate information
- Healthcare provides information to inmates during assessment regarding COVID-19 spread and prevention including handwashing, and physical distancing
- Inmates not willing to comply with physical distancing, handwashing or wearing PPE (when appropriate) will be placed in an alternate separate placement and potential disciplinary process

Factor #3 – Booking in new intakes

Recommended Mitigating Strategy

- Recommend admitting officers and staff are behind glass or practice physical distancing
- Centres put in place a procedure to ensure effects are sealed to prevent potential accidental exposure and these effects should be clearly marked
- Ensure proper cleaning supplies are available to disinfect work area after each intake
- Admitting area is cleaned at least twice per day
- Cleaning checklists are developed and inmate cleaners are trained in the booking location
- Enhanced health case screening and assessment with notification to staff of any PPE that is required
- Centres have isolation protocols if healthcare identifies suspected infection
- Any areas accessed by intake such as holding cells, showers and benches are cleaned between groups of intakes

Factor #4 – Multiple classifications of inmates

Recommended Mitigation Strategy

- Centres develop cohort groups based on intake dates
- General population and protective custody inmates will alternate tier times within the daily grouping
- Wherever possible cohort tier times should meet or exceed 2.5 hours based on operational limitations. Tier time should be shared equitably and tier times rotated each day for fairness
- Cohort group size should be dependant on the ability to maintain physical distancing and monitor inmates for symptoms
- Centres utilize a tracking sheet for staff reference to manage the rotation of tier times and to clearly identify cohort groups. This should include inmate name, C.S. number, assigned cell, day of admission, 14 day expiry and inmate classification

- Due to the concern of mixed populations it is recommended that cell door keys are not issued to induction unit officers, cells are accessed remotely instead of issuing keys to staff

Factor #5 – Risk of exposure or cross contamination from entering the induction unit

- Officers informed of the policy and procedures set out for the induction unit to explain unit operations and cleaning requirements
- Officers to be trained on proper handwashing, physical distancing, PPE, and unit procedures
- Signage posted inside and outside door of induction unit to instruct all staff and contractors of precautions required inside the unit. (i.e. wash hands upon entry and exit, physical distancing, PPE may be required)

Factor #6 –Risk of exposure during tier times

Recommended Mitigation Strategy

- Training for staff and inmates regarding washing hands, universal precautions, cleaning procedures and physical distancing
- Ongoing training for staff on safe work practices related to COVID-19
- Regular staff information releases, JOHS consultation and verbal briefings at musters and meetings regarding the induction unit
- Disinfection of workspaces, and regularly used and shared equipment
- Asymptomatic inmates are not required to wear a mask or gloves during tier times, unless further recommendations dictate change
- Wherever possible symptomatic inmates are not housed on the induction units unless there is no operational alternative. Symptomatic inmates are provided tier times separate from asymptomatic inmates
- Symptomatic inmates are clearly identified and required PPE for the inmate and staff is documented by signage
- Recommend a physical marker (i.e. tape) on the floor surrounding the staff station to clearly indicate the appropriate physical distancing from where the staff sits at their desk
- Recommend that visual markers (i.e. tape) be placed as appropriate on induction unit floor to serve as a reminder of physical distancing

Factor #7 – Risk of exposure/cross contamination due to multiple tier times

Recommended Mitigation Strategy

- Additional cleaning supplies are made available for staff and inmate use
- Training is provided for inmates on cleaning supplies and procedures
- Centres develop cleaning checklists to ensure all areas are sanitized between cohort tier times. Areas include all common area surfaces, door handles, bathrooms, appliances or other equipment used by inmates during tier times
- Inmate cleaners hired from the induction unit

- General cleaning of the unit occurs at least twice daily in addition to cleaning between cohorts
- Cleansers such as VIROX, Cavi and Excel wipes provide effective disinfection for COVID-19 virus
- Signage to be posted in relation to physical distancing, handwashing and cleaning

Factor #8 – Potential infection from inmate laundry and garbage

Recommended Mitigation Strategy

- Centres develop procedure for issuing, collecting and washing potentially infectious clothing: Inmates bag up their own dirty laundry and the bag is sealed and identified as potentially infectious
- Whenever possible water-soluble laundry bags are used to minimize contact with potentially contaminated laundry
- Centres develop procedure for issuing and collecting potentially infectious garbage. Recommend that inmates seal up garbage and it is identified as potentially infectious. Identified garbage is placed, by the inmate, into an identified garbage bin for collection by centres cleaning crew

Factor #9 – Risk of exposure/cross contamination during meal delivery

Recommended Mitigation Strategy

- Centres develop procedure to ensure cohort groups do not contaminate the meal carts of other groups
- Inmates wash hands prior to retrieving their meals
- Inmate maintains physical distance while collecting their meal and for the duration of the meal period
- Cohort groups maintain physical distance while eating meals. Inmates collect their meal in a manner that ensures physical distancing and prevents cross contamination of other inmate meals. Examples of this would be having inmates retrieve meals one cell at a time or have inmates retrieve their meal to eat in their cell
- Recommend all inmates eat in their cell if the induction unit has symptomatic inmates
- Recommend serving meals on disposable plates, cutlery and cups so that it can be disposed of as set out in garbage procedures
- Centres develop measures to disinfect meal carts prior to leaving the unit

Factor #10 – Risk of exposure during medication distribution

Recommended Mitigation Strategy

- Centres develop procedure for medication distribution on the induction unit
- Recommend healthcare delivers medications to the unit if not current practice
- When possible, staff conduct mouth checks through a cell door window or staff wear appropriate PPE such as face shield or surgical mask and goggles

Factor #11 – Risk of infection from paper documents and inmate correspondence

Recommended Mitigation Strategy

- Centres consider providing a drop box for documents and correspondence to maximize physical distancing
- Inmates and staff are encouraged to wash hands frequently
- Staff utilize gloves when handling correspondence
- Centres prohibit in house mail to reduce risk of spreading infection to other units
- Symptomatic inmates that are housed on the induction unit will complete any outgoing documentation to staff verbally

Factor #12 – Entering cells for inspections or frisks

Recommended Mitigation Strategy

- Recommend daily cell inspections to be completed visually from outside the inmate's cell or develop inspection protocol that address physical distancing and includes PPE such as mask, goggles and gloves
- Cell frisks of asymptomatic inmates are completed only for safety and security purposes using universal precautions and in conjunction with physical distancing
- Centres have procedures for entering and frisking cells of symptomatic inmates for safety and security concerns which would include PPE such as gloves, goggles, gown and surgical mask

Factor #13 – Escorting inmates from the precautionary induction unit

Recommended Mitigation Strategy

- Restriction of movement off the unit
- Restriction or cancellation of lawyer's visits
- Whenever possible, health care attends unit for assessments and medications
- No off-unit programming
- No access to gym or gym equipment. Working out on the induction unit is not recommended due to perspiration that physical activity can cause
- Inmates wash hands prior to leaving the unit
- No access to common areas shared by other units
- Asymptomatic inmates do not require a mask when escorted off the unit
- Symptomatic inmates are directed to don a mask prior to leaving their cell

Factor #14 – Pat frisking inmates

Recommended Mitigation Strategy

- Staff wash hands before searches
- Recommend Kevlar gloves are worn

- Staff employ standard frisking techniques, frisking the inmate from behind to protect themselves from the risk of droplets
- Kevlar gloves can be cleaned with Cavi wipes after and between searches or wear nitrile gloves overtop of Kevlar gloves
- Staff wash hands after searching

Factor #15 – Code yellow response

Recommended Mitigation Strategy

- Centres have standard operating procedures for code response.
- Responding staff don PPE as identified by the provincial PPE risk assessment or other health authority direction
- Whenever possible, symptomatic inmates are directed to don a surgical mask. If unable or unwilling to comply, staff wear PPE such as gown, surgical mask, goggles and gloves
- Centres develop protocols for responding to codes involving symptomatic inmates.
- Staff are oriented on appropriate PPE for response protocols involving symptomatic inmates

Factor #16 – Code Blue response and assisting healthcare with medical procedures

Recommended Mitigation Strategy

- Whenever possible officers maintain appropriate physical distancing during medical procedures
- If an officer cannot physically distance themselves or are required to assist in the procedure they don the same level of PPE as the health care worker

Factor #17 – Authorization for removal from the precautionary induction unit

Recommended Mitigation Strategy

- Healthcare is consulted prior to an inmate being removed from the induction unit for placement in the main population. Clearance is documented on the client log
- Cell effects are frisked to ensure that other inmate's items are not being taken out of the induction unit to prevent risk of spreading infection (i.e. letters or "kites")
- Inmates are issued new bedding, clothing and shoes prior to placement in another unit
- Vacated cells are cleaned and disinfected prior to housing another inmate

Factor #18 – Inmates that become symptomatic

Recommended Mitigation Strategy

- Inmates will be directed to self-lock and healthcare will be notified immediately.
- Unit is locked up during assessment
- Healthcare assesses on the unit
- Inmates wear a surgical mask and wash their hands before they leave the cell

- Centres to ensure they have contingencies for isolation protocols to manage any inmate that displays symptoms of COVID-19

Conclusion

This provincial risk assessment was conducted to identify potential risks in the workplace related to the development of induction units and is based on existing protocols in practice at centres, Adult Custody Policy, preventative information from the BCCDC. 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 the provincial PPE and physical distancing risk assessment.

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

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