



An After-Action Review of COVID-19 Pandemic Management in Correctional Service Canada: Working Towards a Holistic Approach

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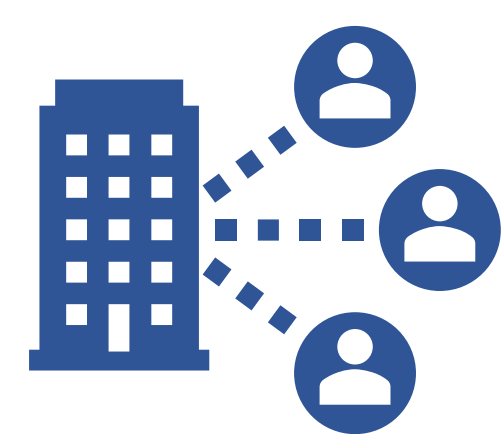
BACKGROUND

Correctional Service Canada (CSC)

Responsible for administering court-imposed sentences of two years or more.

- CSC provides essential health services to around **13,000** federally incarcerated individuals in accordance with professionally accepted standards.
- Large, decentralized organization – care is provided in **43 institutions** of varying security level across Canada.

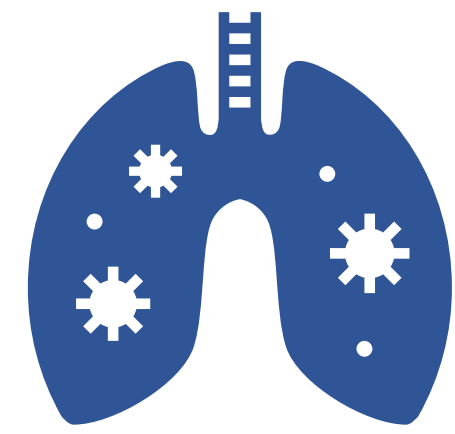
Challenges to Communicable Disease Control in Correctional Settings



Congregate living



Facility design



Co-morbidities

Public Health Emergency Preparedness (PHEP)

PHEP is “the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities.”¹

- COVID-19 put public health emergency preparedness to the test across the globe.
- It is important to emphasize **continuous quality improvement and lessons learned** for future public health events.

METHODS

An After-Action Review

- Quality improvement initiative conducted after an emergency response ends. Focus groups with key stakeholders to reflect on **what went well, what didn't, why and identifying areas for improvement**.
- Informed by the WHO's After-Action Review guidance.
- Currently in progress, however preliminary findings are presented.

ABSTRACT

Background: Correctional institutions are high-risk settings for communicable disease transmission, due not only to the proximity in which incarcerated individuals live, but the prevalence of mental and physical health comorbidities among this population, which may increase the risk of serious outcomes. As non-traditional settings for the implementation of infection prevention and control (IPC) measures, correctional settings are also rife with unique challenges for public health practitioners and policy makers to overcome, such as infrastructure and facility design and security considerations. Correctional Service Canada (CSC) is responsible for providing essential health services to federally incarcerated individuals in Canada, in accordance with professionally accepted standards. As such, CSC led the public health response to the COVID-19 pandemic in Canadian federal correctional institutions.

Methods: This poster presents the preliminary findings of an After-Action Review (AAR) exploring CSC's COVID-19 pandemic response from a health care perspective. This quality improvement initiative draws on the World Health Organization's guidance for AAR, relying on the experience of key informants to better understand successes and lessons learned from the COVID-19 pandemic for future pandemic planning.

Results: The findings of the AAR demonstrate the need for a holistic, harm reduction approach to pandemic management, which not only balances the infectious disease risk of communicable diseases, but also the mental, physical, and social needs of the incarcerated population. This approach must also recognize the overall context of security and public safety, and how this impacts pandemic planning and response. Furthermore, participants identified opportunities to improve communication and engagement among stakeholders at levels (including patients).

Conclusions: A number of key lessons learned were identified that clinicians and policy makers can benefit from when considering future pandemic planning and response in correctional institutions.

“I think this is probably one of CSC's greatest successes, in keeping this number of people safe during this period of time.” – National Participant

PRELIMINARY RESULTS

Preliminary findings reveal a number of successes and recommendations for the purpose of future pandemic planning and response in correctional institutions.

Successes

- Rapid development of **national guidance**, with flexibility to adapt with emerging evidence
- Extensive **partnership**, both internally and externally
- Building a **community of practice** between the institutions, regions, and national headquarters
- Leveraged existing data systems (such as the electronic health record) to enhance and automate **surveillance and reporting**
- **Centralized procurement** and distribution of PPE

Recommendations

- Strengthen **change management practices** and information sharing
- Consider developing greater on-site support for **occupational health and safety**
- Improve **capacity in data management and surveillance**
- Encourage creative ways to improve patient well-being and enhance **patient engagement and communication**
- Ensure contingency planning for **human resources**

“I am super proud of everything. The sense of community that came about (and) the relationships that we built.” – Regional Participant

CSC's Pandemic Management: Key Milestones Identified by Stakeholders

Introduction of decision making tools/algorithms

2020

Introduction of rapid testing

2021

Training on IPC principles and PPE

Introduction of vaccines

2022

Creation of the National Contact Tracing Unit

Transitioning to endemicity

CONCLUSION

- There is a need for a **holistic, harm reduction approach** to pandemic management in correctional contexts.
- A harm reduction approach acknowledges that there are few scenarios in which an “all-or-nothing approach to risk and disease” is sustainable².
- **Working together as a community** is pivotal to success.
- Public health emergency preparedness plans should integrate lessons learned from COVID-19, with an emphasis on (1) activities that have ‘**high impact**’ and (2) developing **sustainable systems and structures**.

References

1. Nelson C, Lurie N, Wasserman J, Zakowski S. Conceptualizing and defining public health emergency preparedness. *American journal of public health*. 2007 Apr;97(Supplement_1):S9-11.
2. Kutscher E, Greene RE. A Harm-Reduction Approach to Coronavirus Disease 2019 (COVID-19)—Safer Socializing. *JAMA Heal Forum [Internet]*. 2020 Jun 2;1(6):e200656–e200656.