

COVID-19: INSTITUTIONAL CLEANING
 STEP-BY-STEP GUIDE

STANDARD SHOWER ROOM CLEANING

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Place caution / wet floor sign in front of the shower room.
3	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
4	Gather the garbage in the room, place it at the doorway.
5	Rinse the shower.
6	Gather disposable paper towels. Using an approved disinfectant, wipe down all surfaces in the shower, including: <ul style="list-style-type: none"> • Support rails • Taps/faucet/lever • Portable or fixed shower seat • Dispensers • Walls and floor of shower • Shower curtain (change the shower curtain if soiled or) <p>Rinse the surfaces with water. * Using disinfectant it is important to follow the manufacturer`s instruction for use, including contact time and expiration date.</p>
7	Starting from the left and working to the right, wet-mop the floor.
8	Remove caution / wet floor sign when floor is completely dry
9	Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.

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STANDARD WASHROOM CLEANING

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
3	Place caution / wet floor sign in front of the washroom.
4	Gather the garbage in the washroom, place it at the doorway. Gather recycling, place it at the doorway.
5	Gather disposable paper towels. Take one towel, wet it with an approved disinfectant. Starting on the left side of the washroom and working to the right, wipe down all equipment in washroom: doorhandles, handrails, dispensers, sink, exterior of toilet bowl including seat – top and bottom. Clean from least-soiled areas (low-touch) to most-soiled (high touch) – from clean to dirty (toilet last).
6	Clean the inside of the toilet bowl with an approved disinfectant and use the toilet brush – wipe down toilet brush container with an approved disinfectant.
7	Gather toilet paper and paper towels (if needed), replace garbage bags, toilet brush, replace soap and hand sanitizer if needed.
8	After the disinfectant contact time, return to the washroom with a damp microfiber cloth (water) and wipe the faucets, dispensers and door knobs.
9	Wet mop the floor of the washroom.
10	Remove caution / wet floor sign when floor is completely dry
11	Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.

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STANDARD LAUNDRY ROOM CLEANING

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
3	Remove waste
4	Using an approved disinfectant, wipe out and rinse the utility sink.
5	Gather disposable paper towels. Take one towel, wet it with an approved disinfectant and begin to clean all surfaces on washing machine and dryer.
6	New towel - Clean walls, windows, machine facade
7	New towel - Wipe window sills & ledges
8	Gather a dry dust mop, such as microfiber and mop the floor in the laundry room.
9	Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.



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INMATE PHONE AREA CLEANING

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
3	Gather disposable paper towels. Take one towel, wet it with an approved disinfectant and begin to clean the high touch surfaces such as the phone, keypads, etc.
4	Take a new towel, starting from the left and working to the right, clean: <ul style="list-style-type: none"> • Chairs • Interior surfaces • Calling cards • Wall panels • Telephone booth
5	Take a new towel - spot clean walls, doors, etc.
6	Gather a dry dust mop, such as microfiber and mop the floor.
8	Remove gloves and wash hand with alcohol-based sanitizer or soap and water after cleaning.



Notes: Telephone booth has more high touch surfaces as people tend to move their hands around objects as they make the time to interact with the person on the other hand.

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STANDARD OFFICE CLEANING INCLUDING SHARED SPACES
 (boardroom, hearing room, interview room, side room etc.)

****IMPORTANT****

- All staff must declutter their work area. Only essential items should remain on counters, desk and work surfaces
- All staff must disinfect computers, keyboards and control panels prior to use and after use.

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
3	Remove waste
4	Gather disposable paper towels. Take one towel, wet it with an approved disinfectant and begin to clean the high touch surfaces such as doorknobs, light switches, keyboard, printers, remote controls and any other high touch items.
5	Take a new towel – starting from the left and working to the right, clean: <ul style="list-style-type: none"> • Chairs • Phones • Window ledges • Filing cabinets • Desks • Lamps
6	Take a new towel - spot clean walls, doors, door frames
7	Vacuum/dust/damp mop the floor.
8	Remove gloves and wash hands with alcohol-based sanitizer or soap and water after cleaning.

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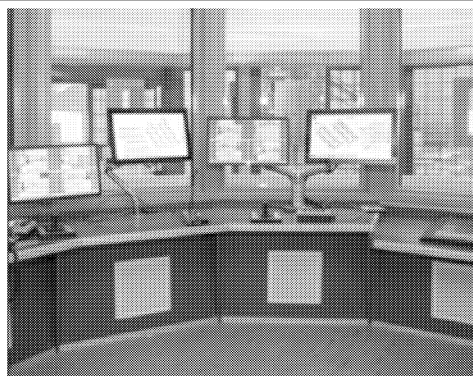
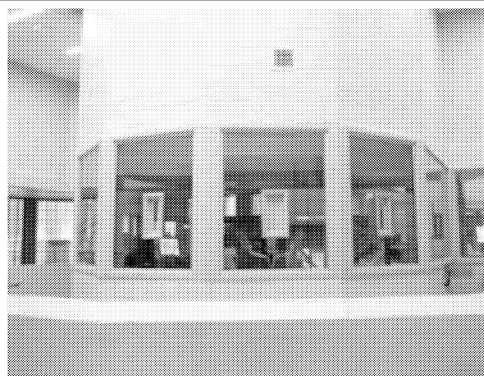
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STANDARD CONTROL POST CLEANING

****IMPORTANT****

- All staff must declutter their work area. Only essential items should remain on counters, desk and work surfaces
- All staff must disinfect computers, keyboards and control panels prior to use and after use.
- All Staff must wash their hands prior to use any equipment and after use.

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
3	Remove waste
5	Dust computer screen and keyboard, fax machines, and printers.
6	Gather disposable paper towels. Take one towel, wet it with an approved disinfectant and begin to clean the high touch surfaces such as doorknobs, light switches, touch screen surfaces, keypads, etc.
7	Take a new towel – starting from the left and working to the right, clean: <ul style="list-style-type: none"> • Chairs • Phones • Lamps • Filing cabinets • Desks
8	Take a new towel - spot clean walls, doors, door frames
9	Gather a dry dust mop, such as microfiber and mop the floor.
10	Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.



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STANDARD STAIRWELL CLEANING

Step	Details
1	Make sure you have all the cleaning equipment you need such as disposable cloths; paper towels and absorbent materials; waste disposal bags; labels and tape; cleaning agents; appropriate hard-surface disinfectants; caution/wet floor sign; personal protective equipment (as per Health and Safety protocol); etc.
2	Place caution / wet floor sign at top and bottom of stairs.
3	Perform hand hygiene and put on disposable gloves. Change gloves during cleaning and disinfection activities if they become heavily soiled or damaged during use – To change gloves, remove soiled/damaged gloves and place in lined container, wash hands with soap and water, and apply new gloves.
4	Gather damp disposable paper towels. Take one towel, wet it with the approved disinfectant and begin to clean handrails, guardrails, doorknobs, etc.
5	New towel - clean walls, windows.
6	New towel - wipe window sills & ledges
7	Damp mop steps using a dry dust mop, such as microfiber, to attract and hold debris.
8	Remove caution / wet floor sign when stairs are completely dry
9	Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.





CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



Coronavirus Disease (COVID-19) Infection Prevention and Control (IPC) Preparedness Guidance

UPDATED MAY 12, 2020¹

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)
 PREPAREDNESS GUIDANCE

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CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)
PREPAREDNESS GUIDANCE

This guidance serves as a summary of important preparedness initiatives that need to be in place to facilitate the effective management of COVID-19. This checklist must be considered in the context of other guidance documents and algorithms (links are provided throughout document and in the endnotes). This guideline can be used in conjunction with the Infection Prevention and Control (IPC) Quality Improvement (QI) Preparedness Checklist (under development).

Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptomsⁱⁱ, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Commonly reported symptoms among reported cases include cough, headaches, and weaknessⁱⁱⁱ. There is currently no vaccine against or specific treatment for COVID-19. Evidence indicatesⁱⁱⁱ that the virus can be transmitted to others by someone who is not showing symptoms (asymptomatic/pre-symptomatic). According to the Public Health Agency of Canada^{iv} (PHAC, May 12, 2020) at this time, 81% of COVID-19 cases are related to community transmission, while 19% were either exposed while travelling or exposed to a traveler coming to Canada.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact^v with a symptomatic case. In addition, there is now evidence of asymptomatic/pre-symptomatic spread of the virus. Human coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected area, then touching mouth, nose or eyes before washing hands.

Ethical Principles^{vi}

The following ethical principles are taken into consideration as CSC reviews and revises its practices:

- **Proportionality:** Decisions to modify services during the pandemic should be proportionate to the real or anticipated limitations in capacity to provide those services. Capacity may refer to staffing, Personal Protective Equipment (PPE), competence in donning and doffing, or system capacity to provide different levels of critical care during surge. Restrictions to services should only be in place for as long as necessary.
- **Non-maleficence:** Decisions should minimize harm to patients wherever possible. This includes consideration for staff safety, which require equipment (PPE) and appropriate training. If certain forms of care cannot be provided, attention must be paid to minimizing pain and suffering.

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- **Equity:** Equity requires that all persons in the same categories be treated in the same way unless relevant differences exist, and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Transparency:** Decisions to modify services should be clearly communicated in a transparent manner to patients and to the broader community served.
- **Accountability:** Those making decisions must be accountable, and able to provide a clear rationale based on the best available evidence, practices and principles.

Institutions are encouraged to consult with their Workplace Health and Safety Committees on the infection prevention and control measures (e.g. strategically locating hand sanitizer, assessment and modifying routines, strategies for minimizing transmission).

The Infection Prevention and Control Audits that are being conducted across the country are being used to inform the guidance document.

Entering the Institution

Screening^{vii}

- National, regional and site-specific communications to staff about staying home if they are sick.
- Bilingual Signage highlighting visitor restrictions and informing staff and contractors, about how to protect themselves (e.g. hand washing, self-monitoring for symptoms, wearing a mask when physical distancing is not possible, etc.). In addition to signage at the front entrance, there must be signage throughout the institution visible to all staff and contractors (e.g. breakroom; boardrooms; offices; hallways; bathrooms; etc.).
- Formal supervised screening and hand hygiene (soap & water or alcohol-based hand sanitizer^{viii}), at the front entrance or pre-entry location that ensures required physical distancing is established. This avoids congestion where limited space is available and establishes initial prevention protocols which leaves Entry Security to function safely and unimpeded.
- Staff exhibiting symptoms, regardless of severity, must contact their manager immediately.
- **Formal documented quality improvement spot checks to support adherence to screening and proper hand hygiene technique (i.e. signage is in place, handwashing following proper technique, staff are asked about symptoms).**

Cleaning and Disinfection

- Process for cleaning and disinfecting tools and equipment (i.e. bins) used by staff when being processed at the Principle Entrance/Visitor Security/Duty Office.

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 PREPAREDNESS GUIDANCE

- Process for hand sanitization upon entering the institution. All persons entering and exiting the institution must wash their hands with soap and warm water and/or at least at 60% alcohol-based hand rub.
- Process for changing into and out of work clothing. Although there is a low risk of viral transmission on clothing and fabrics, where possible, staff will bring their own work clothing into the institution. It is recommended that staff: 1) change into work clothing once on site; 2) at the end of shift, work clothing will be placed into a plastic bag to take home to launder; and 3) launder used work clothing at home in regular wash hot water cycle and tumble dry. It is recommended that staff use dedicated footwear while at work and that staff shower and wash their hair upon returning home after every shift involving contact with clients or their environment (within 2 meters).
- **Formal documented quality improvement spot checks to support adherence to proper cleaning technique.**

Personal Protective Equipment (PPE)

- Adherence to PPE protocol/ PPE guidance^x (e.g. donning of mask).
- A designated location(s) for donning of PPE complete with hand sanitizer, signage, and step-wise donning of PPE to identify a clean versus protected zone can be an effective Infection Prevention Control (IPC) measure. Higher risk PPE donning and doffing locations (medical staff and/or contracted cleaners) must be identified.
- **Formal documented quality improvement spot checks to support adherence to proper technique.**

Warrant of Committal or Return to Federal Custody

- Documented pre-screening by Provincial/Territorial Corrections, including reporting on temperature taken prior to arrival. Pre-screening documentation from the province is scanned and recorded in OMS.
- Immediately screening at intake by operations, using the COVID-19 screening form^x and additional screening by Health Services as part of the intake process^{xi}.
- Medical isolation for 14 days in accordance with health services algorithms for intake and symptomatic inmates^{xii}.
- Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area)^{xiii}.
- Twice daily wellness checks, documented in the electronic medical record^{xiv}.
- Non-touch temperature taken 2x daily, if individual consents documented in the electronic medical record.
- PPE and soap and water/at least a 60% alcohol based hand sanitizer strategically located, available and controlled/used as required.

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- Practice of physical distancing (>2 m) wherever possible. Develop operational routines that encourage physical distancing and that facilitate the promotion and enforcement of physical distancing among staff and inmates.
- **Documented quality improvement spot checks to support adherence to physical distancing and hand hygiene by staff and inmates.**

Cell/House/Range Assignment and Accommodation and Common Areas

Managing the Institutional Flow to Minimize Contact

- Assessment of how people and items move through the facility and, where possible, grouping activities to achieve optimal movement of staff, inmate and equipment.
- Suspension of group correctional programs, education, and work placements at outbreak sites. Where correctional programs, education and work placements continue, the practice of physical distancing (> 2m) and use of masks is required.
- Modified routines to reduce inmate group size and increase physical distancing.
- In consultation with local public health, arrangements for separating and managing different groups of patients. For example: “asymptomatic negatives;” “recovered and refusals;” “positives” (including asymptomatic positives); “inconclusive tests;” and “symptomatic and pending.”
- Practice of physical distancing (>2 m) where ever possible.
- **Strategies for Minimizing Transmission of the Virus Through Physical Distancing:**
 - Establish isolation zones for inmates, where feasible to cohort different groups (symptomatic and COVID positive and asymptomatic contacts). Explore alternatives when zoning is not feasible such as cleaning and setting up unused cells/ranges. Put up posters in each zone to identify what PPE is required in each zone.
 - Modified rostering, in consultation with the union, for Correctional Officers to move more to unit/roster based staffing to reduce possibility of exposure.
 - Changing the post rotations for Correctional Officers to minimize the contact Correctional Officers have with the entire population in line with the requirement for consultation in the global agreement. An example is during the COVID-19 period, a staff member works a limited number of positions and works with a smaller population. This has to occur with CXIs and CXIIs to minimize the contact with groups.
 - Limit cross exposure at shift changeover for correctional officers. This may mean locking up the population at changeover and having Correctional Officers leave the post with only one person remaining to ensure less exposure to the other team of officers coming into work.
 - Limit staff contact, perhaps by having officers enter through the principle entrance, but exit through an alternative exit, if infrastructure allows.

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC) PREPAREDNESS GUIDANCE

- Adjust Correctional Officer post assignment to ensure officers stay with specific units, so that if there is an outbreak the cross contamination/exposure is limited.
- Appropriate wearing of PPE for staff and inmates (see [PPE guidance](#)^{ix}).
- PPE and appropriately placed soap and water/at least 60% alcohol hand sanitizer available throughout the institution, prepositioned close to all common use, high touch surfaces.

Food

- Serving arrangements must be consistent with the practice of physical distancing (>2 m), wherever possible.
- In an institution with an outbreak, inmates must be served individualized food trays (if possible individual recyclable paper/cardboard containers) to reduce exposures related to sharing a kitchen. Where possible, individualized food trays are recommended at site without an outbreak, particularly heavily populated institutions.
- Consider transmission potential/prevention where laundry machines are located next to in-use self serve food preparation in a common area.

Laundry

In an outbreak: double bag contaminated laundry (e.g. cloth PPE and patient laundry) and wash at centralized laundry facility, if available. All staff providing direct care to COVID patients who have contact with soiled bedding/linens/laundry must consider additional precautions (e.g. gown and gloves) and practices for handling, including placement in a dedicated soiled linen container.

Ensure there are frequent and enhanced cleaning of the personal (e.g. on unit) laundry machines in between use.

Waste from Cells/Rooms

Process for daily disposal of waste in an outbreak: double bag and dispose of in accordance with municipal guidelines.

Cleaning

Note: Cleaning best practices for Health Centres and Regional Hospitals^{xv} are available on the Hub. These practices are expected to be in place at all institutions. In outbreak situations, these practices are to be extended to all institutional areas as appropriate and the following guidance, along with the COVID-19 Cleaning and Disinfecting Guidance and Cleaning and Disinfecting Cells and Public Spaces^{xvi} is intended to augment these practices.

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 PREPAREDNESS GUIDANCE

Ensure that all cleaning and disinfecting products that are used are on the PHAC approved list^{xvii}. Ensure PHAC/HC approved disinfection products, as well as readily available cleaners, are used according to manufactures instruction and contact time.

General Cleaning

- **In an outbreak**, close all impacted areas (i.e. unit and works areas with a suspected or confirmed COVID-19 case) of the institution to enable a deep clean/disinfection.
- Inmate cells in impacted areas must also be thoroughly cleaned and disinfected.
- Review cleaning procedures in detail, in consultation with an IPC expert.
- **Documented quality Improvement spot checks to support adherence to proper cleaning standards.**

Cleaning of Inmate Rooms

- Supplies are provided for inmates to clean and disinfect their room, using approved disinfecting products. Encourage and support inmates to **declutter their living area** to facilitate regular, effective cleaning. This might require storage of cell contents on behalf of inmates.
- **Documented cleaning inspection and education process must be put in place (by the contract cleaner or staff).**

Cleaning of Shared Spaces

- **Declutter:** Removal of all non-essential equipment and materials stored in hallways and common areas.
- Laundry machines/microwave must be cleaned and disinfected before and after use and a schedule for access must be established.
- Showers and sinks must be cleaned and disinfected before and after use, including shower curtains (launder or use disposable shower curtains).
- **Quality improvement spot checks to support adherence to proper cleaning standards and re-education to support effectiveness.**

Cleaning of Shared Equipment

- Telephones must be cleaned and disinfected before and after use, high contact surfaces (light switches; door surfaces), keys, PPAs, pens, electronic scanning/metal detectors. Ensure PHAC/HC approved disinfection products, as well as readily available cleaners, are use according to manufactures instruction and contact time.
- Cleaning transport vehicles (see [Memorandum^{xviii}](#)).
- **Quality Improvement Spot checks to support adherence to proper cleaning standards and re-education to support effectiveness.**

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Cleaning of Health Care Centres (and treatment room outside of HCC)

- **Declutter:** Removal of all non-essential equipment and materials stored in hallways and common areas.
- **Quality improvement spot checks to support adherence to existing Health Care Guidelines.**

Hand Hygiene

- Provide continuous guidance to staff and inmates on hand hygiene and respiratory etiquette.
- Make 60% alcohol based hand sanitizer available for inmates, with appropriate oversight as needed. For example, if unsupervised access is a risk, make it available when staff are present or for certain hours of the day.
- Make 60% alcohol based hand sanitizer available to staff in appropriately situated work areas (e.g. near computers, desks, phones, filing cabinets, control monitoring stations, etc.).

Personal Protective Equipment (PPE)

Health Care providers and staff will use PPE as per the Guidance document^{ix}.

- Donning and doffing stations are located conveniently, to facilitate desired flow of personnel from clean to protected zones and designed to facilitate the procedural steps required. There must also be strategically located no-touch receptacles for disposal of PPE and monitoring and disposal to prevent overflow. Proper hand hygiene is always part of donning and doffing.
- Donning and doffing is a collegially observed activity (i.e. buddy) and corrected to ensure proper technique (improper donning and particularly doffing can increase the risk of spreading the virus if present).
- Implement education and improvement approach for staff not wearing PPE or not wearing PPE correctly (i.e. it is everyone's responsibility, but a staff as specified at the site must be assigned to monitor, remind, and train staff).
- Process for safe, extended use (re-use) of masks based on available supply is established; planning service delivery to reduce the number of masks used (for example, same mask for cohort groups; see PPE guidance^{ix}).
- Posters illustrating donning and doffing are strategically situated as education and reminders.
- Confirm that formal training on donning and doffing has been completed at the site and is available to staff and patients on request. Ensure that staff training is tracked in HRMS.
- Donning and doffing stations are established with clean and protected zones facilitating one-way flow of personnel.

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 PREPAREDNESS GUIDANCE

Inmate Communication and Engagement

- Health staff to consult the document on guidance for communication and engagement with patients about COVID-19^{xix}.
- It is important that inmates understand the rationale for infection prevention and control measures and the benefits to them personally and the institutional community as a whole.
- Provide information on infection prevention and control reasons why the staff are using PPE during higher potential risk activities (e.g., clean-protected person buddy system for medical activities with inmates).
- Explain the requirements for sharing of information with local public health agencies and hospitals, as part of public health safety and infection prevention control within the institutional community.
- Seek inmate suggestions on how best to achieve effective infection prevention and control measures.
- Posters and written information on COVID-19 are provided to inmates and updated as required. Provide communication on inmate television monitors, where feasible.
- Ongoing COVID-19 related meetings with inmate committees and individual inmates.
- Use wellness checks as a means to promote education and answer questions for inmates on medical isolation.

Clinical Coverage and Human Resources Organization

Physician

- Where feasible, increase the number of days, in person and remotely accessible (e.g. telehealth), so that a physician is available 7 days per week and maintain availability of on-call (standby) physician coverage after hours.

Health Care Staff

- Where feasible, develop plans to expand availability of non-physician coverage by health care at "COVID unit" (e.g. zone specified for offenders who have tested positive for COVID).
- Ongoing recruitment for health care staff, including specialists in infection prevention and control, to maintain and expand services where required.

Health Care Staff Rosters

- Establish, where possible and in consultation with the union, two staff rosters with limited to no overlap between the staff groups, in order maximize physical distancing and reduce cross contamination. Where two rosters are not possible, the use of zones to limit the potential for cross contamination may also be used.

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)
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- Where possible, avoid staff working at more than one site or at additional sites outside of CSC (e.g. hospitals). Recognize that this may not be possible in the context of staff shortages. When working at more than one site is necessary, mitigate: a) by duration of assignment (weeks vs days at the same site); b) use of separate office space (if available) and ensure thorough cleaning before and after usage.
- Integrated provision of care, whereby all health care providers (nurses, psychologists, mental health practitioners, social workers, occupational therapists, etc.) are providing care in their area of expertise (counselling and support; suicide assessment; mental health treatment; inmate communication and engagement; family contact; spiritual care; etc.), as well as supporting general care provision (inmate assessment, wellness checks, etc.).

Clinics and Organization of Health Care Service Delivery

- Consult the document on guidance for communication and engagement with patients about COVID-19^{xix}.
- Working together, the physician leads (primary care and psychiatry), institutional physicians, nurse practitioner, and Chief Health Services and Chief Mental Health Services, review essential services and determine the most effective, efficient, and safe way of organizing services. For example: review specialty clinics and establish alternative ways of delivering service (for example, OAT administered at the cell ... Suboxone with or without post security observation – security decision; exchange of supplies for PNEP at the cell; etc.).
- Each site must establish a list of individuals who are at higher risk for severe illness as defined by the CDC and PHAC^{xx}.
- Consider the use of telemedicine technology both within the institution (physician/NP/ mental health, etc., in one room and the patient in another area); and externally (consultation, assessment, and treatment via video from the community or regional office or hospital, etc.).
- Dental, optometry, physiotherapy on basis of urgency and in the absence of alternative (rely on primary care physician's judgement. Consider the advice of the respective provincial governing bodies and revise as needed.

Contact Tracing Team Lead^{xxi}

- Contact tracing is an important IPC mechanism in managing the spread of the virus to staff/inmate. Through contact tracing, close contacts are identified and decisions are made about whether or not they need to be away from the work site.
- Each Region must have a lead for contact tracing, who is trained in the process and proficient in the use of the designated Infopoint. Understand the protocols for isolation,

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return to work, and early return to work (always in consultation with the local public health agency).

Collaboration with Local Public Health Agency

There must be a **verifiable documented process** for the following:

- Contact person(s) for local public health (not just a number to call) for daily reporting to public health (**use of required local public health agency forms**); ongoing verbal discussions with local public health agency.
- Systematic documentation on all information that is shared with local public health agencies.
- Ensure inmates understand CSC's requirement to share certain information, the rationale and benefits to them personally and to the overall institutional community, the external community (public health safety), and hospitals.
- Process for accessing swabs (i.e. if CSC purchased swabs that are not used by the local labs), testing, documenting, etc.
- Work to establish local infection prevention control committee with representation from local public health (grouped according to local public health catchment area. The committee should include senior operations; Elder, etc.).
- National Headquarters, Health Services is informed of sharing of personal health information in order to inform the Office of the Privacy Commissioner

Hospital Contact

There must be a **verifiable documented process** for the following:

- Specific contact with the local hospital (the primary care physician lead should be the main CSC contact).
- Protocol for admission and discharge (inclusive of the threshold of care possible in the institution in combination with CSC's 24/7 continuing/transitional care unit).
- Clinical care guidance outlines the requirements for a continuing/transitional care 24/7 unit (oxygen; IV etc.).
- Protocol for contacting an appropriate individual at a hospital in the event of an inmate escort to determine and confirm hospital policies, practices, controls, and PPE for the inmate and escorting staff.

Sharing of Information

There must be a **verifiable documented process** for sharing information with public health agencies and health authorities.

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Daily Reporting

Reporting on the following (as per the CSC COVID-19 Testing).

- Hospitalization
 - CSC hospital or infirmary
 - Outside hospital
- Positive, negative, inconclusive, pending
- Recovery
- Death
- Staff positive cases, work refusals and office closures (monitored by labour relations)

Inmate Release

- See guidance document on inmate releases^{xxii}.
- Release of inmates to the community must be planned in consultation with local public health and in accordance with legislative requirements.

ⁱ Draft - Updated April 30, 2020; Revised May 4 2020, inclusive of feedback from Public Health Agency of Canada. Revised May 10, 2020 based feedback received from Labor Relations/Occupational Health & Safety, Regional Deputy Commissioners and National Health and Safety Policy Committee.

ⁱⁱ Signs or symptoms may include:

- Fever (temperature of 37.8°C or greater), OR
- Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
- Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, or headache.

ⁱⁱⁱ Public Health Agency of Canada (May 12, 2020). <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

^{iv} Public Health Agency of Canada. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

^v See Appendix A Contact Tracing Guidelines for definition of close and casual contact.

^{vi} Principles provided by Mike Kekewich and Dr Jacky Parker, Department of Clinical and Organizational Ethics, The Ottawa Hospital.

^{vii} COVID-19: Screening Questions

^{viii} Alcohol based hand sanitizer must be at least 60% alcohol.

^{ix} COVID-19 Update Personal Protective Equipment

^x Inmates COVID-19 Brief Screening for Use by Operations (pending)

^{xi} COVID-19 Screening Form for Use by Healthcare (pending)

^{xii} New Warrants of Committal>Returns to Federal Custody and Symptomatic Inmates Algorithms and Direction for Releasing Offenders from Medical Isolation

^{xiii} Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area)

^{xiv} Tip No.84 New COVID-19 Measurements Documentation

^{xv} Cleaning Best Practices for Health Services

^{xvi} COVID-19: Cleaning and Disinfecting Guidance and Cleaning and Disinfecting Cells and Public Spaces

^{xvii} The Public Health Agency of Canada lists approved hard surface disinfectants for emerging viral pathogens <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

^{xviii} Memorandum CSC COVID-19 Preparedness: Cleaning Requirements

^{xix} Guidance on Staff Communication and Engagement with Patients about COVID-19

^{xx} Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older

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People of all ages with underlying medical conditions, particularly if not well controlled including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- People with hypertension (<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19/coronavirus-factsheet-people-at-high-risk-en.pdf>)

- [Monitoring Vulnerable Individuals for COVID-19: Health Services Practice Reminder](#)

^{xxi} [COVID-19 Contact Tracing Guideline](#); [COVID-19 Contact Tracing Poster](#), [Manager's Guide COVID-19: Contact Tracing of Symptomatic Employee/Contractor](#), [Symptomatic Employee/Contractor Guide - Contact Tracing for COVID-19](#), [Return to Work for Staff/Contractor Algorithm](#), and [Contact Tracing of Symptomatic Employee/Contractor Algorithm](#)

^{xxii} [Bulletin Case Management: Release/Discharge Planning in Light of COVID-19](#); [Discharge Planning for COVID-19: Health Services Practice Reminder](#)



CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



COVID-19: Guidance for Dental Services

UPDATED: JANUARY 18, 2021

Created: July 9, 2020

COVID-19: GUIDANCE FOR DENTAL SERVICES

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Document History

Revision Date	Description of Revisions
July 9, 2020 Document was created	The dental guidance was presented to the National Medical Advisory Committee (NMAC) at the June 4, 2020 meeting. The members of the committee provided their endorsement on the new dental direction for CSC.
January 18, 2021	Addition of considerations for ventilation, removed requirement for hydrogen peroxide rinse, and updated settle times for aerosol generating medical procedures. The changes were discussed and approved by NMAC at the meeting on December 14, 2020.

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Introduction

Due to the risks associated with COVID-19, dental workplaces require careful planning and enhanced guidance to support the safe delivery of dental services. Dental workplaces are particularly vulnerable to viral transmission, due to nature of aerosol generating dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen by a dental contractor in a day. This document provides interim guidance, in the context of the COVID-19 pandemic, for dental contractors in CSC. Dental contractors providing any in-person care amidst the COVID-19 pandemic must also adhere to the direction of provincial public health, and their governing college to promote their safety, as well as the safety of CSC's patients and staff.

This guidance document was developed using the best practice information currently available. It will be updated as new information becomes available.

Infection Prevention and Control

Modifications to dentistry practice in the context of COVID-19 are based on reducing the spread of infection. Infection prevention and control (IPC) practices within CSC are essential to promote the health and wellbeing of patients, employees, and contractors. It is important to note that this document focuses only on IPC measures for COVID-19 in dental settings; for additional information on IPC practices within CSC, please see [COVID-19 Infection Prevention and Control Preparedness Guidance](#) and [Infection Prevention and Control Guidelines](#). For further information related to CSC's interim measures related to COVID-19, please see the [COVID-19 Guidance Documents](#) on the Hub.

Infection Prevention and Control Measures for Dental Procedures (COVID-19)

Practice Requirements

General Infection Prevention and Control Measures

In addition to routine practices (see [Infection Prevention and Control Guidelines](#)):

- The dental room must have a closed door because of possible aerosol generating medical procedures (AGMP) such as high speed hand pieces, air water syringes, and ultrasonic instruments.
- The dental room must be decluttered as much as possible (this includes removing any non-dental equipment or supplies stored in the dental room, computers, etc.).
- Ensure the availability of 60-90% alcohol based hand rub (ABHR)¹ or other hand sanitizer approved by Health Canada for COVID-19² at entrance and throughout the office.
- Only necessary personnel for the dental case must be in the immediate environment.

¹ **Public Health Agency of Canada (2020)**. Infection prevention and control for COVID-19: Interim guidance for long term care homes. Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>

² **Public Health Agency of Canada (2020)**. Hard-surface disinfectants and hand sanitizers (COVID-19): List of hand sanitizers authorized by Health Canada. Retrieved from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

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- Ensure appropriate signage is posted in common areas, including topics such as hand washing, respiratory hygiene, and physical distancing (See [COVID-19 Information for Offenders](#) and [COVID-19 Wash Your Hands](#) for signage).
- See [COVID-19 Infection Prevention and Control Preparedness Guidance](#) for more information on IPC measures for COVID-19.

Ventilation Considerations

For dental procedures that are aerosolizing, the following considerations are warranted regarding ventilation:

- Confirmation that the air change per hour (ACH) in the dental clinic > 6.
- Where the ACH is < 6, the clinic will require a portable HEPA filter unit before aerosolizing dental procedures can be initiated, however non-aerosolizing procedures should be initiated.
 - Where necessary, clinics with an ACH < 6 and without a HEPA filter may perform AGMPs if a 3 hour settle time occurs after the procedure. To optimize scheduling, patients that require aerosolizing procedures could be seen in the last timeslot of the day.

Additional Considerations for Ventilation:

- Increase outdoor air by maximizing fresh air intake and opening windows.
- Use MERV 13 filters in the ventilation system for the building or section of the building serving the dental clinic (or the filter with the highest possible filtration level for that particular system).

Cleaning

- Full cleaning and disinfecting of the dental room before procedures.
- Cleaning and disinfecting in between patients by dental contractor.
 - **For AGMP's:** Following the appropriate settle time, dentists must ensure that operatories (including all clinical contact surfaces and equipment) are cleaned and disinfected prior to treating a new patient. This should include all surfaces and floor where droplets could settle.
 - **For non-AGMPs:** Clean the operatory room clinical contact and housekeeping surfaces as per normal infection prevention and control (IPAC) protocol.
- Full cleaning and disinfecting of the dental room at the end of the day.
- Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectant that are registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- The use of an electrostatic machine is recommended at the beginning and end of the day, as well as after any AGMPs performed on known COVID-19 positive patients, if available at the institution and based on the availability of cleaning staff. Please note that use of an electrostatic machine is in addition to routine cleaning and disinfection, not a replacement. Personal Protective Equipment (PPE)

The following PPE is required for all dental procedures in CSC: N95 mask (or equivalent KN95 mask approved by Health Canada), face shield, gown, and gloves.

- CSC staff and contract dental providers, must be trained in personal infection prevention and control practices including donning and doffing PPE ([COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#)).

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- Although not all dental procedures are AGMPs, to avoid changing from a medical/procedural mask to an N95 mask while attending to the patients, CSC will require that an N95 mask be used for all procedures.
- Staff and contract dental providers must have been fit tested for an N95 mask. If KN95 masks are used, they do not require fit testing. However these masks still require the user to perform a seal check prior to entering the dental room (see [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for KN95 seal check instructions).
- An N95 mask may be used for the entire duration of the clinic provided it has not been manipulated and is not visibly soiled, damp, damaged or difficult to breathe through.
- A face shield is mandatory and may be used for the duration of the clinic as well, provided it is disinfected between patients and discarded if it is visibly soiled, damaged or difficult to see through (see [Guidance on Reusing Eye Protection](#)). Regular glasses and loupes can be worn under the face shield in addition, if desired/required.
- Gown and gloves should be changed between each patient, at the appropriate, separated donning and doffing stations.

Please see [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for PPE guidance that staff and contractors must adhere to while in CSC institutions, which includes universal masking protocols to be followed at all times in between dental procedures.

Security

- The dental room should ideally have a door that allows the correctional officer to have a clear view into the room.
- All persons in the room must wear personal alarms.
- If a correctional officer is waiting outside the dental room, the officer must have the appropriate (PPE) available in case entry to the dental room is required.
- No casual entry into the dental room is permitted during procedures. Place a sign on the door to indicate this (see Appendix A).
- If the correctional officer remains in the room, the officer must wear full PPE including an N95 mask.

Please see the **CSC Dental Relaunch Checklist** (see Appendix B) for a list of considerations when preparing for the relaunch of dental services.

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Patient Flow

- Dental contractors should perform a point-of-care risk assessment for all patients prior to commencing the appointment to determine if the patient is experiencing symptoms (see [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for more information about this assessment) and must brief the patient on the risk of transmission of COVID-19 related to dental aerosols.
 - If the patient is experiencing symptoms, the inmate should return to their cell and not enter the dental clinic. The appointment should be rescheduled to a later date (at least 14 days later) if possible. Refer to [Patient Journey Algorithm for Symptomatic Inmates and Close Contacts](#).
 - If a patient experiencing symptoms requires urgent/emergency dental attention, the dentist may use their clinical judgement to decide whether or not to proceed with the dental procedure.
- Each patient is to have their temperature taken (recorded in OHIS-EMR measurements) prior to commencing the appointment.
 - If the patient's temperature is above 38°C, the patient should not be placed in the dental room, but the dentist should assess if the fever may be related to a dental infection. Refer to the [Patient Journey Algorithm for Symptomatic Inmates and Close Contacts](#).
 - If there is any indication that the fever may be related to a dental infection or if the patient requires urgent/emergency dental attention for another reason, the dentist may use their clinical judgement to decide whether or not to proceed with the dental procedure.
- All staff, including dental contractors, should be screened by operations for symptoms of COVID-19 upon entering the institution. If staff develop symptoms while in the work place, they must return home immediately.
- Four handed dentistry (the dentist and the assistant working as a team to provide dental care) should be practiced at all times.
- Prior to leaving the appointment, patients should be instructed to monitor for symptoms and notify Health Services if symptoms develop within the 14 day period after the appointment. Health Services staff must then follow the [Patient Journey Algorithm for Symptomatic Inmates and Close Contacts](#) and notify the dental contractors involved in the appointment.

During the Appointment

Have the inmate perform hand hygiene (either with ABHR, another hand sanitizer approved by Health Canada for COVID-19, or soap and water) upon arriving.

1. Perform hand hygiene and don PPE consisting of a gown, N95 mask, face shield, and gloves for all cases by the dental contract staff and security if there is any possible risk of the need for their intervention.
2. Close the door to the procedure room and place a sign on the door that indicates the door should not be opened during the procedure (See Appendix A).
3. High volume suction (HVS) is to be used.
4. Use rubber dam whenever possible.
5. Once the procedure is complete, the inmate should be directed to perform hand hygiene first and then don their mask prior to leaving the room.
6. Change gloves (performing hand hygiene as outlined in [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#)).
7. Clean and disinfect operatory using hospital-grade disinfectant while wearing PPE.

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8. Doffing of PPE by dental personnel is performed in the designated area and disposed of into the designated no-touch waste receptacle. Follow continuous masking requirements as outlined in the COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment).
9. Ensure the door remains closed post-procedure and is not used for another inmate until settle time is completed.

Settle time

The “settle time” is the amount of time needed for airborne organisms that may be created during an AGMP to settle out of room air or infectious aerosols and land on surfaces. Settle time starts following an AGMP when a pathogen (e.g., COVID-19) has the potential to be aerosolized during the procedure.

If the dental procedure was an AGMP:

- The settle time (below) begins as soon as the room is emptied³:

AGMP Precautions	Settle Time
AGMPs performed using dental dams for the entire procedure, proper PPE, and high-volume suction	15 minutes
AGMPs performed without any one or more of the following: dental dam for the entire procedure, proper PPE, or high-volume suction (for example, a surgical extraction, where a rubber dam cannot be used)	As calculated by National Headquarters based on room dimensions, ACH of the room, and airflow in cubic feet per minute (CFM) of the HEPA filter being used. If the ACH of the room is unknown, a value of 2 ACH will be assumed.

The dental room door needs to remain closed for the settle time duration and no other procedures can take place in this time. The time that the door can be opened should be marked clearly on the door (see Appendix C). Once the wait time has expired full cleaning is performed.

If the dental procedure was not an AGMP:

- There is no wait time necessary and routine practices for cleaning/disinfecting the room prior to the next case can proceed according to established practice standard.

Note: If an institution is situated in an area with a low community incidence of COVID-19, a revised approach to reduce the settle time may be considered.

Scheduling

To optimize the number of appointments available in a dental clinic, consider scheduling appointments in such a way that maximizes the number of patients requiring non-AGMPs and minimizes the number of patients requiring AGMPs. This will reduce wait times in between appointments and increase the number of patients seen in a day. For example, consider starting the clinic with non-AGMPs such as dentures, inquiries/checks, triaging, etc. Schedule appointments that will involve the use of high speed hand

³ **The College of Dental Surgeons of Saskatchewan (2020).** CDSS Alert – COVID-19 Pandemic: IPC Interim Protocol Update. Retrieved from: https://saskdentists.com/images/pdf/temp_files/Alerts__Memos/20200706_CDSS_Alert_-_IPC_Interim_Protocol_Update_-_Phase_4.pdf

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pieces, air water syringes, ultrasonic instruments, or other AGMPs for the end of the work day, where possible, to better accommodate the settle time.

Consider scheduling patients at a higher risk of severe illness from COVID-19 (older adults, those with underlying medical conditions, etc.) at the beginning of the day, first after lunch or on a separate day.

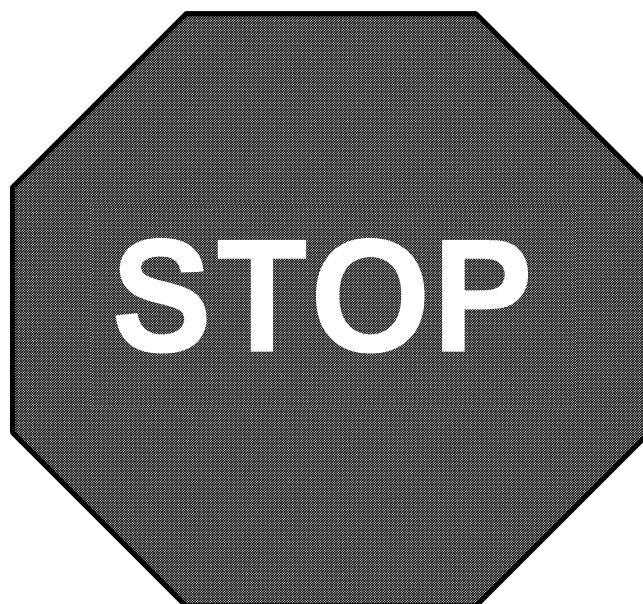
References and Resources

Alberta Dental Association and College (2020). *Expectations and Pathway for Patient Care during the COVID-19 Pandemic. Guidelines for Stage 1: Alberta Relaunch for Dental Practice*. Retrieved from https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Expectations-and-Pathway-for-Patient-Care-during-the-COVID-19-Pandemic_5.25.2020.pdf

Public Health Ontario (2020). *COVID-19: Infection Prevention and Control Requirements for Aerosol-Generating Medical Procedures*. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-aerosol-generating-procedures>

Royal College of Dental Surgeons of Ontario (2020). *COVID-19: Managing Infection Risks During In-Person Dental Care*. Retrieved from https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

Appendix A - Door Signage for Dental Procedures



**DENTAL PROCEDURE
IN PROGRESS**

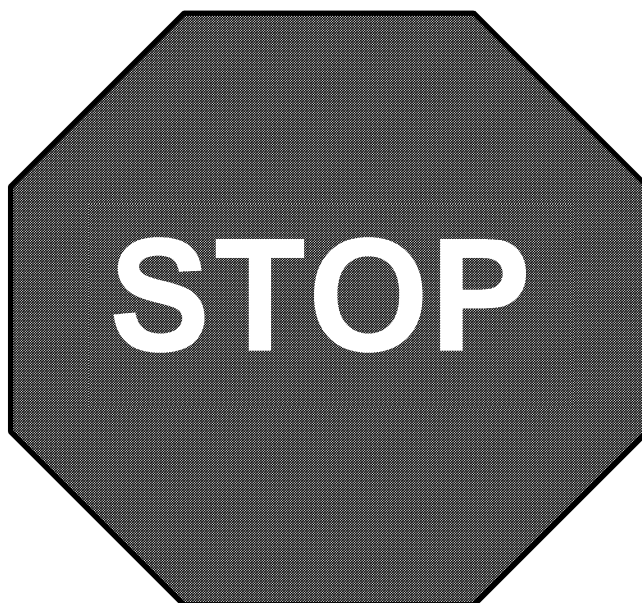
DO NOT ENTER

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Appendix B – CSC Dental Relaunch Checklist

- All staff are briefed on new protocols for providing dental services during the COVID-19 pandemic
- All staff have been fit tested for an N95 mask
- The dental room is free of clutter (meaning it contains only dental equipment/supplies)
- All staff understand PPE expectations and have been trained in the donning and doffing of PPE
- PPE stations are located just outside dental room (according to COVID-19 Update Personal Protective Equipment guidance)
- 60-90% ABHR or other hand sanitizer approved by Health Canada for COVID-19 is available at the entrance and throughout the office
- Appropriate signage is visible in common areas (such as hand hygiene, respiratory etiquette, physical distancing, etc.)
- A door sign is available to stop any entrance to the dental room while a procedure is underway
- Cleaning plan is established to ensure appropriate cleaning and disinfection before patients, between patients, and after patients
- Schedule allows for appropriate settle time after appointments that require AGMPs

Appendix C - Door Signage for AGMP Settle Time



AGMP COMPLETED AT:

SETTLE TIME:

SAFE TO ENTER ROOM AT:

Infection Prevention Control Checklist

Institution: _____

Date Completed: _____

Auditor 1 Name and Title: _____

Auditor 1 Contact Information: _____

Auditor 2 Name and Title: _____

Auditor 2 Contact Information: _____

INSTITUTION

1.1 INFECTION CONTROL STANDARDS

Indicator	Complete
1.10 Handwashing stations with soap and water or at least a 60% alcohol-based hand rub (ABHR) are available at the entrance before people get their mask.	Yes / No
1.11 There is a process in place for the active and consistent screening at the institutional entrance where all staff, essential visitors and volunteers entering are asked about COVID-19 symptoms, and receive a temperature screening. Anyone with a temperature of 38°C or higher is denied entry.	Yes / No
1.12 a. Masks are being handed out by the employee at the reception desk. b. State how is this being done.	Yes / No Describe in Appendix A.
1.13 There is a manager observing the screening process.	Yes / No
1.14 There is a process in place for disinfecting items (including pens, clipboards, visitor passes and lockers) at the reception area.	Yes / No
1.15 There is a staff member present to monitor the use of masks within the institution.	Yes / No
1.16 Bins and belts are cleaned and disinfected between staff entering the institution.	Yes / No

1.2 SIGNAGE

Indicator	Complete
1.20 Bilingual Signage for each of the following easily visible at a key location: a. Active Screening for Persons Entering the Institution b. Visitor Restrictions c. How to Protect Selves (handwashing, monitoring for symptoms)	a. Yes / No b. Yes / No c. Yes / No
1.21 Information on hand hygiene, physical distancing and self-monitoring for symptoms are visible in staff and inmate accessible areas. Posters should include written instructions, sources for additional information, and be issued by CSC to ensure consistency across institutions.	Yes / No
1.22 Donning and Doffing posters are visible where PPE is donned and doffed. Donning and doffing poster are located as close as possible to the donning and doffing areas to facilitate readability.	Yes / No
1.23 There is signage to direct the flow of movement in and out of donning and doffing stations, to provide a better control of the environment and reduce chances of cross-contamination (i.e. no contact between clean PPE and used PPE).	Yes / No
1.24 Floor stickers are placed on the floor 2 metres apart to promote physical distancing in common areas where people may congregate (i.e., main entrance, medication line, in front of sinks, and in lunch rooms).	Yes / No
1.25 Where applicable, there is a sign in elevators indicating the maximum number of occupants at a time.	Yes / No

1.3 SUPPLIES

Indicator	Complete
1.30 Supplies for cleaning and disinfection are easily accessible and readily available, for staff and inmates, and are found in key locations (i.e., near shared equipment, in common areas, where PPE is put on/removed).	Yes / No
1.31 Disinfectant products approved for COVID-19 (with DIN number, appropriate labels and disinfection times) are provided. Proper dispenser (test) strips that state appropriate disinfection concentrations are included to ensure staff and inmate safety.	Yes / No
1.32 There is a staff member responsible for verifying disinfectant concentrations and expiration dates, regularly.	Yes / No

1.4 ENVIRONMENTAL CLEANLINESS

Indicator	Complete
1.40 An accountable manager, responsible for auditing cleaning practices (i.e., monitoring the disinfection of any surfaces that may be touched by an infected patient/inmate while out of the room) is identified.	Yes / No
1.41 Inmates are instructed to regularly declutter and keep their cells clean.	Yes / No
1.42 All non-essential equipment/materials stored in the following areas are kept to a minimum: a. Hallways b. Health Services c. Common areas Remove all unnecessary items from counters (including the pamphlets located in the reception area, and magazines located in the visitor area) and keep surfaces uncluttered to facilitate cleaning and disinfection.	a. Yes / No b. Yes / No c. Yes / No
1.43 Contaminated laundry is bagged and washed in hot water at a centralized facility in the institution. Bins containing contaminated laundry are kept covered, and contaminated laundry is marked with a biohazard sticker.	Yes / No
1.44 Plywood dining tables should be covered with a smooth, non-absorbent and easily washable material/table cloth.	Yes / No

1.5 ENVIRONMENTAL STRUCTURE

Indicator	Complete
1.50 Donning and doffing stations are set-up, physically separated, and appropriately located outside of isolation zones to support the desired flow of staff from clean to protected zones.	Yes / No
1.51 Clean gloves and masks are located outside of the doffing station for staff to access after washing their hands and exiting the doffing station.	Yes / No
1.52 Soap and water (or at least 60% ABHR) and disinfectant wipes approved for use for COVID-19 are available throughout the institution (i.e., the entrance/exit of each zone or wing, cafeteria entrance, boardrooms, staff lounge, nursing stations, and control posts) and are appropriately placed in proximity to all common use, high touch surfaces and entrance units.	Yes / No
1.53 60% ABHR for inmates is placed in a space where its use can be observed and monitored.	Yes / No
1.54 No touch receptacles for disposal of PPE are available and properly emptied to prevent overflow.	Yes / No
1.55 There is an established program for maintaining heating, ventilation and air conditioning (HVAC) systems appropriate to the care setting, with specific expectations for dental and CPAP, as per CSC Guidelines.	Yes / No
1.56 There is a sign-in and sign-out sheet located at both the donning and doffing stations to record the time of entry and time of exit, and to report PPE deficiencies (breakage/breaches).	Yes / No
1.57 Potentially contaminated equipment (including used PPE or waste) from the dirty zone is not stored in the clean zone.	Yes / No

1.6 HEALTH SERVICES

Indicator	Complete
1.60 There are physically separated ranges identified to cohort the following groups of inmates: (i) those who are symptomatic/awaiting test results, (ii) new warrants of committal/return to federal custody, and (iii) confirmed positive cases	Yes / No
1.61 Upon entry into the Health Care Centre, all individuals should wash their hands at the sink with soap and water or disinfect using 60% ABHR.	Yes / No
1.62 Arrangements have been made to perform and document daily wellness assessments performed for all inmates in medical isolation.	Yes / No
1.63 Arrangements have been made to monitor and document inmates who are at increased risk of illness, based on identification of underlying medical conditions.	Yes / No
1.64 Has the capacity to provide oxygen therapy.	Yes / No
1.65 Has the capacity to provide intravenous medication/fluids.	Yes / No

1.7 OUTBREAK MANAGEMENT

Indicator	Complete
1.70 A verifiable, documented process is in place for the following: <ul style="list-style-type: none"> a. Contact person(s) for local public health (not just a number to call) for daily reporting to public health (use of required local public health agency forms) with ongoing verbal discussions with local public health agency (provide name and contact information); b. Systematic documentation on all information to be shared with local public health agencies; c. Discharge/Release; d. A local and regional IPC/Outbreak committee with representation from local public health (grouped according to local public health catchment area has been established); e. National Headquarters, Health Services is informed of sharing of personal health information in order to inform the Office of the Privacy Commissioner. 	<ul style="list-style-type: none"> a. Yes / No b. Yes / No c. Yes / No d. Yes / No e. Yes / No
1.71 There is a plan in place describing how areas impacted by outbreak will be deep cleaned and disinfected (including showers which should be washed and disinfected after each use and shower curtains should be washed regularly). Describe this plan.	Yes / No Describe in Appendix A.
1.72 In an outbreak, waste from cells/rooms is double bagged and disposed of daily in accordance with municipal guidelines.	Yes / No
1.73 Food service arrangements have been made to enable the practice of physical distancing. In outbreak institutions, use disposable food items (i.e., plates, cutlery) and tray service. It is recommended that all food handlers wear a surgical mask that covers both the mouth and nose to prevent droplets from getting onto food or food containers.	Yes / No
1.74 In an outbreak there is a plan to restrict the movement of inmates within the institution, including preventing the congregation of inmates in common areas, as well as discontinuation of all non-essential activities, including communal activities.	Yes / No
1.75 The movement of presumptive and confirmed inmate cases is as follows: <ul style="list-style-type: none"> a. Presumptive cases should be medically isolated or placed on modified routine as per the symptomatic inmate and close contacts algorithm. b. Confirmed cases should remain in their cell. Care and essential activities should be provided in their individual cell. 	<ul style="list-style-type: none"> a. Yes / No b. Yes / No
1.76 Protocols exist for transferring inmates who test positive for COVID-19 <ul style="list-style-type: none"> a. within institutions b. between institution c. to and from community 	<ul style="list-style-type: none"> a. Yes / No b. Yes / No c. Yes / No
1.77 In the case of an outbreak, physician services can be made available 7 days per week on site and stand by coverage is available if needed.	Yes / No
1.78 In the case of an outbreak, nursing services can be made available 24 hours per day, 7 days per week.	Yes / No
1.79 Percent of staff on 699 leave by staff grouping	State in Appendix A.

Indicator	Complete
1.80 Where possible, health services and care are provided in a purposeful direction, from presumptive to confirmed cases in order of risk, with attention to PPE to prevent cross-contamination and potential transmission from 'clean' areas to 'contaminated' areas.	Yes / No

2. OFFENDER CARE AND ENGAGEMENT

2.1 EDUCATION

Indicator	Complete
2.10 Inmates are explained (a) the rationale for the IPC measures (including, why staff are using PPE during higher risk activities and why medical isolation is an important measure), (b) the requirements for sharing of information with local public health agencies and hospitals, and how this benefits their health and the institution, and (c) the importance of reporting symptoms.	a. Yes / No b. Yes / No c. Yes / No
2.11 Continuous guidance on proper hand hygiene protocols.	Yes / No
2.12 Continuous guidance on mask use, including reinforcing the need for masks among inmates when outside their cells and to change masks at least daily, and/or when visibly soiled or wet.	Yes / No
2.13 Continuous guidance on cleaning procedures and respiratory etiquette, as well as encouragement to report symptoms is provided to inmates. A comprehensive cleaning and disinfection procedure has been developed to indicate: (a) what surfaces are to be cleaned and disinfected, (b) how often and in what order they are to be cleaned and disinfected (e.g. cleanest to dirtiest), (c) what maintenance equipment and disinfectant products are to be used, (d) what the product dilution ratio (concentration) is, (e) what contact time is required, (f) what PPE is to be worn, and (g) how the PPE is to be donned and removed.	Yes / No
2.14 Inmate rooms are inspected and training/education on cleaning and disinfecting is available/ongoing.	Yes / No
2.15 Safety data sheets (WHIMIS) are provided to the inmate for disinfection products.	Yes / No
2.16 Large posters and written information on COVID-19 are provided to inmates and, where available, is provided on inmate television monitors.	Yes / No

2.2 COLLABORATION

Indicator	Complete
2.20 Ongoing COVID-19 related meetings are held with inmate committees, range representatives and individuals inmates, and suggestions are sought.	Yes / No

2.3 MOVEMENT, TRANSFERS AND RELEASES

Indicator	Complete
2.30 Release of inmates to the community is be planned in consultation with local public health and in accordance with legislative requirements.	Yes / No
2.31 Transport vehicles are cleaned and disinfected before and after use. It is encouraged to have a written protocol outlining the defined roles for staff members (including cleaning responsibilities) and a route of transport for the inmate is identified.	Yes / No

3. STAFF

3.1 TRAINING

Indicator	Complete
3.10 Formal and hands-on training for staff on the donning and doffing of PPE have been conducted and educational support is readily available. This includes demonstration of competency in donning and doffing protocols and documentation of training. Regular check-ups are practiced.	Yes / No

Indicator	Complete
3.11 All staff and contractors are routinely trained on practices and additional precautions for IPC as per National standards, including respiratory etiquette and hand hygiene, as well as reminders of compliance fatigue. Continuous guidance and quality assurance checks are provided.	Yes / No
3.12 Masks are changed at least daily, and/or when visibly soiled or wet and the proper procedure for re-use of masks is available, when applicable.	Yes / No
3.13 Proper protocols exist for when in staff room/eating.	Yes / No
3.14 Staff are encouraged to remove any unnecessary items on desks and place them in cabinets.	Yes / No
3.15 PPE is collegially observed during donning and doffing, and correction is provided to ensure proper technique. Education and reminders from managers are provided to those not wearing PPE or not wearing PPE properly.	Yes / No
3.16 Staff hand hygiene is reinforced when moving between buildings.	Yes / No
3.17 Staff who come in contact with soiled bedding or linens use appropriate PPE (gown, gloves and mask) while doing so, and place in dedicated soiled linen container.	Yes / No
3.2 OCCUPATIONAL HEALTH AND SAFETY	
Indicator	Complete
3.20 An Occupational Health and Safety (OH&S) workplace policy is put in place, clearly outlining the roles and responsibilities of staff.	Yes / No
3.21 Staff have access to an occupational health and safety committee.	Yes / No

Please document any additional comments in Appendix B.

APPENDIX A

Indicator	Comments
<p>1.12 Describe how masks are being handed out by staff at the reception desk.</p>	
<p>1.71 Describe the plan regarding how areas impacted by the outbreak will be deep cleaned and disinfected.</p> <p>Consider the following:</p> <p>Are high-touch surfaces including telephones, door knobs, commonly used equipment being cleaned regularly?</p> <p>Are showers being washed and disinfected after each use?</p> <p>Are shower curtains being washed regularly?</p> <p>Are cleaning contracts necessary and have they been established?</p>	
<p>1.79 State the percent of staff on 699 leave by staff grouping.</p>	

APPENDIX B

Indicator	Comments
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	

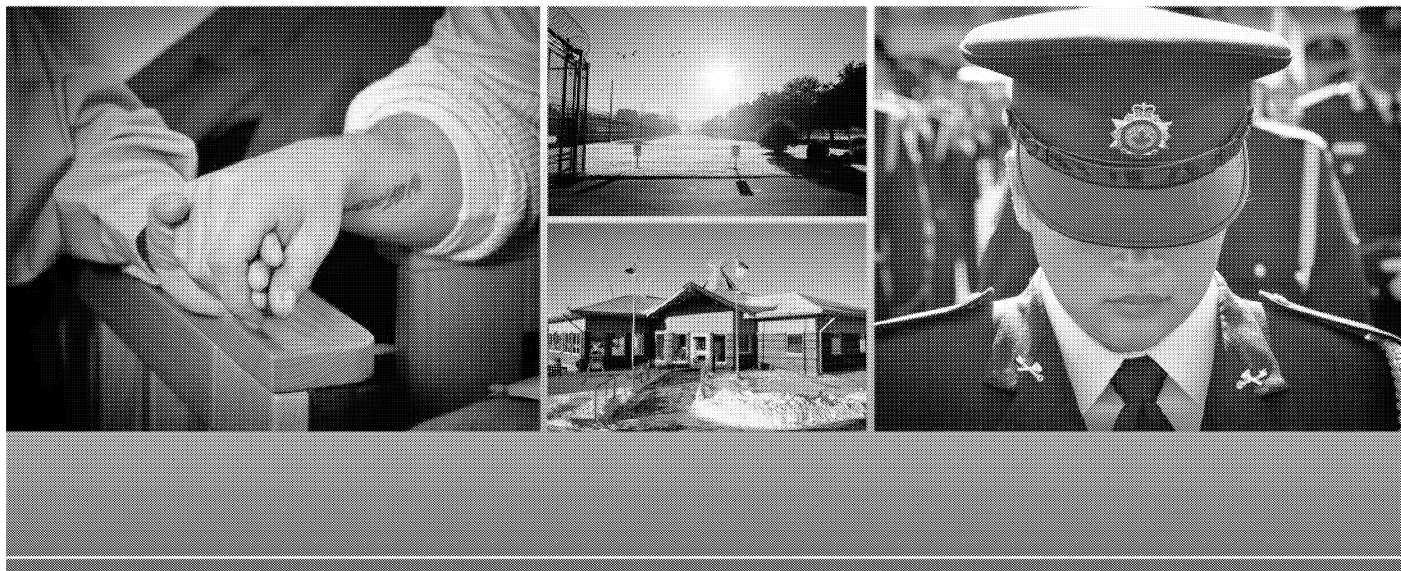
Indicator	Comments
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	

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COVID-19 Testing Strategy

JULY 8, 2020

COVID-19 TESTING STRATEGY

Document History

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.
May 22, 2020	Updates made throughout the document.	Expanded the introduction to the testing strategy; extended the strategy to include CCCs; new additions were made to the symptomatic testing strategy regarding asymptomatic contacts; added a section regarding testing new Warrants of Committal and returns to federal custody; extended the proportion of staff/contractors eligible for asymptomatic screening in the context of elevated community transmission.
June 18, 2020	Updates made to throughout the document.	Testing strategy now includes intakes and releases, as well as extends asymptomatic screening to all staff/contractors and all offenders at identified at-risk sites. Document reorganized to improve the structure and flow.
July 8, 2020	Added Appendix A.	The consent form for the disclosure of COVID-19 testing information upon release (Appendix A) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning

COVID-19 Testing Strategy

Purpose

CSC's COVID-19 Testing Strategy is intended to support clinical decision-making, with respect to COVID-19 testing, within CSC institutions and Community Correctional Centres (CCCs).

Specific scenarios where testing is universally warranted to contain and prevent the spread of COVID-19 within CSC institutions/CCCs is provided.

In addition to the specific testing scenarios outlined below, physicians and/or nurse practitioners may also order COVID-19 tests, based on their clinical judgement. Like all diagnostic tests, testing for COVID-19 require physician or nurse practitioner authorization and patient consent.

Introduction

In response to the COVID-19 public health risk, CSC has implemented a series of comprehensive measures to prevent and contain the spread of the virus in federal institutions and CCCs. The COVID-19 Testing Strategy is meant to compliment, not replace, these efforts. Testing, even when done on a large scale, does not replace the need for timely contact tracing and diligent implementation of infection prevention and control measures.

This strategy outlines the scenarios within which timely testing can contribute to identifying and/or preventing the introduction of COVID-19 within CSC institutions and CCCs, and facilitating prompt implementation of containment measures. These scenarios include:

- Testing on **intake and release**;
- Early screening of **symptomatic staff/contractors and offenders**, and their contacts (both symptomatic and asymptomatic); and
- **Asymptomatic screening** in the context of elevated community transmission.

COVID-19 Symptoms

COVID-19 can present in many different ways, often with very mild symptoms. Early identification of any symptom and prompt testing is critical. Symptoms may include:

- Fever;
- Any respiratory symptoms (such as dry cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any unusual symptoms (such as chills, muscle aches, diarrhea, headache, malaise, loss of taste or smell).

Intake and Release

Testing Guidance

CSC is extending voluntary asymptomatic testing to new Warrants of Committal or returns to federal custody. As an interim measure in response to the COVID-19 pandemic, an offender with a new Warrant of Committal or an offender returning to federal custody is required to medically isolate for 14 days upon arrival to a federal institution. This is to prevent the risk of introducing COVID-19 from the local community into CSC's institutions.

To further strengthen our preventative measures, an offender with a new Warrant of Committal or return

COVID-19 TESTING STRATEGY

to federal custody will be tested at Day 10 to 12 of medical isolation, to help inform clinical decisions related to COVID-19, prior to the offender being transferred to their parent site.

Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

Sharing of Health Information related to COVID-19 Testing upon Release

Community partners (e.g. parole offices, community-based residential facilities/halfway houses, and Chiefs or band councils in Indigenous communities) may request the COVID-19 status of an offender for release planning. The consent form for the disclosure of COVID-19 testing information upon release ([Appendix A](#)) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning.

COVID-19 testing is voluntary. If a patient refuses COVID-19 testing upon release, or does not sign the consent form for the disclosure of COVID-19 testing information upon release, the Chief of Health Services may respond to community partners requesting such information (such as parole offices, halfway houses, and chiefs and/or band councils in Indigenous communities) with the following:

- Health Services does not have the authority to share personal health information if the patient has not provided informed consent.
- The offender has not consented to the sharing of information regarding COVID-19 testing.

Symptomatic Staff and Contractors

Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic staff/contractors;
- Any offender or staff/contractor that is defined as a close contact of the symptomatic staff/contractor, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the closed nature of a correctional institution, consideration may also been given to testing asymptomatic casual contacts who had frequent contact with the symptomatic staff/contractor.

Note that symptomatic staff/contractors and close contacts who are staff/contractors are referred to their local public health authority for testing (as per COVID-19 Contact Tracing Guidelines) and follow-up.

Symptomatic Offenders in Institutions/CCCs

Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic offenders;
- Any offender or staff/contractor that is defined as a close contact, as outlined within CSC's COVID-19 Contact Tracing Guidelines. Testing will be offered once the index case is confirmed positive.

Given the congregate living quarters in CSC institutions, broader testing of asymptomatic offenders is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as one or more confirmed case(s) of COVID-19). The testing approach for asymptomatic offenders, who were

COVID-19 TESTING STRATEGY

potentially in contact with the symptomatic individual, depends on the living arrangements.

Therefore, in institutions with an **active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women's sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected offender(s).
 - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** offenders will be tested based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
 - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all offenders in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all offenders in the pavilion.

Testing Considerations for Outbreak Sites

In an outbreak institution, CSC's Health Services, in collaboration with local public health and the Public Health Agency of Canada (PHAC), may identify a need for enhanced testing of staff/contractors and offenders, beyond what is described above. This may include offering testing to all offenders and staff at the institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Symptomatic individuals and close contacts should, however, be prioritized for testing.

Asymptomatic Screening

Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic screening approaches to testing will complement existing measures to prevent and contain outbreaks within these environments.

Purpose

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Asymptomatic screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as offender population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC's NHQ-HS; institutions flagged for being at risk may be identified for asymptomatic screening measures.

COVID-19 TESTING STRATEGY

Principles

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at select institutions identified as at risk by CSC’s NHQ-HS and in collaboration with regional/site management;
- All staff, contractors, and essential volunteers actively reporting for duty will be offered testing;
- All offenders will be offered testing;
- Participation is voluntary.

Testing Guidance

<i>Parameter</i>	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
Setting	Institutions identified as at-risk by CSC’s NHQ-HS and identified for asymptomatic screening.
Participants	All staff, contractors, and/or volunteers actively reporting for duty in the institution will be offered testing. All offenders will be offered testing.
Recruitment	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site will be provided the opportunity to sign up for testing. Offenders will also be provided the opportunity to sign up for testing. Participation is voluntary.</p> <p>If there is a need to limit testing capacity, based on the availability of resources, testing will be allocated based on a first-come-first-serve basis to those who have expressed interest. CSC will strive to test all who express interest.</p>
Test Results	<p>In the context of asymptomatic screening only, individuals tested are presumed negative until they receive their results. This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and offenders (and their close contacts) where cases are presumed positive until test results are received.</p> <p>If asymptomatic screening yields one or more positive COVID-19 case:</p> <ul style="list-style-type: none"> • Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline. • Given the risk of asymptomatic transmission, broader testing may be required. The decision to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local and federal public health authorities. <p>If asymptomatic screening yields no positive COVID-19 cases:</p> <ul style="list-style-type: none"> • Testing may be continued at the discretion of the NHQ-HS Team, in consultation with the RDC and Institutional Head if the institution continues to be identified as at risk. In these cases, the number of tests and frequency of re-testing will be determined on a case-by-case basis.
Testing Procedures	<p>Sample Collection and Laboratory Testing</p> <ul style="list-style-type: none"> • Sample collection (via nasopharyngeal swabs) and laboratory testing will be completed in collaboration with local public health authority or private lab as needed.
Reporting	Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.

COVID-19 TESTING STRATEGY

Testing Cases for Recovery

At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm.

Offender cases are deemed medically recovered in the following circumstances:

- If the offender was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the offender was asymptomatic: 14 days after test date;
- In the case of immunocompromised offenders: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. offenders who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the institutional physician. If the offender was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

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Consent for Disclosure of COVID-19 Testing Information upon Release

Privacy: Upon release, community partners may request your COVID-19 status. These partners may include parole offices, community-based residential facilities/halfway houses, and chiefs and/or band councils in Indigenous communities. Community partners may request this information to assist in their planning for your release, as well as to help prevent the spread of COVID-19.

If you consent, your COVID-19 testing information will only be shared if:

- The community partner(s) requesting the information is/are involved in your specific release plans; AND
- The community partner(s) request your COVID-19 testing information.

Upon request, the following information will be disclosed to the relevant community partner(s):

- Date of COVID-19 test(s); and
- COVID-19 test result(s).

Contact information: If you have any questions or concerns, please contact a member of health services staff.

I am satisfied with and understand the information given.

I authorize Correctional Services Canada to share my test results with the following parties involved in my release (select all that apply):

- Parole office
- Community-based residential facility or halfway house
- Chiefs and/or band councils, if release to Indigenous community
- Other (please specify): _____

Full name (print):

Signature:

Date:

Witness Statement: (Only Health Services staff may be signed witnesses)

I observed the person providing consent when they signed the consent form.

Full name (print):

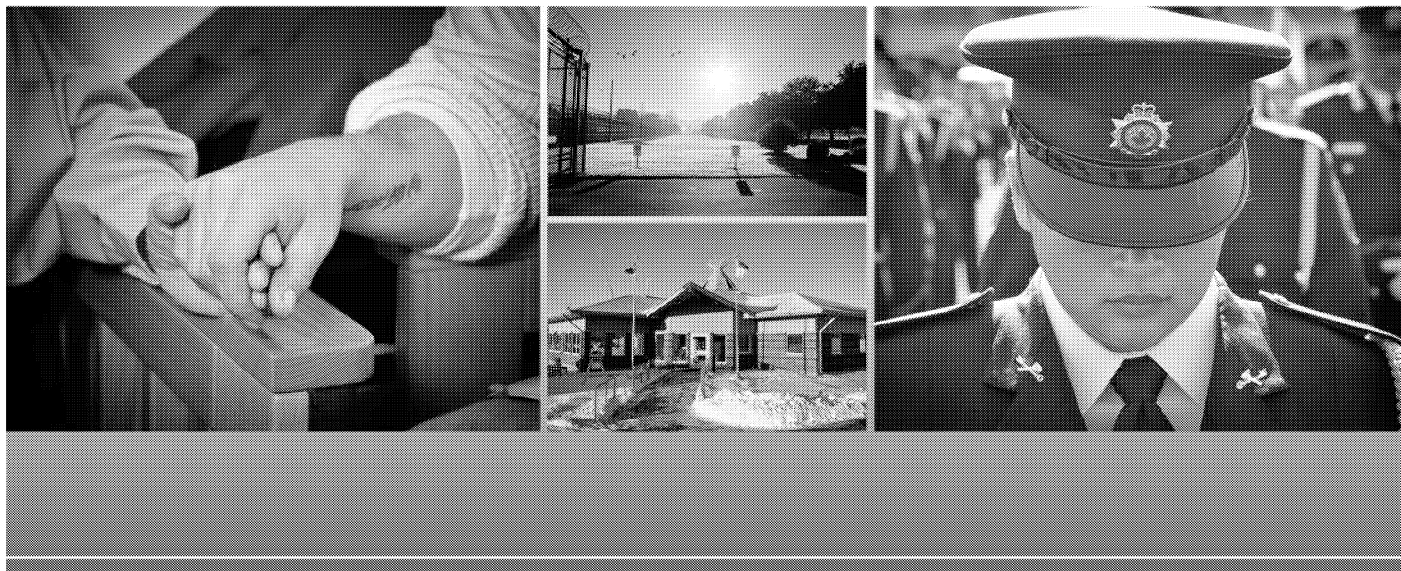
Signature:

Date:



CORRECTIONAL SERVICE CANADA

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COVID-19 Testing Strategy

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COVID-19 Testing Strategy

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COVID-19 TESTING STRATEGY

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Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

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Given the closed nature of a correctional institution, consideration may also been given to testing asymptomatic casual contacts who had frequent contact with the symptomatic staff/contractor.

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Testing is indicated for the following individuals:

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Given the congregate living quarters in CSC institutions, broader testing of asymptomatic offenders is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as evidence of one or more case of transmission within a congregate living site). The testing approach for asymptomatic

COVID-19 TESTING STRATEGY

offenders, who were potentially in contact with the symptomatic individual, depends on the living arrangements.

Therefore, in institutions with **an active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women’s sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected offender(s).
 - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** offenders will be tested based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
 - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all offenders in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all offenders in the pavilion.

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Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic screening approaches to testing will complement existing measures to prevent and contain outbreaks within these environments.

Purpose

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Asymptomatic screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as offender population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC’s NHQ-HS; institutions flagged for being

COVID-19 TESTING STRATEGY

at risk may be identified for asymptomatic screening measures.

Principles

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at select institutions identified as at risk by CSC’s NHQ-HS and in collaboration with regional/site management;
- All staff, contractors, and essential volunteers actively reporting for duty will be offered testing;
- All offenders will be offered testing;
- Participation is voluntary.

Testing Guidance

<i>Parameter</i>	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
Setting	Institutions identified as at-risk by CSC’s NHQ-HS and identified for asymptomatic screening.
Participants	All staff, contractors, and/or volunteers actively reporting for duty in the institution will be offered testing. All offenders will be offered testing.
Recruitment	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site will be provided the opportunity to sign up for testing. Offenders will also be provided the opportunity to sign up for testing. Participation is voluntary.</p> <p>If there is a need to limit testing capacity, based on the availability of resources, testing will be allocated based on a first-come-first-serve basis to those who have expressed interest. CSC will strive to test all who express interest.</p>
Test Results	<p>In the context of asymptomatic screening <u>only</u>, individuals tested are presumed negative until they receive their results. This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and offenders (and their close contacts) where cases are presumed positive until test results are received.</p> <p>If asymptomatic screening yields one or more positive COVID-19 case:</p> <ul style="list-style-type: none"> • Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline. • Given the risk of asymptomatic transmission, broader testing may be required. The decision to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local and federal public health authorities. <p>If asymptomatic screening yields no positive COVID-19 cases:</p> <ul style="list-style-type: none"> • Testing may be continued at the discretion of the NHQ-HS Team, in consultation with the RDC and Institutional Head if the institution continues to be identified as at risk. In these cases, the number of tests and frequency of re-testing will be determined on a case-by-case basis.
Testing Procedures	<p>Sample Collection and Laboratory Testing</p> <ul style="list-style-type: none"> • Sample collection (via nasopharyngeal swabs) and laboratory testing will be completed in collaboration with local public health authority or private lab as needed.

COVID-19 TESTING STRATEGY

<i>Parameter</i>	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
Reporting	Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.

Testing Cases for Recovery

At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm.

Offender cases are deemed medically recovered in the following circumstances:

- If the offender was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the offender was asymptomatic: 14 days after test date;
- In the case of immunocompromised offenders: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. offenders who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the institutional physician. If the offender was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

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SERVICE CORRECTIONNEL CANADA

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Consent for Disclosure of COVID-19 Testing Information upon Release

Privacy: Upon release, community partners may request your COVID-19 status. These partners may include parole offices, community-based residential facilities/halfway houses, and chiefs and/or band councils in Indigenous communities. Community partners may request this information to assist in their planning for your release, as well as to help prevent the spread of COVID-19.

If you consent, your COVID-19 testing information will only be shared if:

- The community partner(s) requesting the information is/are involved in your specific release plans; AND
- The community partner(s) request your COVID-19 testing information.

Upon request, the following information will be disclosed to the relevant community partner(s):

- Date of COVID-19 test(s); and
- COVID-19 test result(s).

Contact information: If you have any questions or concerns, please contact a member of health services staff.

I am satisfied with and understand the information given.

I authorize Correctional Services Canada to share my test results with the following parties involved in my release (select all that apply):

- Parole office
- Community-based residential facility or halfway house
- Chiefs and/or band councils, if release to Indigenous community
- Other (please specify): _____

Full name (print):

Signature:

Date:

Witness Statement: (Only Health Services staff may be signed witnesses)

I observed the person providing consent when they signed the consent form.

Full name (print):

Signature:

Date:



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COVID-19: Cleaning and Disinfecting Guidance

REVISED

MAY 19, 2020

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Background

COVID-19 is a highly transmittable droplet virus that can spread through person-to-person transmission and contact with contaminated surfaces. Emerging scientific literature also suggests that asymptomatic or pre-symptomatic infections are likely contributing to transmission, particularly in closed environments such as long-term care homes and correctional institutions.

COVID-19 is an enveloped virus. This means it is one of the easiest types of viruses to kill with the appropriate disinfectant when used according to label directions.

Purpose

The following guidance summarizes cleaning and disinfection guidance that has been issued over the last two months and incorporates best practices from public health authorities. It is meant to supplement, rather than replace, existing CSC infection prevention and control guidance.

These guidelines are focused on CSC institutions, including CCCs, as a whole, and not just the health care centres.

High Touch Surfaces – Institutional Cleaning

- High touch surfaces include doorknobs, elevator buttons, light switches, toilet handles, counters, handrails, touch screen surfaces and keypads, etc.
- High touch surfaces must be disinfected using a **hospital grade disinfectant**

COVID-19: CLEANING AND DISINFECTING GUIDANCE

labelled as effective for both enveloped and non-enveloped viruses and with a drug identification number. A drug identification number confirms the product is approved for use in Canada*.

- When using a disinfectant it is important to follow the manufacturer's instruction for use, including contact time and expiration date.
- Institutional high touch surfaces must be disinfected **at a minimum, twice per day**, using an **approved disinfectant**.
- If visibly soiled, high touch surfaces must first be cleaned prior to disinfecting. More detailed disinfection instructions are attached at Annex A for the institutional cleaner.
- Institutional cleaners must be trained and appropriately supervised.
- In addition to training institutional cleaners, please provide them with the attached one pager on cleaning and disinfecting cells and public spaces.
- Logbooks must be kept, documenting the disinfecting of all high touch surfaces twice a day. These should be reviewed daily by the delegated site manager.
- The delegated manager must also regularly monitor, in person, cleaning practices to ensure they adhere to appropriate infection control and prevention principles. This should be done, at a **minimum three times per week at various locations** in the institution and **daily in the case of outbreaks**. Monitoring activities must also be documented in a logbook by the delegated manager.
- The Institutional Head should ensure everyone declutters work areas. Cluttered workplaces are difficult to clean and disinfect appropriately. Only essential items should left out on counters, desk and work surfaces.

*The Public Health Agency of Canada lists approved hard surface disinfectants for emerging viral pathogens <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

Common Use Items – Individual Employees/Contractors Responsibilities

- There are many common use items within CSC institutions and CCCs. Examples include shared computers and control panels.
- When using these items, individuals must:
 - Disinfect the item prior to use and after use; and
 - Wash hands prior to use and after use.

Common Use Items/High Touch Surfaces – Inmates

- In addition to the institutional cleaning of high touch surfaces described above, inmates and offenders in CCCs should be encouraged to personally:
 - Wash hands prior to leaving their cell/room and immediately on return;
 - Disinfect common use equipment prior to and after use. This includes phones and table tops, etc; and
 - Not share personal possessions and food.
- Posters must be placed in large format close to inmate high touch items with instructions to:
 - Disinfect equipment/surfaces before and after use
 - Information on how to use the cleaning products (ie: contact time).

Pre-Positioning Disinfectant and Hand Sanitizer

- Disinfectant supplies and hand sanitizer must be pre-positioned throughout the institution in all areas where there is common use equipment that staff need to disinfect prior to and after use.
- Disinfectant supplies must also be pre-positioned in inmate common areas close to high touch surfaces.
- Where safe to do so, hand sanitizer should also be pre-positioned throughout inmate common areas.
- It is recognized that in some cases the risk of inmates ingesting hand sanitizer is too great to do this. In these cases, every effort will be made to procure behavioural delay hand sanitizing dispensing machines.
- The delegated manager must ensure the location of these supplies is **documented and checked at least daily** to ensure sufficient supplies are available at each location.

COVID-19: CLEANING AND DISINFECTING GUIDANCE

- A logbook documenting the location and daily inspection must be kept and reviewed daily by the delegated manager.

Soap and Paper Towels

- The delegated manager will ensure that soap and paper towels are readily available by all sinks in the institution.
- For common use inmate or staff sinks, the delegated manager will ensure the supplies are **checked at least twice daily at each sink and documented** in a logbook.
- For inmate cells/sinks, the delegated manager will ensure all inmates are **asked daily if they need additional supplies**. This can be completed on a regular range walk.

Annex A – Cleaning and Disinfecting Cells and Public Spaces

Institutional Cleaner Guide

What you should know

- People can get COVID-19 by touching a contaminated surface or object, and then touching their face (eyes, nose, or mouth).
- Routine cleaning of frequently used surfaces and objects can help to prevent the transmission of COVID-19.
- Surfaces that are frequently touched are the most likely to be contaminated.
 - Doorknobs, handrails, tables, countertops, light switches, etc.
- It is not yet known how long the virus causing COVID-19 lives on surfaces, however evidence suggests it can live on objects and surfaces for a few hours and up to a few days.
- Items that cannot be easily cleaned (e.g., newspapers) should be removed from the environment.

Products and steps for cleaning

- Wash hands with soap and water, apply gloves.
- Use disinfectant products provided to you by Institutional Services (approved as COVID disinfectants by Health Canada).
- Use damp disposable paper towels.
 - Where possible, when cleaning floors it is recommended to use dry dust mops, such as microfiber, to attract and hold debris.
- Clean from least-soiled areas (low-touch) to most-soiled (high touch) (i.e. from clean to dirty).
- Never ‘double-dip’ a paper towel or wipe, instead pour the disinfectant product onto it.
- All used disposable items should be placed in a lined container (e.g. garbage bag) before disposing of them with other waste.
- Remove gloves and wash hands with alcohol-based hand sanitizer or soap and water after cleaning.

How often should I clean?

- In addition to routine cleaning, surfaces that are frequently touched should be cleaned and disinfected more often, as well as when visibly dirty.
 - **At least twice per day**
- Shared spaces should also be cleaned more often.



MEMORANDUM NOTE DE SERVICE

To
 À
 Regional Deputy Commissioners
 Sous-commissaires régionaux

From
 De
 Commissioner
 Commissaire

Security Classification - Classification de sécurité	
Unclassified - Non classifié	
Our File - Notre référence	
CCM 329003	
Your File - Votre référence	
Date	Tel. No. - N° de tél.
16 April 2020	613-995-5338

Subject
 Sujet
Infection Prevention and Control Reminders

Rappels en matière de prévention et de contrôle des infections

I am writing to summarize discussions we have had over the last several weeks to reinforce key infection prevention and control procedures that all regions have been working to achieve. The information in the attached Annex was compiled by Health Services and reviewed by our National Medical Advisor. It is not meant to be an exhaustive overview of all measures CSC has put in place; rather, the intent is to highlight key areas that staff, managers and physician/nursing leaders have identified as requiring specific attention and education.

Je vous écris pour résumer les discussions tenues au cours des dernières semaines dans le but de renforcer les procédures clés en matière de prévention et de contrôle des infections que toutes les régions s'efforcent de suivre. L'information présentée dans l'annexe ci-jointe a été compilée par les Services de santé et révisée par notre conseiller médical national. Cette information ne se veut pas un aperçu exhaustif de toutes les mesures mises en place par le SCC, mais vise plutôt à souligner les aspects clés qui, selon le personnel, les gestionnaires et les médecins dirigeants/dirigeants des soins infirmiers, nécessitent une attention particulière et une certaine éducation.

COVID-19 is a respiratory infection that, in our environment, is generally transmitted through droplets (there are very few aerosolizing activities in CSC). Droplet transmission occurs when a person is in close contact with an infected individual or touches a surface used by an infected individual.

La COVID-19 est une infection des voies respiratoires qui, dans notre milieu, est généralement transmise par des gouttelettes (il y a très peu d'activités produisant des aérosols au SCC). La transmission par gouttelettes se produit lorsqu'un individu est en contact étroit avec une personne infectée ou touche à une surface qui a été utilisée par une personne infectée.

In addition, asymptomatic transmission of COVID-19 appears to be a key component of the pandemic. This means that people, who do not appear sick, may in fact be infected and shedding the virus without knowing it.

De plus, la transmission de la COVID-19 par des personnes asymptomatiques semble être une composante clé de la pandémie, ce qui signifie que les personnes qui ne semblent pas malades peuvent en fait être infectées et transmettre le virus sans le savoir.

All staff need to understand how COVID-19 is transmitted so they can understand why the infection prevention measures described below significantly reduce their risk of infection.

Tous les membres du personnel doivent connaître les moyens de transmission de la COVID-19 afin qu'ils puissent comprendre en quoi les mesures de prévention des infections décrites ci-dessous réduisent considérablement le risque d'infection.

Containing the spread of COVID-19 requires all staff to diligently adhere to strong infection and prevention measures. While many of these measures may seem small or insignificant, when taken together, and practiced by each one of us, they are fundamental to ensuring our collective wellbeing and safety.

Pour limiter la propagation de la COVID-19, tous les membres du personnel doivent se montrer diligents et appliquer de solides mesures de prévention et de contrôle des infections. Bien que bon nombre de ces mesures puissent sembler minimales ou insignifiantes, lorsqu'elles sont prises ensemble et mises en application par chacun de nous, elles sont essentielles pour assurer le bien-être et la sécurité de tous.


Anne Kelly

c.c. Sector Heads

Infection Prevention and Control Reminder April 2020

Physical Distancing

Physical distancing is proven to be one of the most effective ways to reduce the spread of illness. It is important to stress that wearing a mask and other precautions in no way replaces the need to adhere to strong physical distancing measures.

Whenever feasible all staff and offenders should be practicing physical distancing. This means staff and offenders must maintain two meter distance at all times unless the duties/functions cannot accommodate this (i.e.: frisk searching, some medical procedures, etc.).

Mask

Wearing non-medical masks can help prevent the spread of COVID-19 when worn by asymptomatic individuals and medical masks can also help prevent individuals from becoming infected when caring for individuals with COVID-19.

That said, without proper hand hygiene the wearing of masks can also increase an individual's risk of acquiring COVID-19.

Below are some tips for wearing masks:

- Staff and offenders must perform hand hygiene before putting on a mask and after removal.
- Masks will be worn securely over the mouth and nose.
- The front of the mask should not be touched at any time.
- Do not dangle the mask under the chin, off the ear, or under the nose, or place on top of the head.
- When removing a mask for re-use later, follow the extended use directions in the PPE guidance document.

Hand Hygiene

Hand hygiene is critical to containing the spread of COVID-19 within CSC. Failing to perform proper hand hygiene before and after key activities increases the risk of transmitting the virus either to the individual themselves or to others.

Below are a few reminders about when staff must perform hand hygiene:

- On entry and exit from the workplace
- Before and after physically touching an offender or other person.
- After removing gloves
- Before and after contact within offenders living environment (i.e.: before and after searching a cell)
- Before and after eating
- Before and after using shared equipment (i.e.: shared phone, shared computer)
- Before putting on PPE and during removal of PPE, in accordance with the donning and doffing procedure

- After personal hygiene practices (i.e.: blowing nose, using toilet facilities, etc.).
- Any other times hands are potentially contaminated.

When wearing search gloves, Correctional Officers must sanitize them, using hand sanitizer, after every use (i.e.: between frisk searching each offender).

Offenders should also be taught how to perform appropriate hand hygiene and should be encouraged to do so when:

- Leaving and entering their cell/room
- Prior to eating, oral care, or handing of medications
- After using toileting facilities
- Any other times the hands are potentially contaminated.

Hand sanitizers must contain 60% alcohol. Soap and water is also appropriate and is preferable for use immediately after using toilet facilities and if hands are visibly soiled.

A visual reminder on how to properly wash hands is attached. When using alcohol-based hand sanitizer the motions are the same and you should rub your hands for 20 seconds using 1-2 pumps of the product on dry hands.

Shared Equipment

In addition to performing hand hygiene prior to and after using shared equipment (such as a keyboard or telephone) staff should also take a moment to disinfect shared equipment prior to use and after use.

This will complement the enhanced cleaning measures already underway at each site and help reduce the spread of COVID-19.

Asymptomatic offender should also be encouraged to disinfect all common surfaces in their living environments (i.e.: range common areas) prior to and after use as well.

In addition, offenders with COVID-19 or COVID-19 symptoms must disinfect all surfaces they touch/equipment they use after use (i.e.: the range telephone).

Donning and Doffing PPE

Dooffing full PPE appropriately is not easy and is critical to ensuring the wearer does not unintentionally infect themselves with the virus.

All staff are reminded to review the donning and dooffing video links below as well as the attached handouts.

In addition, as outlined in the PPE guidance, it is critical that staff, when caring for offenders with COVID-19 or symptoms of COVID-19 doff PPE with a buddy. The role of the buddy is to observe and verbally guide the other person in the proper removal of PPE.

<http://thehub/En/collections/announcements/Pages/2020-04-09-que-1.aspx>

<http://thehub/Fr/Collections/annonces/Pages/2020-04-09-que-1.aspx>

Rappel en matière de prévention et de contrôle des infections Avril 2020

Éloignement social

Il est prouvé que l'éloignement social est l'un des moyens les plus efficaces pour réduire la propagation de la maladie. Il convient de souligner que le port d'un masque et la prise d'autres précautions ne remplacent aucunement le besoin d'appliquer de solides mesures d'éloignement social.

Dans la mesure du possible, tous les membres du personnel et les délinquants devraient pratiquer l'éloignement social. Cela signifie que le personnel et les délinquants doivent se tenir à une distance de deux mètres des autres en tout temps, à moins que leurs tâches/fonctions ne le permettent pas (p. ex. les fouilles par palpation, certaines procédures médicales, etc.).

Masque

Le port de masques non médicaux peut contribuer à prévenir la propagation de la COVID-19 s'ils sont portés par des personnes asymptomatiques; les masques médicaux peuvent également prévenir l'infection des personnes qui prodiguent des soins à des individus atteints de la COVID-19.

Cela étant dit, si une personne ne pratique pas une bonne hygiène des mains, le port d'un masque peut aussi augmenter son risque de contracter la COVID-19.

Voici quelques conseils pour le port de masques :

- Le personnel et les délinquants doivent appliquer les mesures d'hygiène des mains avant d'enfiler un masque et après l'avoir enlevé.
- Les masques seront portés de façon à bien couvrir la bouche et le nez.
- Le devant du masque ne devrait jamais être touché.
- Ne pas laisser pendre le masque sous le menton, sur l'oreille ou sous le nez ou la place sur le dessus de la tête.
- Au moment d'enlever un masque pour le réutiliser plus tard, suivre les directives prévoyant l'utilisation prolongée dans le document d'orientation sur l'EPI.

Hygiène des mains

L'hygiène des mains est essentielle pour limiter la propagation de la COVID-19 au SCC. Ne pas pratiquer une bonne hygiène des mains avant et après des activités clés augmente le risque de transmission du virus pour la personne elle-même et pour les autres.

Voici quelques rappels pour le personnel concernant l'application des mesures d'hygiène des mains :

- Au moment d'entrer dans le lieu de travail et d'en sortir
- Avant et après avoir physiquement touché à un délinquant ou une autre personne
- Après avoir enlevé des gants
- Avant et après un contact dans un milieu de vie de délinquants (p. ex. avant et après la fouille d'une cellule)
- Avant et après avoir mangé
- Avant et après avoir utilisé de l'équipement partagé (p. ex. téléphone partagé, ordinateur partagé)
- Avant d'enfiler l'EPI et pendant son retrait, conformément à la procédure d'enfillement et d'enlèvement

- Après des pratiques d'hygiène personnelle (p. ex. se moucher le nez, aller aux toilettes, etc.)
- À tout autre moment où les mains peuvent être contaminées

Lorsqu'ils portent des gants de fouille, les agents correctionnels doivent les désinfecter, au moyen de désinfectant pour les mains, après chaque usage (p. ex. entre les fouilles par palpation de chaque détenu).

On devrait également enseigner aux délinquants une bonne hygiène des mains et les encourager à la pratiquer dans les situations suivantes :

- Lorsqu'ils entrent dans leur cellule/chambre ou en sortent
- Avant de manger, de pratiquer l'hygiène buccale ou de manipuler des médicaments
- Après être allés aux toilettes
- À tout autre moment où les mains peuvent être contaminées

Les désinfectants pour les mains doivent contenir 60 % d'alcool. De plus, il convient, et est même préférable, d'utiliser du savon et de l'eau immédiatement après avoir été aux toilettes et lorsque les mains sont visiblement souillées.

Vous trouverez ci-joint un rappel visuel sur la façon de bien se laver les mains. Si on utilise un désinfectant pour les mains à base d'alcool, la procédure est la même; il faut appliquer une à deux pompes de désinfectant aux mains sèches et se frotter les mains pendant 20 secondes.

Équipement partagé

En plus de pratiquer une bonne hygiène des mains avant et après avoir utilisé de l'équipement partagé (p. ex. un clavier ou un téléphone), le personnel devrait prendre un instant pour désinfecter l'équipement avant et après l'utilisation. Cette pratique viendra compléter les mesures de nettoyage renforcées déjà en place à chaque unité opérationnelle et contribuera à réduire la propagation de la COVID-19.

On devrait également encourager les délinquants asymptomatiques à désinfecter toutes les surfaces communes dans leur milieu de vie (p. ex. aires communes de la rangée) avant et après l'utilisation.

De plus, les délinquants atteints de la COVID-19 ou présentant des symptômes de la maladie doivent désinfecter toutes les surfaces qu'ils touchent et tout l'équipement qu'ils utilisent après utilisation (p. ex. téléphone de rangée).

Enfilement et enlèvement de l'EPI

Il n'est pas facile d'enlever tout l'EPI de façon adéquate, mais il est essentiel de le faire pour ne pas s'infecter soi-même au virus.

On rappelle à tout le personnel d'examiner la vidéo sur l'enfilement et l'enlèvement (liens ci-dessous) ainsi que les documents ci-joints.

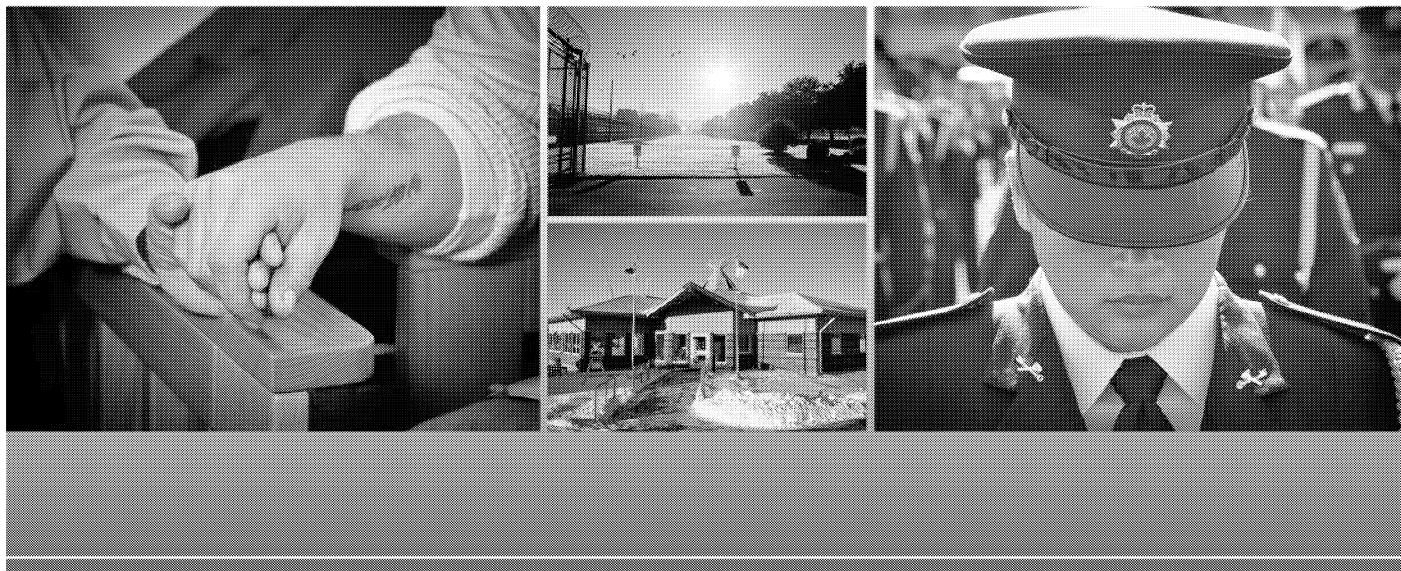
De plus, conformément aux directives liées à l'EPI, il est essentiel que les membres du personnel qui prodiguent des soins à des délinquants atteints de la COVID-19 ou présentant des symptômes de la maladie enlèvent l'EPI avec un collègue. Le rôle du collègue consiste à observer et à donner des conseils de vive voix à l'autre personne concernant l'enlèvement adéquat de l'EPI.

<http://thehub/En/collections/announcements/Pages/2020-04-09-que-1.aspx>
<http://thehub/Fr/Collections/annonces/Pages/2020-04-09-que-1.aspx>



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Covid-19 Testing Strategy

MAY 13, 2020

COVID-19 TESTING STRATEGY

Document History

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.

COVID-19 TESTING STRATEGY

COVID-19 Testing Strategy

Introduction

As laboratory testing capacity has increased across Canada and the status of the COVID-19 pandemic continues to evolve, CSC has developed a testing strategy for the surveillance and identification of COVID-19 among CSC inmates, staff, and contractors to reflect these changes.

This strategy outlines three scenarios within which testing is warranted. These three scenarios are:

- Symptomatic staff/contractors
- Symptomatic inmates
- Selective Screening: When community transmission is high

Specific testing guidance for each of these scenarios is described.

The first two scenarios rely on the early identification of staff, contractors, and inmates with symptoms. Individuals are deemed symptomatic if they are experiencing any one of the following symptoms:

- Fever;
- Any respiratory symptoms (such as cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any unusual symptoms (such as chills, muscle aches, diarrhea, headache, loss of taste or smell).

Symptomatic Staff and/or Contractors

Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic staff/contractors;
- Any inmate or staff/contractor that is defined as a close contact of the symptomatic staff/contractor, as outlined within CSC's COVID-19 Contact Tracing Guideline.

In an outbreak institution, CSC's Health Services, in collaboration with local public health, may identify a need for enhanced testing of staff and/or contractors, beyond what is described above.

Symptomatic Inmates

Testing Guidance

Testing is indicated for the following individuals:

- All symptomatic inmates;
- Any inmate or staff/contractor that is defined as a close contact, as outlined within CSC's COVID-19 Contact Tracing Guideline.

Given the congregate living quarters in CSC institutions, broader testing of asymptomatic inmates is indicated in institutions with a COVID-19 outbreak (where an outbreak is defined as one or more

COVID-19 TESTING STRATEGY

confirmed case(s) of COVID-19). The testing strategy for asymptomatic inmates depends on the security level and/or living arrangements.

Therefore, in institutions with **an active COVID-19 outbreak**, testing is also indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women's sites, and healing lodges):** all members of the household are tested, along with any households that have been in contact with the household of the infected inmate(s).
 - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be tested.
- **In medium or maximum security institutions:** inmates will be tested based on the level of restrictions that were in place 48 hours before the symptom onset of the first case.
 - For example, if the institution was locked down to range level, 48 hours before the onset of symptoms in the first case, all inmates in the range should be tested; if the institution was locked down to the pavilion level, 48 hours before the first case, testing should be extended to all inmates in the pavilion.

Selective Screening: When Community Transmission is High

Background

There is emerging evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening of symptoms for all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that, with community transmission, staff may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically start first in the community and then be introduced into a CSC institution, which is a closed setting that could allow for wide spread transmission if cases are not detected quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, a selective screening approach to testing will complement existing measures to prevent and contain outbreaks within these environments.

Purpose

The purpose of selective screening is to identify, as early as possible, the presence of COVID-19 within CSC institutions, in order to facilitate the fastest containment possible. This will be achieved through randomly sampling and testing a portion of asymptomatic staff with the goal detecting the presence of COVID-19 early, in locations where there is wide spread community transmission, and executing appropriate outbreak control measures in a timely manner.

Selective screening is warranted in institutions where there is a higher risk of transmission in the local community. Other factors such as inmate population size and risk for severe outcomes may also be considered. These factors are monitored regularly by CSC's NHQ-HS; institutions flagged for being at risk may be selected for selective screening measures.

COVID-19 TESTING STRATEGY

Principles of Selective Screening

The principles of selective screening, specifically for the CSC context, are as follows:

- Selective screening will only be conducted at select institutions identified as at risk by CSC’s NHQ-HS;
- Staff, contractors, and essential volunteers actively reporting for duty will be the focus of the surveillance strategy;
- Selective screening of inmates may also be warranted in specific populations determined on a case-to-case basis;
- Participation is voluntary.

Testing Guidance

Parameter	Testing Guidelines for Screening Staff When Community Transmission is Elevated
Setting	Institutions identified as at-risk by CSC’s NHQ-HS and selected for selective screening.
Participants	<p>A random sample of staff, contractors, and/or volunteers actively reporting for duty in the institution will be selected.</p> <p>The sample size will be determined on a case-by-case basis, taking into consideration the availability of resources (e.g. human resources to collect NP samples, availability of swabs, the local laboratory’s testing capacity, the capacity of local public health to assist in testing, etc.).</p> <p>Certain populations of inmates may be also be included in the selective screening sample. Potential groups that may be considered for screening include populations that are a higher risk of severe disease (e.g. inmates over the age of 65) and/or at a higher risk of transmitting the disease throughout the institution (e.g. those employed in roles that require frequent contact with other inmates or movement throughout the institution, such as inmates who work at the canteen, in the kitchen/delivering meals, and as cleaners).</p> <p>Among the individuals randomly selected for testing, participation is voluntary. However, there is a low threshold for testing, meaning that once selective screening is initiated, any staff, contractor, or volunteer who requests testing will be offered it.</p>
Recruitment	<p>Staff, contractors, and/or volunteers actively reporting for duty at the identified site may be selected at random and asked to participate. Their participation is voluntary.</p> <p>Staff, contractors, and/or volunteers at the identified site may also self-identify as wanting to participate.</p>
Test Results	<p>In the context of selective screening only, individuals tested are presumed negative. This is because this form of surveillance is only done where there is currently no evidence of COVID-19 in the institution. This differs from the testing approaches for symptomatic staff/contractors and inmates, and their close contacts, where cases are presumed positive until test results are received.</p> <p>If selective screening yields one or more positive COVID-19 case:</p> <ul style="list-style-type: none"> • An outbreak is declared and contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline. • Given the risk of asymptomatic transmission, broader testing may be required. The decision

COVID-19 TESTING STRATEGY

Parameter	<i>Testing Guidelines for Screening Staff When Community Transmission is Elevated</i>
	<p>to implement this will be made in consultation with institutional heads, regional HS team, NHQ-HS team, and local/regional/provincial public health authorities.</p> <p>If selective screening yields no positive COVID-19 cases:</p> <ul style="list-style-type: none"> • Testing may be continued at the discretion of the NHQ-HS Team if the institution continues to be identified as at risk. In these cases, new samples will be selected and the frequency of re-testing will be determined on a case-by-case basis.
Testing Procedures	<p>Consent</p> <ul style="list-style-type: none"> • Individuals that agree to voluntarily participate in the surveillance program must sign a consent form. A standardized consent form is appended to this document. <p>Laboratory Testing</p> <ul style="list-style-type: none"> • Laboratory testing will be coordinated in collaboration with local public health.
Reporting	<p>Reporting procedures will be established locally with each local public health authority when selective screening is warranted.</p>

Testing Cases for Recovery

At this time, CSC does not recommend testing cases for recovery, in accordance with guidance from PHAC.

Staff and contractor cases are deemed 'recovered':

- Based on CSC's Return-to-Work algorithm, in collaboration with local public health.

Inmate cases are deemed medically recovered in the following circumstances:

- If the inmate was symptomatic: 10 days after symptom onset with at least 48 hours symptom free;
- If the inmate was asymptomatic: 14 days after test date;
- In the case of immunocompromised inmates: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. inmates who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, at the discretion of the institutional physician. If the inmate was hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

Inmates may only be tested for recovery if they are being released back into the community and all three of the following criteria are met:

1. The inmate previously tested positive and is at an outbreak site; **AND**
2. Local public health is requiring a negative test prior to release; **AND**
3. The inmate is within 60 days of their release date.

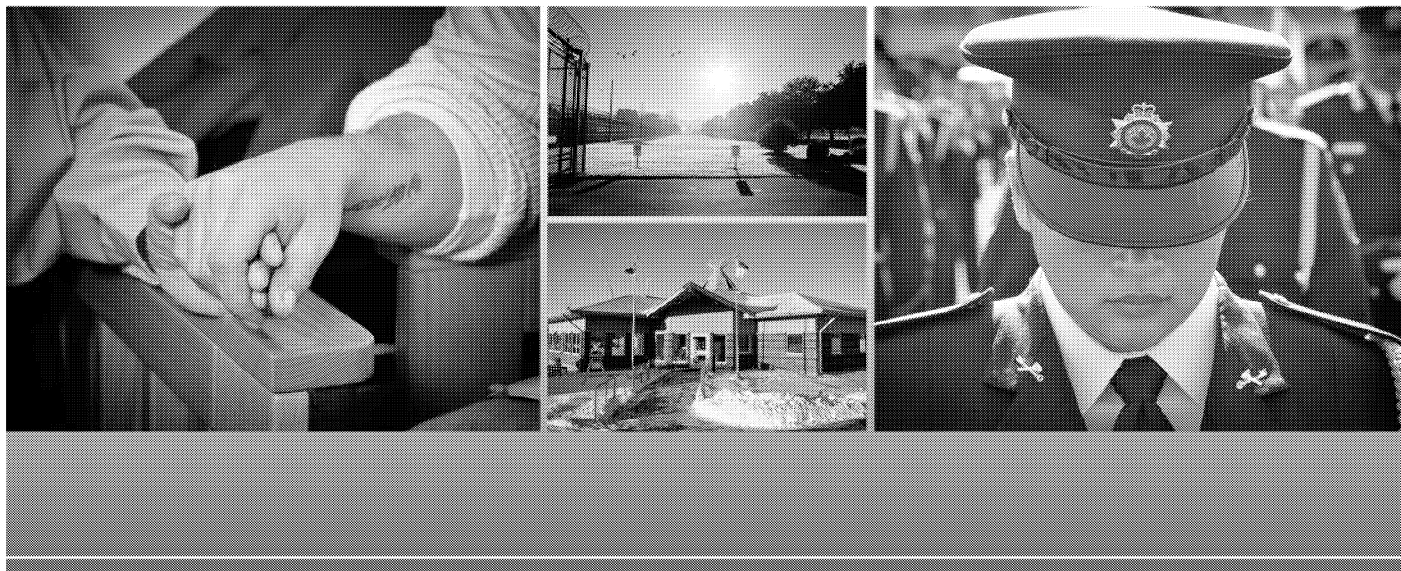
Declaring an Outbreak Over

A COVID-19 outbreak is determined over 28 days after the symptom onset of the last positive case.



CORRECTIONAL SERVICE CANADA

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COVID -19: Interim Revisions to Continuous Positive Airway Pressure (CPAP) Procedures

UPDATED AUGUST 12, 2020

Created: May 5, 2020

Next Review: September 2020

INTERIM REVISIONS TO CPAP PROCEDURES

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Document History

Document Date	Description of Revisions
May 5, 2020	The new document was tabled and approved by the National Medical Advisory Committee (NMAC) at the April 30, 2020 meeting.
July 13, 2020	No changes were recommended by NMAC at the June 4 & 25, 2020 meetings.
August 12, 2020	CSC received NMAC's support on the revised document, which was sent to the Committee members by email on July 31, 2020.
September 2020	Next review

Accountability

The Regional Leaders, Primary Care and an Infectious Disease specialist discussed strategies to mitigate the risks associated with CPAP use in correctional facilities during a COVID-19 pandemic. It was agreed that the use of CPAP should be reviewed when there is a COVID-19 outbreak in a CSC Institution.

The CPAP Interim Procedures were initially reviewed and approved by the National Medical Advisory Committee (NMAC) on April 30, 2020, and will be reviewed at least every 30 days by NMAC to ensure it remains consistent with best available public health information and generally accepted public health principles regarding the risks posed by the COVID-19 pandemic.

Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms may include cough, fever, difficulty breathing, and pneumonia in both lungs. COVID-19 can vary from being a mild, even unnoticed infection, to one that has serious long lasting health implications and a significant risk of ICU admission or death in those with chronic health conditions. There are currently no proven treatments to prevent or cure COVID-19 disease.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with an infectious person. Coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected surface, then touching one's mouth, nose or eyes before washing hands. Coronavirus spread through airborne virus particles can occur through certain aerosol generating medical procedures (AGMPs) such as nebulized medications, high flow oxygen >6L and CPAP. Presently, there is an increased focus on the role that airborne transmission plays in the spread of COVID-19.

COVID-19 is spread in the community not only by those who have symptoms but also by asymptomatic individuals. In a closed community such as a correctional facility, it cannot be assumed that there are no asymptomatic individuals. In fact, COVID-19 outbreaks at CSC institutions have recorded individuals who are asymptomatic but tested positive on 'mass' screening of the incarcerated population. Hence caution needs to be exercised whether there are proven, suspected or no cases of COVID-19.

During the COVID-19 pandemic, CSC is committed to continuing to provide healthcare to inmates at the highest standard possible while maintaining the safety of the overall correctional community of staff, contractors, and inmates. An individual decision about continued use of CPAP during COVID-19 pandemic needs to balance the risk of transmission against the potential harm to the patient. Factors to consider in this decision would be the medical necessity for the patient, the risk of significant harm to the patient and the ability to continue CPAP use in the safest possible setting in the institution.

Guidance

Patients with Sleep Disordered Breathing (SDB) should have their use of CPAP reviewed during this COVID-19 pandemic to balance the medical necessity for its continued use against the risk of spreading the coronavirus to other individuals within a correctional institution.

The use of CPAP during a COVID-19 Pandemic

Institution with No COVID-19 Outbreak

Guidance:

- All patients should be informed that in the event of an outbreak, their use of CPAP will be reviewed and may be temporarily suspended unless considered a medical necessity by their healthcare team.

Institution with a COVID-19 Outbreak

Assessing the medical necessity for CPAP:

- The decision to continue the use of CPAP for a patient who is symptomatic or COVID-19 positive must be based on a review of the patient's medical history, consultation with the patient's specialist, consideration of the likelihood of a medical complication if CPAP is temporarily discontinued, and discussion and explanation with the patient;
- The most responsible provider (MRP) – i.e. the physician or nurse practitioner – for the patient may involve other members of the healthcare team, such as the Regional Physician Lead for Primary Care or the Chief of Health Service for the institution.

CPAP assessed as NOT a medical necessity:

- The decision and rationale to discontinue the use of CPAP must be discussed with the patient;
- The patient must be advised to monitor and report any change in symptoms to Health Services without delay;
- The patient must be seen by a nurse twice per week to assess for any deterioration, development of a complication, or patient concerns.

CPAP assessed as a medical necessity:

COVID-19 Positive or Symptomatic Patient:

- The patient **must be** moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If access to either of these options is not possible, then the patient should be transferred to another CSC Institution that can provide this environment.

COVID-19 Negative Patient at an Outbreak Site:

- The patient should be moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If neither room is available, then CPAP should be provided in the lowest risk area of the institution. The door to the room should remain closed during the use of CPAP and for 15 minutes post use to allow for virus settle time.
- Considerations when selecting the lowest risk area of the institution: ability to distance

INTERIM REVISIONS TO CPAP PROCEDURES

from all other inmates and particularly those identified as at higher risk of severe illness from COVID-19; ability to close door; optimal ventilation; etc.

Staff considerations regarding CPAP in the setting of a COVID-19 outbreak:

- All staff who may be required to see or assess the patient during CPAP use must be trained in the use of PPE for an AGMP;
- Any staff member entering the room must wear PPE, including a N95 mask; and
- Entry into the room during CPAP use must be minimized as much as possible.

Process for all patients in the setting of a COVID-19 outbreak:

1. Identify all patients in a region utilizing CPAP;
2. MRP to review history and assess risk;
3. MRP to consult patient's specialist where applicable;
4. MRP to speak to directly with the patient, explain rationale for decision on use of CPAP during COVID-19;
5. MRP to document discussion, decision and continued management in the patient's health record;
6. A regional/site list of all patients should be maintained.

Resources

Position Statement from the Canadian Thoracic Society (CTS), Sleep Disordered Breathing (SDB) Assembly Steering Committee, Helping Canadian Health Care Providers to Optimize SDB Management For Their Patients During The COVID-19 Pandemic. April 16, 2020

1. Website: <https://cts-sct.ca/covid-19/>
2. Paper: <https://cts-sct.ca/wp-content/uploads/2020/04/Final-CTS-COVID-19-SDB-Position-Statement.pdf>

Government of Canada, Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a6.5>



CORRECTIONAL SERVICE CANADA

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COVID-19: Cleaning and Disinfecting Guidance

REVISED

APRIL 19, 2020

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Background

COVID-19 is a highly transmittable droplet virus that can spread through person-to-person transmission and contact with contaminated surfaces. Emerging scientific literature also suggests that asymptomatic or pre-symptomatic infections are likely contributing to transmission, particularly in closed environments such as long-term care homes and correctional institutions.

COVID-19 is an enveloped virus. This means it is one of the easiest types of viruses to kill with the appropriate disinfectant when used according to label directions.

Purpose

The following guidance summarizes cleaning and disinfection guidance that has been issued over the last two months and incorporates best practices from public health authorities. It is meant to supplement, rather than replace, existing CSC infection prevention and control guidance.

These guidelines are focused on CSC institutions, including CCCs, as a whole, and not just the health care centres.

High Touch Surfaces – Institutional Cleaner Responsibilities

- High touch surfaces include doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads etc.

COVID-19: CLEANING AND DISINFECTING GUIDANCE

- High touch surfaces must be disinfected using a **hospital grade disinfectant** (low-level disinfectant) that has virucidal and bactericidal properties and a drug identification number. A drug identification number confirms the product is approved for use in Canada.
- When using a disinfectant it is important to follow the manufacturer's instruction for use, including contact time and expiration date.
- Institutional high touch surfaces must be disinfected **at a minimum, twice per day**, using an **approved disinfectant**.
- If visibly soiled, high touch surfaces must first be cleaned prior to disinfecting.
- Institutional cleaners must be trained and appropriately supervised.
- In addition to training institutional cleaners, please provide them with the attached one pager on cleaning and disinfecting cells and public spaces.
- Log books must be kept, documenting the disinfecting of all high touch surfaces twice a day. These should be reviewed daily by the delegated site manager.
- The delegated manager must also regularly monitor, in person, cleaning practices to ensure they adhere to appropriate infection control and prevention principles. This should be done, at a **minimum three times per week at various locations** in the institution and **daily in the case of outbreaks**. Monitoring activities must also be documented in a log book by the delegated manager.
- The Institutional Head should ensure everyone declutters work areas. Cluttered workplaces are difficult to clean and disinfect appropriately. Only essential items should left out on counters, desk and work surfaces.

Common Use Items – Individual Employees/Contractors Responsibilities

- There are many common use items within CSC institutions and CCCs. Examples include shared computers and control panels.
- When using these items, individuals must:
 - Disinfect the item prior to use and after use; and
 - Wash hands prior to use and after use.

Common Use Items/High Touch Surfaces – Inmates

- In addition to the institutional cleaning of high touch surfaces described above, inmates and offenders in CCCs should be encouraged to personally:
 - Wash hands prior to leaving their cell/room and immediately on return;
 - Disinfect common use equipment prior to and after use. This includes phones and table tops, etc; and
 - Not share personal possessions.
- In sites where there is one or more inmates with COVID, additional measures will be reviewed and implemented as appropriate including, for example, more close supervision to ensure high touch surfaces are being disinfected between use and non-inmate cleaning options.

Pre-Positioning Disinfectant and Hand Sanitizer

- Disinfectant supplies and hand sanitizer must be pre-positioned throughout the institution in all areas where there is common use equipment that staff need to disinfect prior to and after use.
- Disinfectant supplies must also be pre-positioned in inmate common areas close to high touch surfaces.
- Where safe to do so, hand sanitizer should also be pre-positioned throughout inmate common areas.
- It is recognized that in some cases the risk of inmates ingesting hand sanitizer is too great to do this. In these cases, every effort will be made to procure behavioural delay hand sanitizing dispensing machines.
- The delegated manager must ensure the location of these supplies is **documented and checked at least daily** to ensure sufficient supplies are available at each location.
- A log book documenting the location and daily inspection must be kept and reviewed daily by the delegated manager.

Soap and Paper Towels

- The delegated manager will ensure that soap and paper towels are readily available by all sinks in the institution.
- For common use inmate or staff sinks, the delegated manager will ensure the supplies are **checked at least twice daily at each sink and documented** in a log book.
- For inmate cells/sinks, the delegated manager will ensure all inmates are **asked daily if they need additional supplies**. This can be completed on a regular range walk.



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Infection Prevention and Control Evaluation Guidelines

SEPTEMBER 28, 2020

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SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

Infection Prevention and Control Evaluation Guidelines

Purpose

The purpose of this document is to provide Correctional Service Canada (CSC) Institutions with Infection Prevention and Control (IPC) evaluation guidelines for self-assessments and external audits.

Background

Correctional Service Canada has collaborated with various stakeholders, including the Public Health Agency of Canada (PHAC) and International Federation of the Red Cross, to audit institution IPC practices and measures across the country.

These audits, along with the input and collaboration from CSC and PHAC were used as a framework to create a number of IPC evaluation tools tailored for federal correctional institutions. These IPC tools consist of the:

1. *Infection Prevention and Control Assessment Checklist (Appendix A)*
2. *Infection Prevention and Control Sub-Assessments (Appendix B)*

Correctional Service Canada's IPC evaluation tools are to be used for institution-level self-assessments and external audits in accordance with the instructions that follow. Information from the tools will be used by site, region, and national-level management to identify areas for IPC improvement and to strengthen future IPC measures and practices.

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Evaluation Instructions

Self-Assessments

Self-assessments are to be coordinated by the site and will be evaluated using CSC's *IPC Assessment Checklist* and *IPC Sub-Assessments*.

Conducted by:

Self-assessment reviewers will vary based on assessment type:

1. IPC Assessment Checklists are to be conducted **jointly** by:
 - An institutional staff member from Health Services, ideally the Manager of Health Services or equivalent, and
 - An institutional staff member from operations, ideally at the Assistant Warden level or higher.
2. IPC Sub-Assessments are to be conducted by **one** of:
 - An institutional staff member from Health Services, ideally the Manager of Health Services or equivalent, or
 - An institutional staff member from operations, ideally at the Assistant Warden level or higher, or
 - The delegated institutional COVID-19 site manager or equivalent.

Frequency of assessments:

Self-assessment frequency will vary based on assessment type, outbreak risk, and direction from the region:



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1. Assessment Type

- IPC Assessment Checklists should be conducted bi-annually.
- IPC Sub-Assessments should be conducted quarterly.

2. Outbreak Risk

In the event of an outbreak, or when an institution has been identified as being at increased risk for an outbreak (*e.g.*, Caution Status for COVID-19), an institution may be directed to conduct their self assessment at the following frequency:

- IPC Assessment Checklists should be conducted every six weeks.
- IPC Sub-Assessment should be conducted every two weeks.

External Audits

External audits are to be coordinated by the region, as directed by National Headquarters, and **must** be evaluated using CSC's *IPC Assessment Checklist* and *IPC Sub-Assessments*.

Conducted by:

An accredited third-party IPC auditor.

Frequency of assessments:

At the direction of National Headquarters and/or the region.



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Data Entry Instructions

Infection Prevention and Control evaluations (whether from self-assessment or external audit) will be entered into CSC's Public Health InfoPoint system.

1. Upon completion, *IPC Assessment Checklists* will be entered into the [IPC Checklist InfoPoint](#) by a designated site-level data entry personnel.
2. Upon completion, *IPC Front Entrance Sub Assessments* will be entered into the [IPC Front Entrance InfoPoint](#) by a designated site-level data entry personnel.
3. Upon completion, *IPC Mask Wearing Assessments* will be entered into the [IPC Mask Wearing InfoPoint](#) by a designated site-level data entry personnel.
4. Access to these InfoPoints is restricted to National Headquarters, the Regional Manager of Public Health, and designated site-level data entry personnel. Requests to access these InfoPoints can be made through the Regional Managers of Public Health.
5. Every time a new assessment is conducted, a 'New Item' in the InfoPoint should be created by the designated site-level data entry personnel. **Under no circumstances should an existing self-assessment item be edited.**
6. After clicking on 'New Item', the data entry personnel will be prompted to enter the results from the IPC checklist. Once entered, the results can be save.

MEMORANDUM NOTE DE SERVICE

To / À: Regional Deputy Commissioners / Sous-commissaires régionaux

From / De: ACCS and CFO / CASC et DPF

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence CCM 328524	
Your File - Votre référence	
Date	Tel. No. - N° de tél. 613-996-4242

Subject / Objet: **CSC COVID-19 Preparedness: Cleaning Requirements**

État de préparation du SCC en lien avec la COVID-19 : Exigences en matière de nettoyage

As you are aware, Canada's Public Health system is currently fully engaged in global efforts to contain the spread of COVID-19, a novel coronavirus that emerged in China in December 2019. This memorandum is to inform you of the cleaning measures that will be implemented in Correctional Service of Canada (CSC) facilities. A reminder that the Public Health Agency of Canada (PHAC) continually assesses information as it becomes available. For more information, see PHAC's Coronavirus disease (COVID-19) Outbreak Update at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>.

Comme vous le savez, le système de santé publique canadien participe pleinement aux efforts mondiaux visant à contenir la propagation de la COVID-19, un nouveau coronavirus qui a fait son apparition en Chine en décembre 2019. La présente note de service vise à vous informer des mesures de nettoyage qui seront immédiatement mises en œuvre dans les installations du Service correctionnel du Canada (SCC). On souhaite également vous rappeler que l'Agence de la santé publique du Canada (ASPC) évalue continuellement l'information au fur et à mesure qu'elle est disponible. Pour de plus amples renseignements, consultez la mise à jour sur l'écllosion de la maladie à coronavirus (COVID-19) de l'ASPC à l'adresse <https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus.html>.

COVID-19 is spread through contact with respiratory droplets left behind after someone coughs or sneezes. In the absence of any vaccine or treatment, containment relies on good infection prevention and control practices. The following recommendations are based on advice from PHAC:

Le COVID-19 se transmet lors d'un contact avec des gouttelettes projetées lorsqu'une personne tousse ou éternue. En l'absence de vaccin ou de traitement, le confinement dépend de bonnes pratiques de contrôle et de prévention de l'infection. Les recommandations suivantes sont fondées sur les conseils formulés par l'ASPC:

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<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html#i>.

Required Hygiene for Staff and Visitors:

At the main entrance of institutions and Community Correctional Centres (CCC), **staff and visitors will be required to clean and sanitize their hands.** Alcohol-based hand rubs (ABHRs) will be provided for staff and visitors to assist them in preventing the spread of infection upon entry. If the hand sanitizer is not available, staff are requested to wash their hands regularly with soap and water for twenty seconds. In addition, signage will be posted to advise visitors with symptoms and who meet COVID-19 exposure criteria to delay their visit to the institution or CCC.

Routine Facilities Cleaning:

Throughout the living units, cleaners must continue to clean and disinfect on a daily schedule according to training standards with commercially available products (wipes, bleach, detergents and soaps, etc.). Cleaners are asked to increase the frequency of cleaning for **all high-touch surface areas** such as door handles, push bars, water fountains, handrails, telephones, toilets, dining tables, and light switches is significant in controlling the spread of infection.

Paper Towel will be provided for one-time use and is to be disposed of in the garbage. Health Services staff will provide advice on proper use and disposal of paper towels.

<https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus/professionnels-sante.html#p>

Hygiène requise pour le personnel et les visiteurs:

À l'entrée principale des établissements et des centres correctionnels communautaires (CCC), **le personnel et les visiteurs devront se nettoyer et se désinfecter les mains.** Un désinfectant pour les mains à base d'alcool sera fourni aux membres du personnel et aux visiteurs afin de les aider à prévenir la propagation de l'infection à l'entrée. Si le désinfectant pour les mains n'est pas disponible, le personnel est prié de se laver les mains régulièrement avec de l'eau et du savon pendant vingt secondes. Ces mesures s'ajoutent aux affiches préparées par les responsables des communications dans le but de conseiller aux visiteurs qui présentent des symptômes et répondent aux critères d'exposition à la COVID-19 de reporter leur visite à l'établissement ou au CCC.

Nettoyage régulier des installations:

Dans toutes les unités résidentielles, les nettoyeurs doivent continuer à nettoyer et à désinfecter quotidiennement les lieux avec des produits commerciaux (lingettes, eau de Javel, détergents, savons, etc.) conformément aux normes de formation. Une fréquence accrue de nettoyage de **toutes les surfaces à contact fréquent**, comme les poignées de porte, les barres de poussée, les fontaines à boire, les rampes, les téléphones, les toilettes, les tables à dîner et les interrupteurs, contribue grandement à contrôler la propagation des infections.

Du papier essuie-tout sera fourni et ne devra être utilisé qu'une seule fois avant d'être jeté à la poubelle. Le personnel des services de santé vous conseillera sur les procédures à suivre pour l'emploi et l'élimination appropriées du papier essuie-tout.

Enhanced Cleaning Practices in the event of a suspected or confirmed COVID-19 case in an institution:

Pratiques de nettoyage renforcées en cas de cas soupçonnés ou confirmés de COVID-19 en établissement:

Cleaning an Infected Patient's Cell

Nettoyage de la cellule d'un patient infecté

In order to prevent further transmission, patients who meet the suspected or confirmed COVID-19 case definition will be instructed to 'self-isolate' in their cells.

Afin de prévenir la transmission, les patients qui satisfont à la définition de cas soupçonné ou confirmé de COVID-19 recevront l'ordre de « s'isoler » dans leur cellule.

In addition to commercial cleaning products, patients will be provided with a hospital grade disinfectant (wipes or solutions) in order to disinfect their cell, especially high-touch surfaces including table tops, toilets, switches, door handles and drawer knobs, etc. A hospital grade disinfectant is a potent virucide, and is clearly identified with a Drug identification Number (DIN) indicating approval by Health Canada and labelled with Workplace Hazardous Materials Information System (WHMIS) information.

En plus des produits commerciaux de nettoyage, les patients recevront un désinfectant approuvé pour un usage en milieu hospitalier (lingettes ou solutions) afin de désinfecter leur cellule, en particulier les surfaces à contact fréquent, comme les dessus de table, les toilettes, les interrupteurs, les poignées de porte, les poignées de tiroir, etc.). Un désinfectant approuvé pour un usage en milieu hospitalier est un virucide puissant et est clairement identifié à l'aide d'un numéro d'identification du médicament (DIN) indiquant qu'il a été approuvé par Santé Canada. Il porte aussi une étiquette du Système d'information sur les matières dangereuses utilisées au travail (SIMDUT).

Different cleaning products should not be mixed together. The user must comply with all warnings and precaution signs.

Il ne faut pas mélanger différents produits de nettoyage. L'utilisateur doit respecter toutes les mises en garde et les précautions.

If a potent virucide is not available, use bleach 0.5% diluted as per label.

Si un virucide puissant n'est pas disponible, utiliser le Javel 0.5% dilué selon l'étiquette.

Enhanced Facilities Cleaning:

Nettoyage renforcé des installations:

The ranges or living units of any suspected or confirmed COVID-19 cases are to be cleaned as per above, with the added requirement to use hospital grade disinfectants (wipes or solutions) for cleaning high-touch surface areas. These will be provided by Health Services.

Les rangées ou les unités résidentielles de tout cas soupçonné ou confirmé de COVID-19 doivent être nettoyées en suivant les directives ci-dessus, toutefois, une exigence est ajoutée : il faut utiliser des produits désinfectant approuvés pour un usage en milieu hospitalier (lingettes ou solutions) pour nettoyer les

surfaces à contact fréquent. Ces produits seront fournis par les Services de santé.

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Food Trays:

For inmates that are restricted to their cell due to COVID-19 investigation or infection:

- Disposable food trays and utensils will be provided and should be disposed of in the garbage appropriately. Efforts will be made to procure environmentally friendly products.
- If used, reusable food trays must be sealed in a plastic bag and transported to a separate cleaning area, where hospital grade disinfectant is used to clean the trays.

Cleaning of Transportation Vehicles:

When transporting inmates who meet the case definition of COVID-19 (or any inmate with respiratory or influenza-like illness) in a CSC vehicle, the inmate should wear a surgical mask and staff should use appropriate Personal Protective Equipment (a gown, gloves, face shield and a mask). After each inmate transport, clean the following with hospital grade disinfectant:

- floors
- walls
- surfaces
- interior glass of the inmate compartment

Plateaux-repas:

Dans le cas des détenus qui ne peuvent sortir de leur cellule parce qu'ils sont atteints de la COVID-19 ou ont fait l'objet de tests pour lesquels on attend les résultats:

- Des plateaux-repas et des ustensiles jetables seront fournis et devraient être jetés à la poubelle en prenant les mesures appropriées. On s'efforcera de fournir des produits écologiques.
- Si on utilise des plateaux-repas réutilisables, ils doivent être placés dans un sac en plastique scellé et transportés dans un endroit distinct où ils seront nettoyés avec un désinfectant approuvé pour un usage en milieu hospitalier.

Nettoyage des véhicules de transport:

Lorsque l'on transporte un détenu qui satisfait à la définition de cas de COVID-19 (ou tout détenu atteint d'une maladie respiratoire ou semblable à la grippe) dans un véhicule du SCC, le détenu devrait porter un masque chirurgical et le personnel devrait utiliser l'équipement de protection individuelle approprié (une blouse, des gants, un écran facial et un masque). Après le transport d'un détenu, nettoyer ce qui suit avec un désinfectant approuvé pour un usage en milieu hospitalier:

- les planchers;
- les murs;
- les surfaces;
- la vitre intérieure du compartiment des détenus.

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In all cases, personnel undertaking enhanced cleaning should be provided with safety glasses, a surgical mask, disposable coveralls and disposable gloves.

Dans tous les cas, le personnel effectuant un nettoyage renforcé doit être muni de lunettes de sécurité, d'un masque chirurgical, d'une combinaison jetable et de gants jetables.

Finally, institutions are to ensure that their Workplace Health & Safety Committees are consulted in the implementation of these cleaning requirements.

Enfin, les établissements doivent s'assurer que leurs comités de santé et de sécurité au travail sont consultés dans la mise en œuvre de ces exigences en matière de nettoyage.

For questions or comments please contact: marc.jette@csc-scc.gc.ca, Senior Manager, Support Services.

Pour toutes questions ou des commentaires communiquez avec Marc Jetté, gestionnaire principal, Services de soutien, à marc.jette@csc-scc.gc.ca.

For questions specific to cleaning and health care please contact: samar.sarkesh@csc-scc.gc.ca, Nursing Project Manager, COP.

Pour toute question ayant trait au nettoyage et aux soins de santé, communiquez avec Samar Sarkesh, gestionnaire de projet, Soins infirmiers, OPC, à samar.sarkesh@csc-scc.gc.ca.

Original signed by:

Tony Matson

C.C. :

Assistant Commissioner, Human Resource Management Sector / Commissaire adjoint, secteur de la gestion des ressources humaines

Director General, Clinical Services and Public Health / Directeur général, Services cliniques et Santé

Director General, Technical Services and Facilities / Directeur général, Services Techniques et installations

MEMORANDUM NOTE DE SERVICE

To / À: Regional Deputy Commissioners / Sous-commissaires régionaux

From / De: ACCS and CFO / CASC et DPF

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence CCM 328524	
Your File - Votre référence	
Date	Tel. No. - N° de tél. 613-996-4242

Subject / Objet: **CSC COVID-19 Preparedness: Cleaning Requirements**

État de préparation du SCC en lien avec la COVID-19 : Exigences en matière de nettoyage

As you are aware, Canada's Public Health system is currently fully engaged in global efforts to contain the spread of COVID-19, a novel coronavirus that emerged in China in December 2019. This memorandum is to inform you of the cleaning measures that will be implemented in Correctional Service of Canada (CSC) facilities. A reminder that the Public Health Agency of Canada (PHAC) continually assesses information as it becomes available. For more information, see PHAC's Coronavirus disease (COVID-19) Outbreak Update at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>.

Comme vous le savez, le système de santé publique canadien participe pleinement aux efforts mondiaux visant à contenir la propagation de la COVID-19, un nouveau coronavirus qui a fait son apparition en Chine en décembre 2019. La présente note de service vise à vous informer des mesures de nettoyage qui seront immédiatement mises en œuvre dans les installations du Service correctionnel du Canada (SCC). On souhaite également vous rappeler que l'Agence de la santé publique du Canada (ASPC) évalue continuellement l'information au fur et à mesure qu'elle est disponible. Pour de plus amples renseignements, consultez la mise à jour sur l'écllosion de la maladie à coronavirus (COVID-19) de l'ASPC à l'adresse <https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus.html>.

COVID-19 is spread through contact with respiratory droplets left behind after someone coughs or sneezes. In the absence of any vaccine or treatment, containment relies on good infection prevention and control practices. The following recommendations are based on advice from PHAC:

Le COVID-19 se transmet lors d'un contact avec des gouttelettes projetées lorsqu'une personne tousse ou éternue. En l'absence de vaccin ou de traitement, le confinement dépend de bonnes pratiques de contrôle et de prévention de l'infection. Les recommandations suivantes sont fondées sur les conseils formulés par l'ASPC:

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<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html#i>.

Required Hygiene for Staff and Visitors:

At the main entrance of institutions and Community Correctional Centres (CCC), **staff and visitors will be required to clean and sanitize their hands.** Alcohol-based hand rubs (ABHRs) will be provided for staff and visitors to assist them in preventing the spread of infection upon entry. If the hand sanitizer is not available, staff are requested to wash their hands regularly with soap and water for twenty seconds. In addition, signage will be posted to advise visitors with symptoms and who meet COVID-19 exposure criteria to delay their visit to the institution or CCC.

Routine Facilities Cleaning:

Throughout the living units, cleaners must continue to clean and disinfect on a daily schedule according to training standards with commercially available products (wipes, bleach, detergents and soaps, etc.). Cleaners are asked to increase the frequency of cleaning for **all high-touch surface areas** such as door handles, push bars, water fountains, handrails, telephones, toilets, dining tables, and light switches is significant in controlling the spread of infection.

Paper Towel will be provided for one-time use and is to be disposed of in the garbage. Health Services staff will provide advice on proper use and disposal of paper towels.

<https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus/professionnels-sante.html#p>

Hygiène requise pour le personnel et les visiteurs:

À l'entrée principale des établissements et des centres correctionnels communautaires (CCC), **le personnel et les visiteurs devront se nettoyer et se désinfecter les mains.** Un désinfectant pour les mains à base d'alcool sera fourni aux membres du personnel et aux visiteurs afin de les aider à prévenir la propagation de l'infection à l'entrée. Si le désinfectant pour les mains n'est pas disponible, le personnel est prié de se laver les mains régulièrement avec de l'eau et du savon pendant vingt secondes. Ces mesures s'ajoutent aux affiches préparées par les responsables des communications dans le but de conseiller aux visiteurs qui présentent des symptômes et répondent aux critères d'exposition à la COVID-19 de reporter leur visite à l'établissement ou au CCC.

Nettoyage régulier des installations:

Dans toutes les unités résidentielles, les nettoyeurs doivent continuer à nettoyer et à désinfecter quotidiennement les lieux avec des produits commerciaux (lingettes, eau de Javel, détergents, savons, etc.) conformément aux normes de formation. Une fréquence accrue de nettoyage de **toutes les surfaces à contact fréquent**, comme les poignées de porte, les barres de poussée, les fontaines à boire, les rampes, les téléphones, les toilettes, les tables à dîner et les interrupteurs, contribue grandement à contrôler la propagation des infections.

Du papier essuie-tout sera fourni et ne devra être utilisé qu'une seule fois avant d'être jeté à la poubelle. Le personnel des services de santé vous conseillera sur les procédures à suivre pour l'emploi et l'élimination appropriées du papier essuie-tout.