



Correctional Service Canada's Response to the COVID-19 Pandemic

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Abstract

Background: Correctional Service Canada (CSC) provides essential health services to approximately 12,000 federally incarcerated individuals, in accordance with professionally accepted standards. Congregate living settings, like correctional institutions, are considered high-risk settings during communicable disease outbreaks. Key challenges include the close proximity of living quarters, along with barriers related to infrastructure and facility design. Furthermore, an aging population and the prevalence of mental and physical health conditions may increase the risk of severe outcomes.

Methods: A review of pandemic response measures implemented within Canadian federal correctional institutions during the COVID-19 pandemic was conducted.

Results: As of March 2023, there have been 188 outbreaks in CSC institutions, 7800 cases among incarcerated individuals, and 6 deaths. CSC responded nimbly to evolving evidence and public health recommendations by implementing and adapting measures as needed. The risks posed to congregate settings was recognized early by CSC and a National Contact Tracing Unit was established to mitigate the risk of COVID-19 introduction and transmission. CSC leveraged technology to adapt surveillance systems (and later introduced wastewater surveillance) and were early adopters of point-of-care testing, which enhanced case detection. In collaboration with local, regional, and federal partners, CSC was successful in prioritizing incarcerated individuals (and staff, in some regions) for immunization, launched a comprehensive immunization campaign, and conducted research about vaccine hesitancy. CSC also mobilized a pool of health care and infection prevention and control (IPC) professionals to deliver education and assist with outbreak management.

Conclusions: CSC undertook a multifaceted, collaborative, and innovative response to the evolving pandemic, with relatively few severe outcomes or deaths among incarcerated individuals. Balancing mental and physical health, while respecting the needs and rights of incarcerated individuals, can be challenging in a public health emergency. Lessons learned from the pandemic should be integrated into preparedness plans and routine IPC practice in correctional settings.

Background

Correctional Service Canada (CSC): court-imposed sentences of two years or more.

- **13,017** federally incarcerated individuals throughout **43** institutions of varying security levels, and **14** community correctional centres across Canada. (May 2023)



188
outbreaks



7800 cases among
inmates



66 COVID-19 severe
outcomes*, including **6**
deaths

*hospitalizations or deaths
Data current as of March 2023

Challenges in Correctional Institutions

- Congregate living setting
- Facility design
- Comorbidities, including complex mental health needs



COVID-19 Response Measures in CSC



Infection Prevention and Control

- Mobilized a pool of health care and infection prevention and control (IPC) professionals to deliver education and assist with outbreak management.
 - Mandatory IPC training for all staff
 - PPE donning and doffing stations, outbreak "units"
 - Inmate movement and cohorting

CSC Guidance Documents

- CSC specific guidance documents and case / contact management algorithms for staff and inmates (Fig. 1)

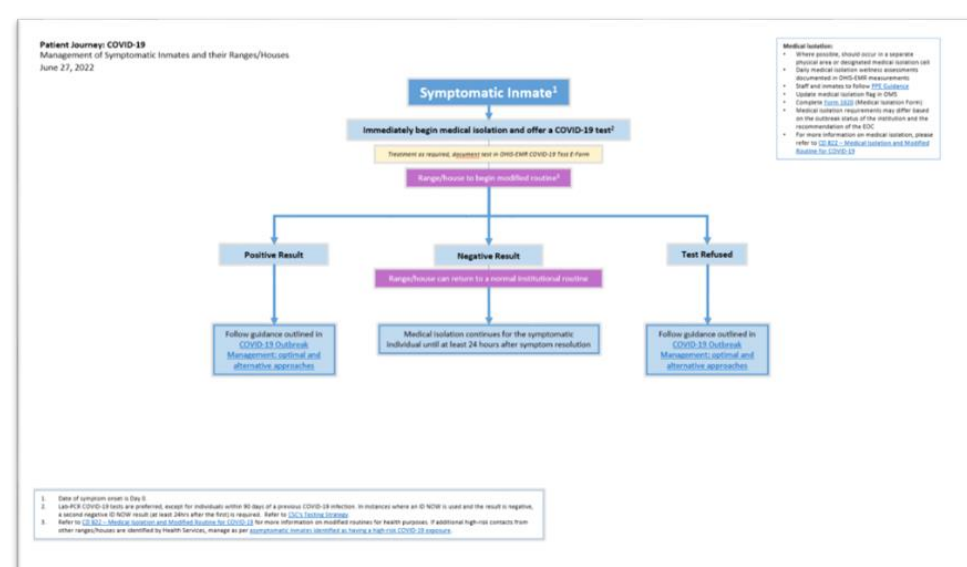


Fig. 1: Sample decision making framework

Staff Case and Contact Management

- Early adoption of rapid point-of-care tests to enhance case detection
- Contact tracing: National Contact Tracing Unit for staff
- Return to Work Assessment team

SARS-CoV-2 Testing

- Early adoption of rapid antigen tests to enhance case detection among staff (Omicron)
- Point-of-care molecular tests to expedite case detection among inmates

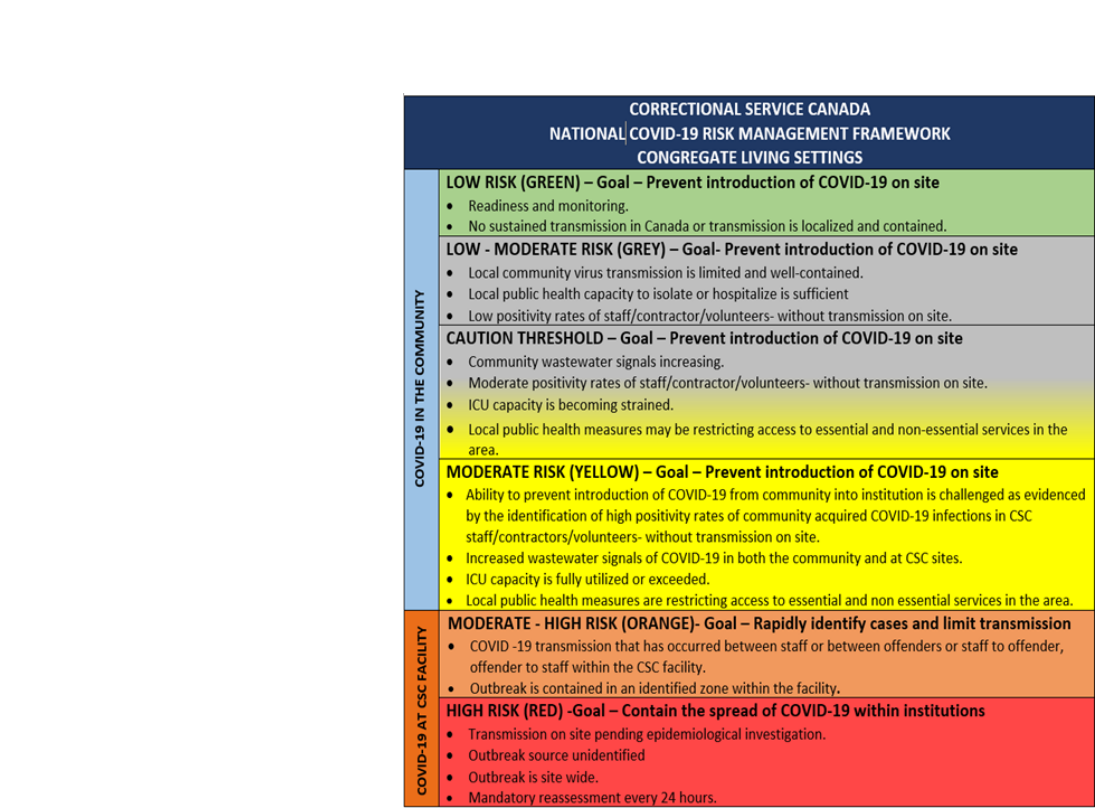


Fig.2: Integrated Risk Management Framework (IRMF)

Surveillance Strategies

- **Integrated Risk Management Framework (IRMF) (Fig.2)**
 - Early warning risk assessment based on community factors (e.g. community case/wastewater surveillance, health system indicators) and internal factors (e.g., testing capacity and uptake, vaccination rates).
 - Effective tool to communicate COVID-19 risk within a large organization, and provide clear direction regarding mitigation measures.
- **Wastewater Surveillance (Figs. 3,4)**
 - Early warning signal for cases not yet diagnosed clinically, potentially up to one week prior to clinical testing.
 - Cost effective as one test (of wastewater) represents a signal for an entire population.



Fig. 3: CSC Technical Service staff sampling wastewater

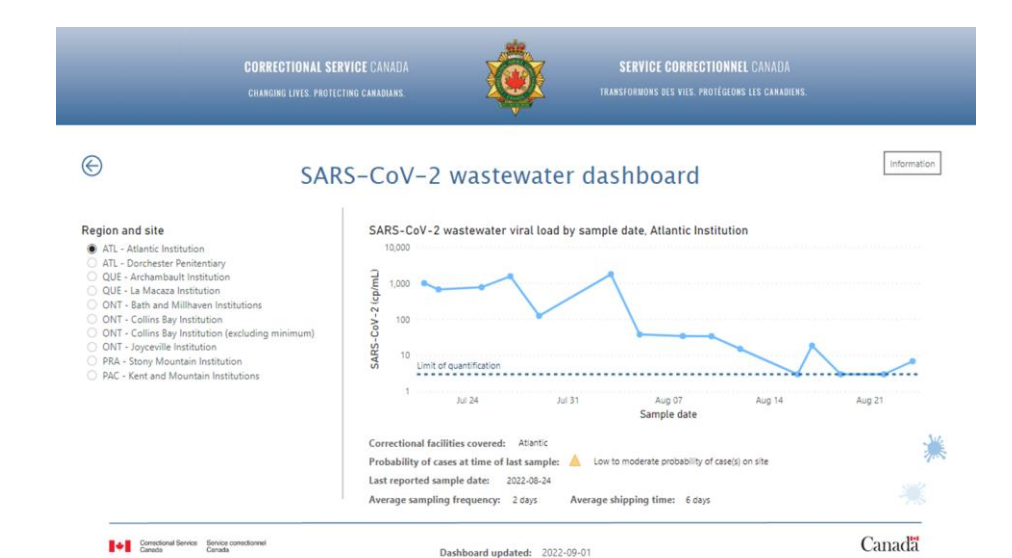


Fig. 4: SARS-CoV 2 Wastewater Dashboard

Immunization Campaign

- Advocated for prioritization of inmates (and staff, in some regions) within our national vaccine distribution strategy.
- Launched a comprehensive immunization campaign, using the national/regional resource pool of healthcare professionals and paramedics (Fig. 5)

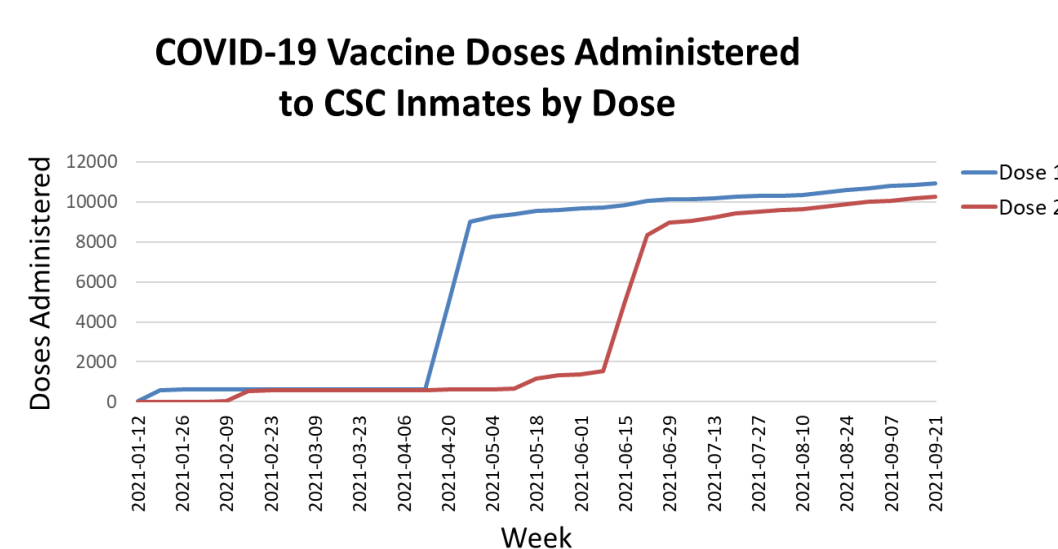
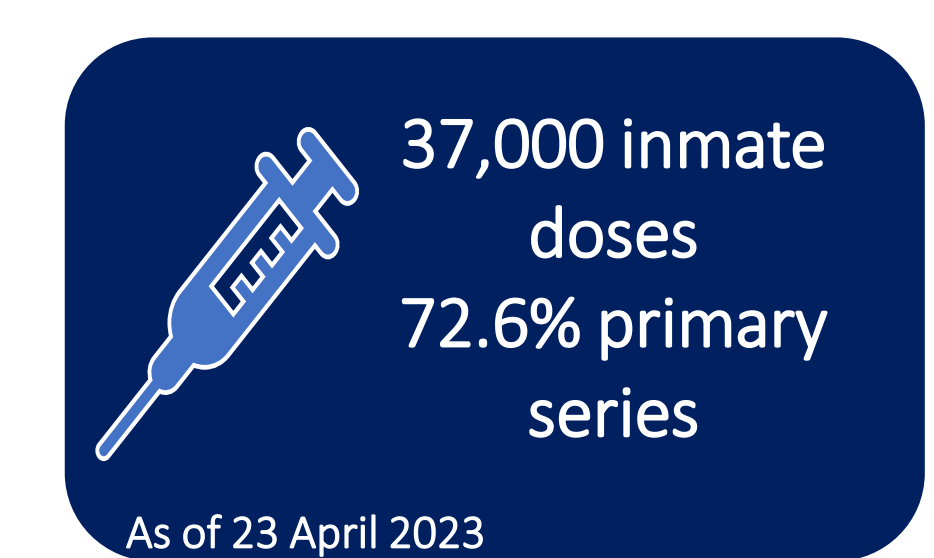


Fig 5: Vaccine uptake by inmates



Correctional Health is Public Health

CSC undertook a multifaceted, collaborative, and innovative response to the evolving pandemic, with relatively few severe outcomes or deaths among inmates. Balancing mental and physical health, while respecting the needs and rights of inmates, can be challenging in a public health emergency.

Continued advocacy for the correctional environment to be recognized as a unique health setting that carries its own set of risks, particularly from the infectious diseases perspective, is crucial.

Lessons learned from the pandemic should be integrated into preparedness plans and routine IPC practice in correctional settings.

Acknowledgements

CSC acknowledges the support and commitment of its institutional staff, Regional Managers of Public Health, and the NHQ Core COVID Team, as well as the following partners: Public Health Agency of Canada, National Microbiology Laboratory, Canadian Red Cross, McGill University, and local / provincial paramedics and public health agencies.

