

Sharon Inman - Re: FOIPP Request

From: Gordon Roche
To: Sharon Inman
Date: 5/19/2021 9:51 AM
Subject: Re: FOIPP Request

Hi Sharon,

I am not aware of any complaints made to OHS concerning or related to Covid-19.

Thanks
Gordie

>>> Sharon Inman 5/18/2021 3:04 PM >>>
Good Afternoon Gordie,

I am helping completed a FOIPP request for Brooke and was wondering if you could help me with this section below that involves OHS.

JPS 2021-205:

I am requesting all records documenting the number and nature of labour and workplace safety complaints related to COVID-19 submitted by prison staff in provincial correctional institutions in PEI.

If there has been any records documenting the above could you forward them along to me?

Thanks,

Sharon Inman

Community and Correctional Services

Provincial Correctional Centre

Email: soinman@gov.pe.ca

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators, Medical Directors, Joint Response Team

From: Dr. Heather Morrison, CPHO
Dr. Greg German Medical Microbiologist

Date: May 11, 2020

Subject: Updated Guidance for COVID-19 Testing Criteria/Stat Testing

As this pandemic evolves, testing remains an important part of our response and ability to quickly identify, isolate and implement contact tracing for COVID-19. This memo **updates the criteria for testing**. The testing criteria, approach and our capacity will continue to be re-evaluated and updated regularly.

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19:

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, or marked fatigue without an alternative explanation should be tested.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, or marked fatigue without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue)
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, or marked fatigue should be tested.
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site
- Weekly testing of Microbiology staff at the QEH

Health Care Providers or their family members should have routine testing (not Stat) unless they were associated with a known positive case.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care Facilities – Residents

- Test residents of LTC and CCF on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.
- In province transfers: test residents of LTC or CCF 24-48 before transfer/admission to the LTC or CCF facility; if negative on first test, repeat testing at the LTC or CCF in 7 days from the initial test.

Inter-Facility Transfers

- Asymptomatic transfers to other facilities (excluding LTC and CCF, e.g. QEH to KCMH) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- In consultation with OOP facilities transfers to New Brunswick or Nova Scotia do not require COVID testing.
- **Inpatients returning from OOP facilities (with the exception of New Brunswick) require routine testing on arrival; if negative on initial test, test again at 7 days.**

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Essential Workers with Out-of-Province Travel

In addition to health care providers (listed above), essential workers with frequent travel outside of PEI (e.g., long-haul truckers, construction workers) can be tested upon their arrival in PEI, but no more than weekly unless symptoms occur. Essential workers who traveled only to New Brunswick do not require testing.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. In addition, another transport has been added between PCH and QEH on a weekday basis. Routine testing is meeting or exceeding provincial standards yet, there is decreased capacity for Stat testing and therefore should be utilized in appropriate situations. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at PCH, KCMH, Western Hospital that meet routine criteria (due to no COVID unit availability at these facilities at this time).
- Patients admitted to the ICU or require ICU care.
- Symptomatic admissions to Labor and Delivery
- Symptomatic resident of long-term care (LTC)
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call. The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times. Please let us know if you have any questions or clarifications.

Government of

Department of Justice and Public SafetyCommunity & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: November 30, 2020
Subject: Update on COVID pandemic

As of November 23, 2020 – Premier Dennis King had announced that PEI has suspended participation in the Atlantic bubble, requiring anyone entering the province to self-isolate for 14 days upon entry to the province. This is to be re-evaluated on December 7th. As of today, all other provinces have also suspended participation in any sort of Atlantic COVID bubble. A further update will be sent to staff once the province and CPHO release their plans moving forward.

Masks:

In the meantime, to remain in line with other provincial masking guidelines, the following changes are being implemented effective immediately:

1. Masks are to be worn when entering the facility by all individuals. Masks will now be at the entrance, and all staff will be encouraged to take their mask for the day at this point of entry rather than CO4 office.
2. Masks are to be worn in all locations throughout the building, for the duration of shift except: if you are alone in your office, working on your scheduled unit with your partner able to socially distance at least 6 feet, and during meal times. Mask is to be worn in hallways, when around offenders, during meetings and when in direct contact with other staff where social distance is not possible.

COVID Exposures:

Please remain vigilant about community and provincial precautions as they are announced. Exposure sites can be found at (for all Atlantic provinces):

<https://www.princeedwardisland.ca/en/information/health-and-wellness/possible-exposure-covid-19-within-atlantic-canada>

If you have visited any exposure sites during the timeframe indicated, please be tested as per CPHO recommendations.

Testing Criteria:

A reminder that if you are presenting with new onset of fever/cough/sore throat / runny nose/marked fatigue/shortness of breath or loss of taste or smell – without alternative explanations, please present to a drive through clinic or make arrangements with a COVID clinic to be tested. Please update your manager about these concerns or if you are sick due to possible COVID symptoms.

COVID App:

The COVID Alert App is also available to islanders. It will alert you if you have been in close proximity for a period with a possible exposure to the virus.

Testing Access:

As always, the drive through testing sites are available as noted below. Please check the websites before attending, to ensure no changes to times have been made. Otherwise, testing can be arranged through the COVID cough & fever clinic, or by requesting an assessment online at : https://www.princeedwardisland.ca/en/information/health-and-wellness/covid-19-testing-in-pe?utm_source=ABACanada&utm_medium=Referral&utm_campaign=websitelisting

O’Leary (Health Center)	Summerside (Slemon Park)	Charlottetown (64 Park St)	Montague (15 Douses Road)
M: 1300-1600 W: 1300-1600 F: 1300-1600	Daily 0800-1600	Daily 0800-1600	Mon: 0800-1200 W: 0800-1200 F: 0800-1200

Out of province transfers:

Continuation and until further notice, any penitentiary trips out of province are to be completed without making any stops in NB or NS. This is to avoid possible exposure sites and possibility of transmission.

If you have any further questions or concerns, please reach out to your supervisor or the Nursing Department. We remain in close contact with CPHO staff to ensure we are following all guidelines required to ensure safety for all.

Thank you for your continued dedication and hard work, during these busy times!

~ PCC Management and Nursing

Attention Visitors:

Please see officers at Central Control for sign in. You must provide name, date of visit and phone number that may be used for tracing purposes if Chief Public Health Office (CPHO) requires this information. This documentation will be maintained in a confidential manner and only released if required by CPHO.

If you have any of the symptoms listed, we ask that you refrain from visiting temporarily until you are either well again or have been cleared with a negative COVID swab through the COVID clinics.

Our precautions in place are for the purpose of keeping offenders, staff and the visiting public safe from the COVID-19 virus. They are at the recommendation of CPHO and the province.

Thank you for your cooperation,

~ Management

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: July 3, 2020

Subject: Updated Testing Guidance for COVID-19

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes. Please continue to refer to the June 22, 2020 memo for an appendix on mid-turbinate swab collection as the preferred method of testing outside of acute care.

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email:Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI); fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- **Health care providers including: locum physicians, new physicians, medical residents, nurses, NPs, and medical students on clinical rotations, who work at a healthcare sites within Atlantic Canada should be tested on return to PEI (prior to returning to work at a healthcare site) e.g works at QEII/IWK and QEH/PCH; may qualify for Stat testing (as directed by CPHO).**
- **Long-term care staff who travel for personal reasons within Atlantic Canada should be tested on return to PEI and at 7 days. If travel is a day trip, wait 48 hrs before the first test. (Note: LTC staff who travel outside the Atlantic bubble must self-isolate for 14 days on return to PEI)**
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior

to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; test again at day 10 and day 14 post admission.
- Test residents of Community Care or Palliative Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days). Additional testing applies to *all* LTC residents with dementia, not just those living in a dedicated dementia household.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- **Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission.**
- **Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission.**

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long-term Care facilities.

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.

Essential Workers with Travel Outside of Atlantic Canada

- PEI residents who are essential workers and travel **outside of Atlantic Canada** frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel **outside of Atlantic Canada** for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).
- Essential workers include, but are not limited to, construction workers, healthcare providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from **outside of Atlantic Canada** between Day 10 and 12 of self-isolation.
- Family members arriving from **outside of Atlantic Canada** to provide support to PEI residents may be considered for testing on a cases-by-case basis.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic resident of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

Questions and Concerns related to Atlantic Bubble for Health Care Workers

What is the Atlantic Bubble?

As of July 3, 2020 at 12:01 AM, Islanders and fellow Atlantic Canadians travelling within the region will not need to self-isolate for 14 days. However, public health and screening measures will be maintained due to the COVID-19 Public Health State of Emergency. The following Q & A contains information specific to healthcare workers.

Health Care Providers working in Long Term Care

1. Are LTC staff from PEI allowed to travel within the Atlantic Bubble?

- Yes. LTC staff can travel without the requirement to self-isolate; however they must have a COVID-19 completed when they return and again at 7 days after travel. If the travel was less than 24 hours in duration the first test should be done 48 hours after return to PEI.

2. Can LTC staff enter (e.g. visiting) another health care facility within Atlantic Canada?

- Yes-same testing requirements as above.

3. Can a resident of Independent Living Apartments travel outside of PEI and return to the home?

- Yes. There is no need to self-isolate or be tested.

4. Can an individual from an Atlantic Province be allowed to enter a Long Term Care facility as a designated visitor?

- Yes, they must follow the guidelines of the LTC facilities' Visitation Policy.

5. Can a resident of Long Term Care go to an Atlantic Province for a funeral?

- Yes. The resident can be tested upon re-entry to the home and again at 7 days. The resident should be placed on precautions until the results of the first test are received and are negative. Monitor for symptoms.

Healthcare workers in other sites:

1. Are Healthcare workers on PEI allowed to travel freely under the Atlantic Bubble?

- Yes, HCWs can travel freely under the Atlantic Bubble.

2. I am a HCW coming to PEI to work from *outside of Canada*

- You are required to self-isolate for 14 days before starting work.

3. I am a HCW coming to PEI to work from *outside the Atlantic Bubble*.

- HCWs who are coming from one of the provinces outside of the Atlantic Bubble must be tested prior to working. They are required to self-isolate for 14 days when not at work. HCWs travelling back and forth from northern nursing are exempt unless they are working in LTC. These HCPs are frequently tested.

4. I am a HCW who works in a Health Care Facility in my home province coming to PEI to work from within the Atlantic bubble.

- You must be tested prior to working. You are not required to self-isolate.

Government of

**Department of Justice and Public Safety**

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: Brandi Martin, NP
 Brooke Mitchell, Acting Manager, PCC
Date: July 6, 2020
Subject: Updated COVID-19 Protocols pertaining to Staff within LTC

We continue to experience changes related to the COVID-19 pandemic, and we must remain flexible to the ever changing guidelines, restrictions and policy changes. With the implementation of the Atlantic Bubble on July 3, 2020 – it has been noted by Chief Public Health Office (CPHO) in their memo released on July 3 that all staff working within long term care settings (which includes Corrections) are to be swabbed upon return to the island and again at day seven. This is to be implemented province wide and is in place for the foreseeable future. If your travel within the Atlantic bubble is a day trip only – you are still required to be swabbed after return, but you are to wait 48 hours prior to first swab. If you travel outside of the Atlantic Provinces, it is still required of you to self-isolate for the recommended 14 days. Please see the attachments for further questions and information on this policy change.

New changes: Moving forward as of July 3, all staff within the correctional settings across PEI will be required to have a COVID-19 swab upon return to the island and again at day 7. You do not need to miss any work while results are pending as long as you remain asymptomatic. Anyone traveling outside of PEI for only one day, are still required to be swabbed, but only after 48 hours has lapsed.

For staff that are traveling outside of PEI, you are more than welcome to do so, but we ask that you notify your supervisor so that swabbing can be arranged for you upon your return, if you wish to have completed at your site of employment.

Nursing staff at both PCC and PRCC/YC are equipped and able to accommodate staff swabbing if you would like to have this completed within facility. You will need to provide your DOB, full name, and dates of travel to be provided with the CPHO documentation. If you would rather go through the COVID clinics, please make contact with them – identify yourself as an essential staff within LTC and that you require a swab pending the return to the province after outside travel. Please notify your supervisor once result is available.

Please keep in mind this is subject to change at any time, although you will be updated as we move forward on anything that will impact the work we do. These directives are created and shared by CPHO.

Please reach out if you have further questions or concerns.

Brandi Martin & Brooke Mitchell

*Attached: 1) Quick Reference table for swabbing regulations
 2) Questions and Concerns related to the Atlantic Bubble*

Quick Reference Table for Health Care Workers

	LTC staff travelling OOP within NB, NS, NFLD for personal reasons	LTC staff travelling OOP outside of NB, NS, NFLD	LTC resident OOP for personal reasons e.g. funeral	Independent living residents travelling OOP	Residents of Community Care facilities (CCF) travelling OOP	Healthcare worker from OOP (outside of NB, NS, NFLD) coming to PEI to work in a HCF	Healthcare workers from NB, NS, NFLD coming to work in PEI	Healthcare worker from out of country coming to PEI to work	Healthcare workers who frequently travel OOP for work e.g. Northern nurses	PEI HCWs (excluding LTC) travelling OOP for personal reasons within NB, NS, NFLD
COVID Testing Recommended?	<p>If OOP for a day trip test at 48 hrs after returning home and at Day 7.</p> <p>If OOP > 48 hrs test on return home and at Day 7.</p>	NA	<p>YES</p> <p>Test on return to LTC facility and again at 7 days</p>	No	<p>Yes</p> <p>Test on return to CCF facility and again at 7 days</p>	<p>YES</p> <p>Prior to starting work</p>	<p>Yes</p> <p>Prior to starting work</p>	<p>Yes</p> <p>Test on return to PEI and before working, if applicable.</p> <p>Test again at 7 days</p>	No	
Self-isolation	<p>No</p> <p>Monitor for Symptoms</p>	<p>Self-isolation for 14 days</p>	<p>Isolate until the first negative is reported</p>	<p>No</p> <p>Monitor for Symptoms</p>	<p>No</p> <p>Monitor for Symptoms</p>	<p>Yes</p> <p>Self-isolate when not at work for 14 days</p> <p>Monitor for Symptoms</p>	<p>No</p> <p>Monitor for Symptoms</p>	<p>1st time tested- self-isolate until negative is reported</p>	No	
Self-isolation required until negative result?	<p>No</p> <p>May return to work prior to test result if asymptomatic.</p>	NA	<p>Precautions should be initiated upon resident's return until results of first swab are received and negative.</p>	NA	No	<p>Yes</p>	<p>No</p>	<p>Yes- first time tested</p>	NA	

Health PEI
One Island Health System

16 Garfield Street
PO Box 2000, Charlottetown
Prince Edward Island
Canada C1A 7N8

Santé Î.-P.-É.
Un système de santé unique

16, rue Garfield
C.P. 2000, Charlottetown
Île-du-Prince-Édouard
Canada C1A 7N8

MEMORANDUM

TO: Health PEI Physicians and Staff
FROM: Tara Ferguson, Provincial Manager of Infection Prevention and Control, Health PEI
DATE: May 5, 2020
SUBJECT: Infection Control Protocols

As you may be aware, we have implemented enhance infection control measures within our long term care facilities , as our residents are one of our most vulnerable populations. In order to protect our residents when attending necessary medical appointments outside of their long term care facility, the “Long Term Care Resident Appointment/Procedure in Another Facility Protocol” was developed. This protocol does not apply to long term care residents admitted to hospital.

Personal protective equipment inventory levels continue to be closely monitored. Conservation measures, such as extended use of masks protocols have already developed. This protocol is being shared again in the attached PPE update.

Re-use of masks refers to the practice of using one mask throughout the day, by carefully removing it, storing it in a clean and safe area and then carefully putting the same mask back on throughout the day. This practice should be the last step of personal protective equipment conservation measures. Mask re-use poses a risk of contamination to the health care worker if diligent handling of the mask is not followed. A protocol was requested and developed, in the event a facility has to use this last conservation measure.

These attached protocols were developed in collaboration with the Chief Public Health Office to provide consistency across our province, in both public and private health care facilities.

Cloth Masks

Cloth masks are not recommended for use on patients or staff within health care facilities. For information on use in the community, please refer people to [Using Non-medical masks in the community](#).

Donated Personal Protective Equipment

If a facility is accepting donated personal protective equipment, the facility is responsible for ensuring it meets Health Canada and Occupational Health and Safety Standards prior to use. Donations can also be accepted following the process outlined at [Request for Supplies to help fight COVID-19](#).

Extended use of Masks for Health Care Providers during the COVID-19 Pandemic

Extended use refers to the practice of wearing the same mask or N95 mask for repeated encounters with several patients, without removing them between encounters. Extended use may be implemented when caring for multiple patients with the same suspected/confirmed respiratory pathogen and patients are in the same clinical area (i.e. unit, clinics, etc.).

Masks, including N95 masks, may be worn for extended periods of time as long as the mask:

- has not been worn during an aerosol generating medical procedure (AGMP)
- has not reached end of use by being wet or damaged
- is not difficult to breathe through

A disposable face mask may be worn for hours as long as it is not wet or distorted and not touched while delivering patient care.

During patient care, take care to NOT TOUCH your masks or facial/eye protection. This includes not drinking or eating while wearing a mask.

Re-use of Masks for Health Care Providers during the COVID-19 Pandemic

Re-use of masks should be the last step of conservation measures, as it poses a risk of contamination to the health care worker if diligent handling of the mask is not followed. Re-use of masks refers to the practice of using one mask throughout the day, by carefully removing it, storing it in a clean and safe area and then carefully putting the same mask back on throughout the day.

If facilities deem they need to re-use procedure/surgical masks, then the following process should be followed:

A plastic storage container (labelled with the health care worker's name) should be used as it will help to ensure that the mask retains its shape. This container must be cleaned each time it is used.

Doffing (removing) the mask:

- 1) Perform hand hygiene
- 2) Clean the area and storage container where your mask will be stored. Let the storage container dry while ensuring adequate contact time for the cleaner/disinfectant
- 3) Remove the mask by handling only the elastic ear loops
- 4) Store the mask face-side (inside) of the mask up
- 5) Cover the storage container with the appropriate cover
- 6) Perform hand hygiene

Donning (putting on) the mask again:

- 1) Perform hand hygiene
- 2) Handling only the elastic ear loops, place the mask on your face
- 3) If you need to secure the mask, perform hand hygiene, don gloves and then only touch the mask adjust it on your face. Once secured, doff gloves and perform hand hygiene.
- 4) Clean the storage container and area with an approved cleaner/disinfectant
- 5) Perform hand hygiene

Masks may be re-used until the end of the shift or until the mask is wet, soiled or contaminated.

Cleaning and Disinfection Instructions for Face/Eye Protection

Full Face Shields or Goggles – To be worn when clinically indicated (Droplet or Airborne Isolation Precautions) and in addition to the clinically indicated mask. Face shields and goggles are NOT to be shared among staff.

Disposable Face shields can be worn for a single shift as long as the following occurs:

- the face shield is labelled prior to being used with the health care provider's name; and
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag).
- they are disposed of at end of the shift

Reusable face shields or goggles may be worn for more than one shift as long as the following occurs:

- the goggles are labelled with the health care provider's name;
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag); and
- they are kept in a secured area to prevent contamination while the health care provider is not working.

Face shield and goggles cleaning/disinfecting process:

- Complete hand hygiene
- Don clean gloves
- If the equipment is soiled, clean with soap and water prior to disinfection
- Disinfect all of the equipment (interior and exterior excluding the foam and elastics) with Oxivir (or substitute)
- Ensure adequate contact time for the cleaner/disinfectant
- Equipment may be rinsed with tap water if the visibility is compromised by the cleaner/disinfectant
- Once equipment is dry, place directly in labelled storage container
- Remove gloves
- Complete hand hygiene
- Take storage container to identified storage area

Government of

Department of Justice and Public Safety

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: Brandi Martin, NP
 Brooke Mitchell, Acting Manager, PCC
Date: May 20, 2020
Subject: Updated COVID-19 Protocols

As we continue to experience changes related to the COVID-19 pandemic, we must remain flexible to the ever changing guidelines and restrictions. Although changes to PPE use within primary care and hospital settings have relaxed somewhat, no changes have been made to the long-term care guidelines at this time due to the increased risk to the populations we serve. This means that masks continue to be worn by staff who are in contact with offenders and gowns/gloves, etc. are to be worn only when: physical contact is expected, a new admission enters the facility (upon initial arrival only), or an offender is symptomatic and awaiting results. Cloth or homemade masks are not to be worn at this time as they are not standardized by Health Canada nor do they meet health care standards.

Moving forward as of May 21, all new admissions to PRCC, PCC, and YC will be swabbed for COVID-19 at the nursing staff's earliest convenience upon arrival. Immediately after, the new admit is to be isolated for 7 days instead of the current 14. A second swab is to be obtained and be negative prior to the offender moving into general population. This will decrease the isolation time by 50%.

Although with upcoming court dockets, we may run into a spike in admissions, we will work closely with CPHO as numbers increase regarding the best way to handle the admission process. They are well aware of our struggles and challenges as a facility due to the nature of our work.

We will be obtaining more swabs to help with this process and will have them on hand for admissions, offenders who may become symptomatic or staff who require swabbing. Please see the nursing department in your facility if you require swabbing.

Please see the attached documents for further information on the process moving forward. Please keep in mind this is subject to change at any time, although you will be updated as we move forward on anything that will impact the work we do.

Please reach out if you have further questions or concerns.

Attached:

- 1) Algorithm created in collaboration with CPHO on the process of swabbing new admissions – May 20, 2020
- 2) As a reminder, the guidelines for Corrections drafted by CPHO, which was sent out to all staff earlier this month is also attached. – April 28, 2020
- 3) Information on mask usage as created by Health PEI for standardized use across the province – May 5, 2020
- 4) Most current health guidelines for testing (including list of symptoms for screening) – May 19, 2020



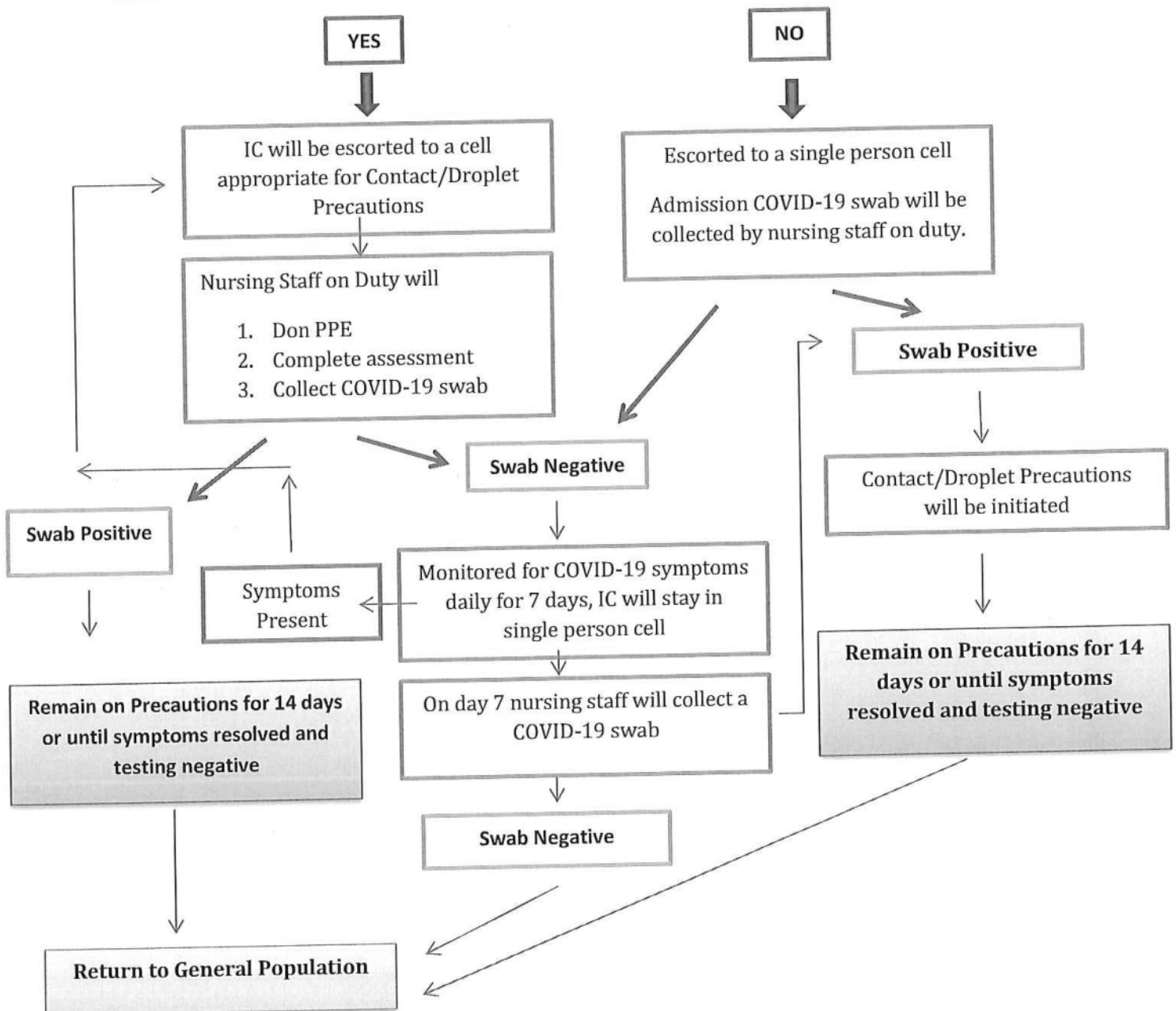
Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors

- Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
- Travel outside of PEI within 14 days
- Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
- High risk living arrangement (e.g. unstable housing)





Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self- isolation criteria. Staff will be advised to minimize contact with others during the

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever ($>38.0^{\circ}\text{C}$), OR
- 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 non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. At this time, widespread generalized testing of staff is not recommended.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days
- Placed separately from the other offenders in the facility

Appendix A: Hand Hygiene

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



1

Wet hands with warm water



2

Apply soap



3

For at least 20 seconds, make sure to wash:



4

Rinse well



5

Dry hands well with paper towel



6

Turn off tap using paper towel



palm and back of each hand



between fingers



under nails



thumbs

1-833-784-4397

canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ wash your hands often with soap and water for at least 20 seconds
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands
- ▶ avoid close contact with people who are sick
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

Cloth Masks

Cloth masks are not recommended for use on patients or staff within health care facilities. For information on use in the community, please refer people to [Using Non-medical masks in the community](#).

Donated Personal Protective Equipment

If a facility is accepting donated personal protective equipment, the facility is responsible for ensuring it meets Health Canada and Occupational Health and Safety Standards prior to use. Donations can also be accepted following the process outlined at [Request for Supplies to help fight COVID-19](#).

Extended use of Masks for Health Care Providers during the COVID-19 Pandemic

Extended use refers to the practice of wearing the same mask or N95 mask for repeated encounters with several patients, without removing them between encounters. Extended use may be implemented when caring for multiple patients with the same suspected/confirmed respiratory pathogen and patients are in the same clinical area (i.e. unit, clinics, etc.).

Masks, including N95 masks, may be worn for extended periods of time as long as the mask:

- has not been worn during an aerosol generating medical procedure (AGMP)
- has not reached end of use by being wet or damaged
- is not difficult to breathe through

A disposable face mask may be worn for hours as long as it is not wet or distorted and not touched while delivering patient care.

During patient care, take care to NOT TOUCH your masks or facial/eye protection. This includes not drinking or eating while wearing a mask.

Re-use of Masks for Health Care Providers during the COVID-19 Pandemic

Re-use of masks should be the last step of conservation measures, as it poses a risk of contamination to the health care worker if diligent handling of the mask is not followed. Re-use of masks refers to the practice of using one mask throughout the day, by carefully removing it, storing it in a clean and safe area and then carefully putting the same mask back on throughout the day.

If facilities deem they need to re-use procedure/surgical masks, then the following process should be followed:

A plastic storage container (labelled with the health care worker's name) should be used as it will help to ensure that the mask retains its shape. This container must be cleaned each time it is used.

Doffing (removing) the mask:

- 1) Perform hand hygiene
- 2) Clean the area and storage container where your mask will be stored. Let the storage container dry while ensuring adequate contact time for the cleaner/disinfectant
- 3) Remove the mask by handling only the elastic ear loops
- 4) Store the mask face-side (inside) of the mask up
- 5) Cover the storage container with the appropriate cover
- 6) Perform hand hygiene

Donning (putting on) the mask again:

- 1) Perform hand hygiene
- 2) Handling only the elastic ear loops, place the mask on your face
- 3) If you need to secure the mask, perform hand hygiene, don gloves and then only touch the mask adjust it on your face. Once secured, doff gloves and perform hand hygiene.
- 4) Clean the storage container and area with an approved cleaner/disinfectant
- 5) Perform hand hygiene

Masks may be re-used until the end of the shift or until the mask is wet, soiled or contaminated.

Cleaning and Disinfection Instructions for Face/Eye Protection

Full Face Shields or Goggles – To be worn when clinically indicated (Droplet or Airborne Isolation Precautions) and in addition to the clinically indicated mask. Face shields and goggles are NOT to be shared among staff.

Disposable Face shields can be worn for a single shift as long as the following occurs:

- the face shield is labelled prior to being used with the health care provider's name; and
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag).
- they are disposed of at end of the shift

Reusable face shields or goggles may be worn for more than one shift as long as the following occurs:

- the goggles are labelled with the health care provider's name;
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag); and
- they are kept in a secured area to prevent contamination while the health care provider is not working.

Face shield and goggles cleaning/disinfecting process:

- Complete hand hygiene
- Don clean gloves
- If the equipment is soiled, clean with soap and water prior to disinfection
- Disinfect all of the equipment (interior and exterior excluding the foam and elastics) with Oxivir (or substitute)
- Ensure adequate contact time for the cleaner/disinfectant
- Equipment may be rinsed with tap water if the visibility is compromised by the cleaner/disinfectant
- Once equipment is dry, place directly in labelled storage container
- Remove gloves
- Complete hand hygiene
- Take storage container to identified storage area

Cloth Masks

Cloth masks are not recommended for use on patients or staff within health care facilities. For information on use in the community, please refer people to [Using Non-medical masks in the community](#).

Donated Personal Protective Equipment

If a facility is accepting donated personal protective equipment, the facility is responsible for ensuring it meets Health Canada and Occupational Health and Safety Standards prior to use. Donations can also be accepted following the process outlined at [Request for Supplies to help fight COVID-19](#) .

Extended use of Masks for Health Care Providers during the COVID-19 Pandemic

Extended use refers to the practice of wearing the same mask or N95 mask for repeated encounters with several patients, without removing them between encounters. Extended use may be implemented when caring for multiple patients with the same suspected/confirmed respiratory pathogen and patients are in the same clinical area (i.e. unit, clinics, etc.).

Masks, including N95 masks, may be worn for extended periods of time as long as the mask:

- has not been worn during an aerosol generating medical procedure (AGMP)
- has not reached end of use by being wet or damaged
- is not difficult to breathe through

A disposable face mask may be worn for hours as long as it is not wet or distorted and not touched while delivering patient care.

During patient care, take care to NOT TOUCH your masks or facial/eye protection. This includes not drinking or eating while wearing a mask.

Re-use of Masks for Health Care Providers during the COVID-19 Pandemic

Re-use of masks should be the last step of conservation measures, as it poses a risk of contamination to the health care worker if diligent handling of the mask is not followed. Re-use of masks refers to the practice of using one mask throughout the day, by carefully removing it, storing it in a clean and safe area and then carefully putting the same mask back on throughout the day.

If facilities deem they need to re-use procedure/surgical masks, then the following process should be followed:

A plastic storage container (labelled with the health care worker's name) should be used as it will help to ensure that the mask retains its shape. This container must be cleaned each time it is used.

Doffing (removing) the mask:

- 1) Perform hand hygiene
- 2) Clean the area and storage container where your mask will be stored. Let the storage container dry while ensuring adequate contact time for the cleaner/disinfectant
- 3) Remove the mask by handling only the elastic ear loops
- 4) Store the mask face-side (inside) of the mask up
- 5) Cover the storage container with the appropriate cover
- 6) Perform hand hygiene

Donning (putting on) the mask again:

- 1) Perform hand hygiene
- 2) Handling only the elastic ear loops, place the mask on your face
- 3) If you need to secure the mask, perform hand hygiene, don gloves and then only touch the mask adjust it on your face. Once secured, doff gloves and perform hand hygiene.
- 4) Clean the storage container and area with an approved cleaner/disinfectant
- 5) Perform hand hygiene

Masks may be re-used until the end of the shift or until the mask is wet, soiled or contaminated.

Cleaning and Disinfection Instructions for Face/Eye Protection

Full Face Shields or Goggles – To be worn when clinically indicated (Droplet or Airborne Isolation Precautions) and in addition to the clinically indicated mask. Face shields and goggles are NOT to be shared among staff.

Disposable Face shields can be worn for a single shift as long as the following occurs:

- the face shield is labelled prior to being used with the health care provider's name; and
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag).
- they are disposed of at end of the shift

Reusable face shields or goggles may be worn for more than one shift as long as the following occurs:

- the goggles are labelled with the health care provider's name;
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag); and
- they are kept in a secured area to prevent contamination while the health care provider is not working.

Face shield and goggles cleaning/disinfecting process:

- Complete hand hygiene
- Don clean gloves
- If the equipment is soiled, clean with soap and water prior to disinfection
- Disinfect all of the equipment (interior and exterior excluding the foam and elastics) with Oxivir (or substitute)
- Ensure adequate contact time for the cleaner/disinfectant
- Equipment may be rinsed with tap water if the visibility is compromised by the cleaner/disinfectant
- Once equipment is dry, place directly in labelled storage container
- Remove gloves
- Complete hand hygiene
- Take storage container to identified storage area

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: May 19, 2020

Subject: Updated Testing & Stat Testing Guidance for COVID-19

As this pandemic evolves, testing remains an important part of our response and ability to quickly identify, isolate and implement contact tracing for COVID-19. This memo **updates the criteria for testing**. The testing criteria, approach and our capacity will continue to be re-evaluated and updated regularly.

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19:

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, **shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste** without an alternative explanation should be tested.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, **shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste** without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue)
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test).

Health Care Providers (HCP)

- Any current health care worker with a **new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.**
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site
- Weekly testing of Microbiology staff at the QEH

Health Care Providers or their family members should have routine testing (not Stat) unless they were associated with a known positive case.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of LTC, CCF **or palliative care facility** on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.
- In province transfers: test residents of LTC, CCF **or palliative care facility** 24-48 before transfer/admission to the LTC or CCF facility; if negative on first test, repeat testing at the LTC or CCF in 7 days from the initial test.

- Patients and residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7 days).

Inter-Facility Transfers

- Asymptomatic transfers to other facilities (excluding LTC and CCF, e.g. QEH to KCMH) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- In consultation with OOP facilities transfers to New Brunswick or Nova Scotia do not require COVID testing.
- Inpatients returning from OOP facilities (with the exception of New Brunswick) require routine testing on arrival; if negative on initial test, test again at 7 days.

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Essential Workers with Out-of-Province Travel

In addition to health care providers (listed above), essential workers with frequent travel (less than 14 days at home at a time) outside of PEI (e.g., long-haul truckers, construction workers) can be tested upon their arrival in PEI, but no more than weekly unless symptoms occur. Essential workers who traveled only to New Brunswick do not require testing.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.

- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. In addition, another transport has been added between PCH and QEH on a weekday basis. Routine testing is meeting or exceeding provincial standards yet, there is decreased capacity for Stat testing and therefore should be utilized in appropriate situations. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients **at QEH, PCH, KCMH, Western Hospital** that meet routine criteria.
- Patients admitted to the ICU or require ICU care.
- Symptomatic admissions to Labor and Delivery
- Symptomatic resident of long-term care (LTC)
- **Symptomatic pediatric patients admitted to hospital**
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times. Please let us know if you have any questions or clarifications.



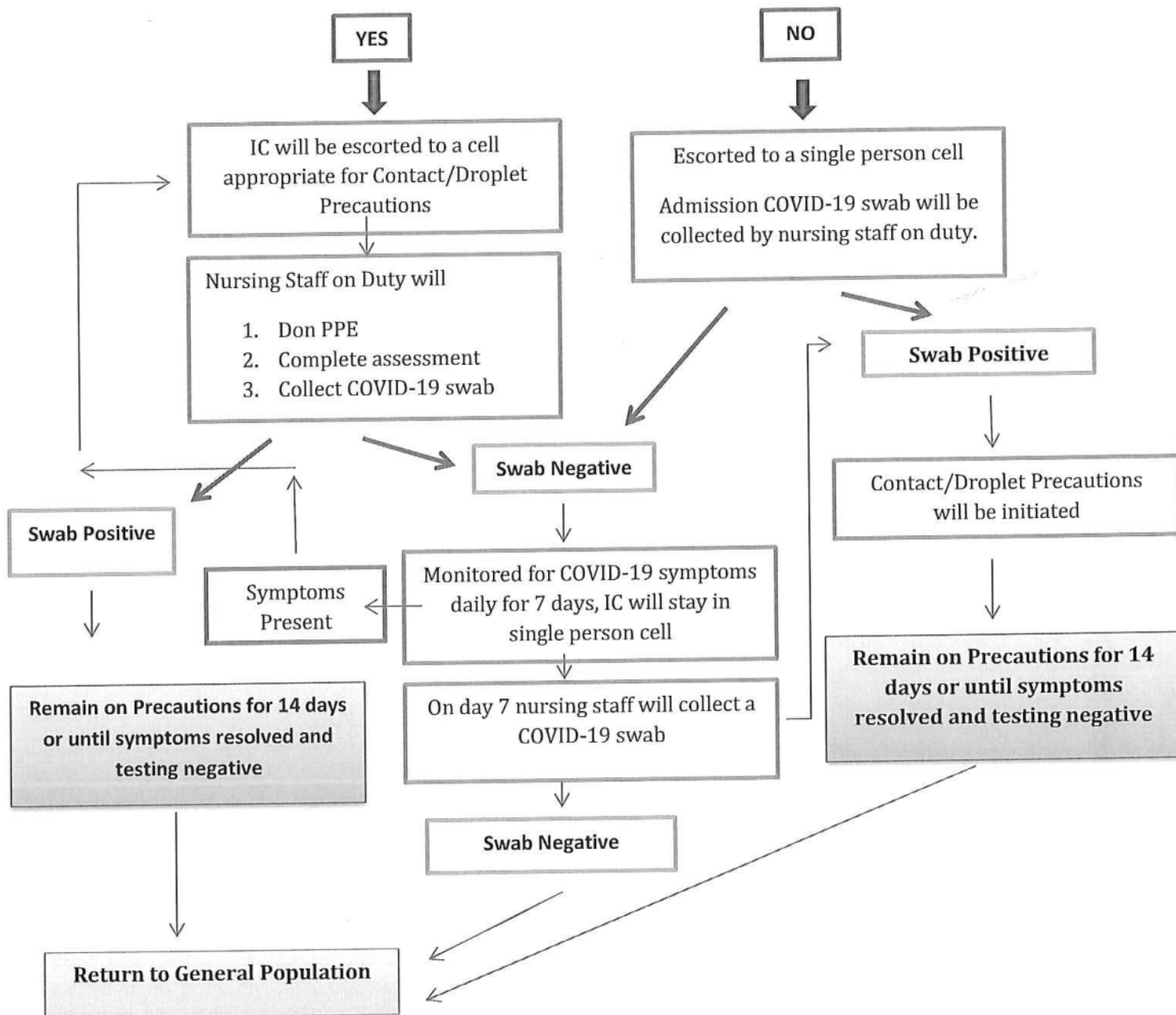
Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors

- Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
- Travel outside of PEI within 14 days
- Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
- High risk living arrangement (e.g. unstable housing)



Government of

Department of Justice and Public SafetyCommunity & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: September 2, 2020
Subject: Update on COVID pandemic

No recent changes to COVID protocols have been announced by CPHO that would affect staff or facility operations at PCC, PRCC or YC – this can, as you know, change quickly.

Some simple reminders as we approach the fall (Cough/Flu/School season):

1. Staff do not need to be tested if you travel within the Atlantic Provinces unless you are symptomatic. Isolation protocols and guidelines can be found online for those who are symptomatic or for those who travel outside of the Atlantic bubble.
<https://www.princeedwardisland.ca/en/information/health-and-wellness/essential-workers-self-isolation-testing-and-exemptions>
2. Staff who work in more than one location are required to be swabbed weekly. These swabs can be obtained through many avenues. COVID clinics across the island (require an appointment – 811 or essential services line), the new drive-through COVID clinic in Charlottetown (soon to be Summerside & Kings county also), or through PCC/PRCC nursing staff. Nursing staff will not be keeping track of when you are due for swabs, but are happy to accommodate whenever you require one. *Essential Services line: 1-855-354-4358 or coughandfeverclinic@gov.pe.ca.*
3. As of Dr. Morrison's announcement this week, if a child is sent home from school for testing and isolation this fall – as of now – the whole family do NOT need to isolate. This is also the case if someone else in the household is being tested and isolating pending result. This has changed since the previous announcement stating the whole family were required to isolate. Precautions must be in place in the meantime.

4. If staff are symptomatic of COVID, they are required to be tested. Isolation is required until negative swab is obtained. Please notify your supervisor and take the same approach as you would for sick calls (notifying CO4/Staffing officer).
5. Offenders being admitted to any of the three facilities on PEI are still being isolated for the 7 days, which has been in place since May 2020. Offenders are swabbed on day 1 and then again, on day 6 – once two negatives, they can move to general population on day 7. No current discussion on this changing, from CPHO. Please see attached algorithm for additional information. Proper PPEs are required for the admission process as all incoming admits are presumed to be positive until otherwise proven. (Mask/Gloves/Gown) This includes lock ups.
6. If an offender becomes sick after they are already in the general population, they are required to be tested for COVID and also be on isolation until swab result is obtained. (Similar to if they were in community) If they become sick while there is no nurse is on duty, please remove the individual from the unit and place in isolation – they will be swabbed as soon as nursing staff are back in the building.

If you have any further questions or concerns, please reach out to your supervisor or the Nursing Department.

Continue the great work!

~ PCC Management and Nursing

Additional information if required:

COVID PEI information: <https://www.princeedwardisland.ca/en/topic/covid-19>

COVID PEI Guidelines : <https://www.princeedwardisland.ca/en/publication/novel-coronavirus-covid-19-guideline>

Health PEI Staff Resource Center : <https://src.healthpei.ca/covid-19>

Government of

**Department of Justice and Public Safety**Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Nursing staff
From: Brandi Martin & Emily Dumville
Date: September 2, 2020
Subject: Update to Nursing Staff

Hi all,

Just a couple of updates and reminders for the nursing department. Please also take note of the memo sent out to 'all staff' today as well.

Staff swabs:

Nursing staff at all three correctional sites will continue to offer all staff within our division, COVID swabs as required. Other LTC facilities offer this as well to help with staffing and ease of access.

Nursing staff should be wearing masks and gloves – along with shield or goggles for these weekly staff swabs (in case the staff coughs or sneezes after the swab). Gowns are recommended by CPHO but not mandatory. If a staff member is feeling unwell and requests a swab, wearing a gown in addition would be encouraged.

Sheets of labels are being created for the staff members as they approach us, to make it easier for staff to do the swab and documentation quickly. If any new staff approaches you for a weekly swab, please forward the name to Brandi so that labels can be made for future swabs. There is a binder on the desk in alphabetical order for those already completed.

Nursing tasks:

Nursing shifts continue to be very busy with the numbers of offenders well over 100 at PCC, and admissions continuing to take place daily. We have many clients who are very difficult to deal with and many who also have multiple mental health and addiction issues. Please know that it does not go unnoticed, how much work and efforts are going into providing health care services to offenders. There are many tasks to accomplish throughout the shift and forgetting some things on occasion is expected. Please try to remember to make note of any new offender swabs in the COVID log – and include the

date of first swab as well as their MRN. Noting these swabs in the scheduling book is also helpful when second swabs are due. This also makes it much easier the next day when staff are consulted by floor supervisors regarding the movement of inmates based on swab results.

Flu Season:

As with other years, PCC, PRCC and YC will be offering the flu vaccine to all offenders and staff again this fall. We do not currently have a date for the vaccine arrival but we plan to sort the vaccine administration out into 'clinic days' of sorts. We will advertise on each unit so that offenders have plenty of time to decide if they wish to receive one. Further information on this will be provided once we know more.

Medication Warnings:

Please continue to give out medication warnings out as soon as possible after an offender is caught cheeking medication. They are found in the orange folder on the cart or in the filing cabinet in nursing office. Offenders will be provided the warning in writing that they were caught – and noted that any additional issues will result in discontinuation of med. All physicians are aware of this and are also in support of this practice. Please ensure that the CO4 passing meds with you at the time is also charging the offender so that an incident report will accompany the med warning. These need to be completed together.

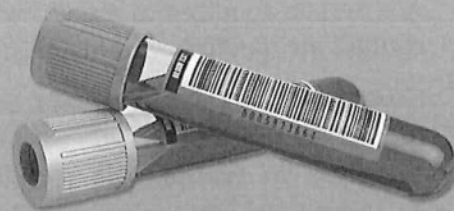
Transfers out of facility:

As per facility policy, any offender sent out of the facility after hours requires an email sent to OPS, Facility Manager and Nurse Supervisor to make them aware. If this does not take place proper follow up can be missed. The physician on call should always be made aware as well – even if orders are not required as they are responsible for all offenders that are in facility that day.

We will keep you all updated on anything else that changes as it pertains to health care delivery within the facilities. As always, we appreciate all of the hard work and dedication to this role through what has been a crazy and chaotic 2020.

- Brandi & Emily

Provincial Laboratory Services



src.healthpei.ca/microbiology

Health PEI
One Island Health System

Changes to Testing Technique and Updated Testing Guidance for COVID-19

June 22, 2020

This information applies to: Physicians, Nurse Practitioners, Administrators

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes; **there is also a mid-turbinate collection information provided as an appendix for community use.**

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- **Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.**

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).

- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- **Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.**
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO).
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, **regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.**
- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; **test again at day 10 and day 14 post admission.**
- Test residents of Community Care or Palliative Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days).

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- **Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province facility.**
- Inpatients returning from OOP facilities require routine testing on arrival; test again at 7 days post admission.

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- **Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long Term Care facilities.**

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.

Essential Workers with Out-of-Province Travel

- PEI residents who are essential workers and travel out of province frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel out of province for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).
- Essential workers include, but are not limited to, construction workers, healthcare providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from out of province between Day 9 and 12 of self-isolation.
- **Family members arriving from out of province to provide support to PEI residents may be considered for testing on a cases-by-case basis.**

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy.

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery.
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit.
- Symptomatic resident of long-term care (LTC).
- Symptomatic pediatric patients admitted to hospital.
- Offenders with symptoms transported by police officers.
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above).

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

By: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

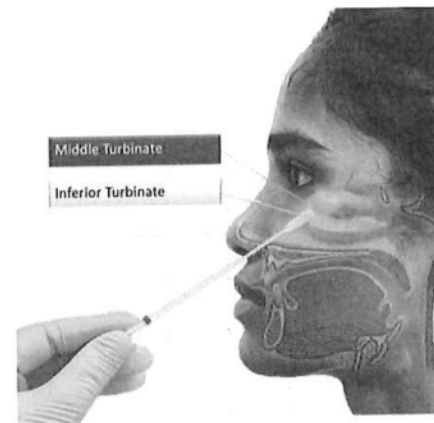
Appendix: CHANGES TO COLLECTION TECHNIQUE IN THE COMMUNITY

Mid-turbinate (+/- throat) collection for:

- Testing in the community for those over age 12.
- Equivalent to NP Collection for COVID-19 virus and less invasive, can use multiple swab types (currently it is the traditional NP swab).

Mid-turbinate swab collection method:

- If the patient has a sore throat, fever, or cough, the same swab will be used on the throat before being applied to both nares (this is done to increase yield).
- After blowing nose, both nares are to be sampled with the same swab.
- Advance 2-3 cm into the mid-turbinate at an angle of approximately 45 degrees until resistance is felt (see picture).
- Spin swab three (3) times in the mid-turbinate space.



Nasopharyngeal (NP) collection for:

- Admitted patients
- Patients presenting to the ER
- Patients ≤ 12 years old
- Those patients/residents unable collect a throat swab when a throat swab is indicated (i.e., patient has a sore throat, fever, or cough)

Nasopharyngeal (NP) swab collection method:

- Insert swab $\frac{1}{2}$ to $\frac{3}{4}$ the length of the angle from nose to earlobe (no more than $\frac{3}{4}$) along the floor of the nasal passage; stop if resistance is felt
- Spin swab three (3) times in posterior pharynx (no need to let swab soak for 5-10 seconds)

Please note: NP and Mid-turbinate swabs are contraindicated if the patient has nasal septum implants or cancer, the alternative collection in the community is throat alone.

For further assistance on swabbing technique(s), please contact the Medical Microbiologist.



Provincial Correctional Facilities: Visitation Guidance

Health and Wellness

Phase 1: Outdoor Visits

In response to the COVID-19 pandemic declared on March 11th, visitor restrictions were implemented in Provincial Correctional Facilities across Prince Edward Island to protect offenders.

Progressive lifting of public health measures has been gradual and constantly evaluated based on the latest public health information from PEI's Chief Public Health Office. If concerns are identified, progress will be slowed, halted or even reversed to continue to protect the health and safety of Islanders.

Based on our current knowledge and epidemiology, consideration has been made to reduce restrictions on visitation in provincial correctional facilities. Visitation will begin starting with outdoor visits where the facility is able to facilitate.

Provincial Correctional Facilities (facility dependent) can allow visitation with offenders immediately, once the facility is prepared to accommodate associated criteria.

Outdoor Visitation Guidelines: Youth Center, Summerside

- PRCC and PCC will have indoor visits only.
- YC is the only corrections facility able to facilitate outdoor visits.
- Outdoor visits in a designated area.
- Physical distancing must be maintained 6ft/2meters at all times.
- Maximum of 2 family members /visitors per offender per visit.
- Visitors must be well and have no signs of illness.
- Visitors must perform hand hygiene prior to and after visit.
- Visitors may visit together or separately.
- Visits limited to a maximum of 60 minutes.
- Visits will be scheduled at designated visiting times.
- Enhanced cleaning of designated visiting space between visits.
- **Non- medical masks are not necessary as physical distancing is to be maintained for the duration of the visit. Non-medical masks can be requested to be worn by visitors during the visit if the facility cannot supervise and ensure physical distancing.**
- **Visitor log should be maintained (dates, names and phone numbers) and made available to Public Health if needed.**

Health Care Workers FAQ's

Last Updated: March 18, 2020

The following FAQs have been developed through the COVID-19 Joint Response Team and Health PEI Human Resources to help inform Health PEI staff and physicians as we respond to virus.

These FAQs may change over time. New versions will be sent to staff as requirements change and FAQs posted to Health PEI and Government websites will be updated frequently.

If you have further Human Resource related questions that are not answered in this FAQ, you can email them to COVID-19EmployeeInformation@ihis.org.

You will not receive a direct response to your question; however, the response will be considered for updating future FAQs. You can also contact your HR Manager if you require a direct response. This information will be updated on a regular basis and can be found on the Staff Resource Centre.

1. Are there any cases of COVID-19 on PEI?

As of morning March 18, we have had 1 confirmed case on Prince Edward Island.

2. What is being done to protect health care workers on the front lines?

PEI is following the PHAC (Public Health Agency of Canada) national guidance regarding screening, identification, infection control, testing and follow-up.

The health and safety of all health care workers is a priority for the COVID-19 Joint Response Team of the Chief Public Health Office and Health PEI, which is closely monitoring and responding to the issue.

Maintaining the health and wellbeing of health care workers is important for both those individuals and the ongoing health of Islanders.

Health care workers are being provided all the necessary personal protective equipment required to mitigate risk of being infected with COVID-19, including masks, gowns, gloves, and hand sanitizer. Precautions for COVID-19 are the same as for influenza.

The Joint Response Team's Supply Division is actively monitoring and adjusting supplies as necessary to ensure personal protective equipment is available where it is needed across the province.

Additionally, through the setup of external screening clinics in Charlottetown and Summerside, patients who need testing for COVID-19 are being diverted from acute care settings. Patients can access the screening clinics by calling 811.

3. Services within my department have been deemed non-essential at present. Will I be reassigned to alternate work or an alternate service/site?

Yes, your Manager/Supervisor will provide you with further direction.

4. What is self-isolation?

Self-isolation means avoiding situations where you could infect other people. This means all situations where you may come in contact with others, such as social gatherings, work, school, child care, athletic events, university, faith-based gatherings, healthcare facilities, grocery stores, restaurants, shopping malls, and all public gatherings.

You should, (where possible) not use public transportation including buses, taxis, or ride sharing.

As much as possible, you should limit your contact with people other than the family members/companions that you travelled with. You should avoid having visitors to your home, but it is okay for friends, family or delivery drivers to drop off food.

You can also use delivery or pick up services for errands such as grocery shopping.

Self-isolation can help prevent the spread of infections, such as novel coronavirus (COVID-19). When you are exposed to an illness, there is a time between the exposure and when you start to feel sick. This is known as the incubation period. There is a very small chance that you can spread the germs during this time, in the few days before a sickness starts. More importantly, staying home means that if you do start to feel sick, you won't run the risk of this happening while you are in a public place. Self-isolation is a cautious action used to lower the chance that the virus could spread to others.

5. If I have travelled outside of Canada, will the Employer contact me with instructions?

Effective March 16, 2020, if you have travelled outside of Canada, your Manager/Supervisor will contact you to discuss your isolation period and possible options for telework if applicable.

6. If I have returned to Canada and am not experiencing symptoms of COVID-19 (asymptomatic), am I required to self-isolate?

Yes, anyone who has travelled outside of Canada is required to self-isolate for 14 days regardless of whether or not they are experiencing symptoms.

7. If someone living in my household has returned from out of country and are self-isolating, am I

required to self-isolate as well?

If the person who has traveled and is self-isolating is not showing symptoms, those living with them can continue daily activities as normal and follow good hygiene practices.

If the person who travelled is a child who is dependent on you for care, you would need to self-isolate with the child as self-isolation at home is not likely to be possible.

If the return was before March 8, there is no need to self-isolate.

8. If someone in the same household of a health care worker has travelled and is symptomatic (develops symptoms), does the health care worker report for work?

If the person self-isolating is experiencing symptoms, everyone in the household should also self-isolate and monitor symptoms until tests are confirmed. Information on self-isolation at home can be found here: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html>)

If the health care worker develops symptoms at work, they should don a mask, practice hand hygiene, leave work immediately, and call 811.

9. I have tested negative for COVID-19 during my self-isolation period. Can I return to work?

Any health care worker who has been identified to self-isolate for 14 days but tests negative, is still required to continue self-isolation for 14 days and monitor for symptoms.

10. If health care workers are required to self-isolate, can we use sick time?

Should health care workers who are asymptomatic (not experiencing symptoms) be required to self-isolate, they will be placed on paid administrative leave, this includes casuals who had shifts that were pre-booked.

Some health care workers may have the option/ability to do telework from home. Please discuss this option with your Manager/Supervisor if applicable.

Should a health care worker develop any symptoms of COVID-19, such as fatigue, aches, fever, cough and difficulty breathing, they should call 811 for screening to determine whether a test is appropriate. Once symptomatic, paid administrative leave ends and standard sick leave begins as outlined in the respective collective agreement.

If a health care worker tests positive for COVID-19, they will be required to continue to self-isolate and follow medical advice. This may extend past the 14 day self-isolation period.

It is important to notify your Manager/Supervisor as to changes in your status.

For detailed information related to specific circumstances, please reach out to your Human Resource Manager.

11. What if I don't have sick time?

Health care workers who become symptomatic and are without adequate sick leave can take unpaid leave. While on unpaid leave, staff can access any vacation/stat/TIL banks to substitute for paid sick leave while they recover and self-isolate.

Health care workers without sick leave (including casuals) may be eligible for employment insurance benefits. Employment insurance benefits have been made easier to access by the federal government. You can find further information at servicecanada.ca.

For more detailed information, please contact your Human Resources Manager for guidance.

12. I have children who cannot attend early childhood centres or schools because they are closed. I have no child care to attend work. What do I do?

We recognize these closures present challenging circumstances to employees who have young children in school or daycare. We know we can count on you to do your best to balance your work and personal obligations and be present at work as much as possible.

1. Please attempt to make alternate childcare arrangements, even for part of the day or the week.
2. If you are unable to make alternate childcare arrangements, talk to your manager about possible options to work from home or to modify your work hours.
3. If employees are able to demonstrate to their manager that they pursued all reasonable options, they will be provided with special leave with pay for those work periods where they have no reasonable alternate child care arrangements until schools and daycares re-open.

This is an exceptional measure and will minimize financial losses for employees.

13. I have plans to leave the country, should I travel?

The Chief Public Health Office has advised against non-essential travel outside of Canada.

All out of province non-essential work related travel is being cancelled.

Employees who have travel plans outside of Canada that were booked prior to March 13, 2020 will be eligible for paid administrative leave for the 14 day self-isolation period upon their return to Canada. Should you become symptomatic you will be eligible for sick leave as outlined in your

respective collective agreement. It is important to notify your Manager/Supervisor as to changes in your status.

Health care workers who become symptomatic and are without adequate sick leave can take unpaid

leave. While on unpaid leave, staff can access any vacation/stat/TIL banks to substitute for paid sick leave while they recover and self-isolate.

Health care workers without sick leave (including casuals) may be eligible for employment insurance benefits. Employment insurance benefits have been made easier to access by the federal government. You can find further information at [servicecanada.ca](https://www.servicecanada.ca).

For more detailed information, please contact your Human Resources Manager for guidance.

Employees who choose to travel outside of Canada following the March 13, 2020, travel restriction recommendations and the 14 day required self-isolation notification are not eligible for paid administrative leave during the 14 day self-isolation period. Should you become symptomatic you will be eligible for sick leave as outlined in your respective collective agreement

14. I have decided to cancel my vacation plans and not travel outside of Canada, can I cancel my approved vacation?

Employees will be able to carry over vacation into the 2020 fiscal year (April 1, 2020 – March 31, 2021).

15. If I did not travel internationally but did travel out of province within Canada and am symptomatic am I eligible for leave?

Any health care workers who are ill are eligible for sick leave as outlined in their respective collective agreement.

16. How will we know if the situation changes?

Updated information, including information for health care providers, will be posted regularly to the website princeedwardisland.ca/coronavirus. Information is also available by calling the Public Health at 1-800-958-6400.

Health PEI is also committed to sharing regular updates to all members of the organization through at least twice weekly reports. Additional reports will be distributed as required when significant changes occur. Managers are asked to post these updates for those without email.

Questions regarding benefits, leave, and work requirements should be directed to your Human Resources Manager.

17. Where can I find more resources?

The following resources are available for your reference:

1. [Prince Edward Island COVID-19 Novel Coronavirus Guidelines](#)
2. [Infection Prevention and Control for Coronavirus Disease \(COVID-19\): Interim Guidance for Acute](#)
3. [Healthcare Settings](#)
4. [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in](#)
5. [Healthcare Settings](#)
6. [Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 \(COVID-19\)](#)
7. [COVID-19 National Surveillance Case Definition](#)
8. [PEI Government Novel Coronavirus Frequently Asked Questions](#)
9. [Public Health Guidance on COVID-19 for Schools \(K-12\) and Childcare Programs](#)
10. [Technical COVID-19 Disease Assumptions for clinicians and public health authorities](#)
11. [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)
12. [Risk-informed decision-making for mass gatherings during COVID-19 global outbreak](#)
13. [Febrile respiratory illness screening tool](#)
14. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html>)

As a reminder, you must report any suspect cases of COVID-19 to the CPHO as soon as observed. The [PEI COVID-19 Guideline](#) is an evergreen document and will be revised to reflect updates in recommendations. Health Care Providers can Contact CPHO (Chief Public Health Office) at 902-368-4996 if you have any questions.

Dr. Heather Morrison, CPHO
Marion Dowling, Health PEI

Core operational measures

required by all businesses, services, and organizations:

- develop an operational plan detailing methods to mitigate transmission of disease.
- take every reasonable step to ensure physical distancing (including employees and/or clients) of two metres (six feet) between each other.
- take every reasonable step required to prevent employees who are required to self-isolate from entering workplaces.
- develop and follow an exclusion policy that ensures symptomatic employees are immediately excluded from work activities.
- ensure enhanced cleaning and disinfection of shared areas and surfaces.
- ensure hand washing stations or hand sanitizing products are available and accessible to all employees.

Indoor recreational facility measures

- Ensure at least one staff member is present when open for business to ensure proper cleaning and disinfection is taking place, and that patrons are maintaining physical distancing.
- Limit the number of patrons permitted in the facility to ensure physical distancing, prevent large gatherings, and allow staff sufficient time to clean and disinfect equipment and other surfaces frequently.
- Limit the number of patrons permitted in swimming pools within a facility to ensure physical distancing.
- Consider implementing a booking system that allows a limited number of patrons to book and attend at a specified time-slot, and ensure there is sufficient time between time-slots to allow for cleaning and disinfection of equipment.
- Increase physical distancing measures for activities that involve vigorous breathing and exhalation (e.g. certain yoga practices or group classes).
- Group classes can be offered provided:
 - patrons are able to maintain physical distancing from one another at all times during a class,
 - gathering limits are adhered to, and
 - if there will be more than one gathering at one time at a facility (indoor or outdoor), guidance on multiple gatherings must be followed.
- Operations must keep daily records of all patrons and staff. This can be done with a responsible person completing attendance on site or electronically with verification on site. Records including the names and phone number should be kept for one month to facilitate contact tracing in the event of an outbreak. Operations should have an internal process in place to quickly retrieve these records, should the records be needed, even on weekends. These records should be stored in a safe, secure location for one month after creation of the records and then disposed of using a secure destruction method to maintain the confidentiality of participants. For paper records, secure destruction means, at minimum, cross-cut shredding.
- Where possible, increase the space between fitness equipment to achieve a minimum two metres (six feet) distancing between users. If this is not possible, ensure patrons maintain physical distancing when using fitness equipment.
- Implement strict hand hygiene requirements for all patrons before and after each use of equipment that is not easily cleaned and disinfected (i.e. climbing wall holds, ropes, etc.).

- Provide patrons with disinfectant wipes or disinfectant in a spray bottle and paper towels to disinfect equipment before and after use. Discontinue use of re-usable towels and cloths.
- Encourage patrons to bring their own yoga mats. If yoga mat rental is permitted, ensure the mat is thoroughly cleaned and disinfected before and after each use.
- Modify personal coaching sessions as necessary to maintain physical distancing.
- Ensure there is sufficient time between group classes to allow for cleaning and disinfection of equipment.
- Use floor markings at reception desks to indicate where customers should stand to maintain physical distancing.
- If appropriate to the space, use floor markings to promote one-way flow through the facility and where lines form to ensure two metre (six feet) physical separation.
- Remove features that encourage customers to congregate or linger in place, including benches, sofas, and seating areas.
- Ensure employees and customers have easy access to hand sanitizer with at least 60% - 80% alcohol and/or hand-washing stations and no-touch disposal receptacles.
- Clean and disinfect frequently-touched surfaces at least twice a day or more, including doorknobs, light switches, and railings.
- If restrooms and/or showers are available, limit the number of users at a given time, maintain handwashing supplies, increase cleaning and disinfecting frequency, and install no-touch garbage bins.
- Frequently clean and disinfect point-of-sale devices and touch screens at reception desks.
- Encourage customers to use cashless payment when possible.
- Close customer self-serve drink stations, water dispensers, and water fountains, and advise patrons to bring their own filled water bottles.
- If applicable, towel service should not be offered at this time.
- Do not provide shared chalk.
- Encourage patrons to arrive at the facility in workout clothes and to avoid using locker rooms and showers on site. If locker rooms are permitted to be used, ensure disinfectant spray or wipes are available for patrons to disinfect locker contact surfaces before and after use.
- Close saunas and steam rooms.
- Consider closing hot tubs if strict physical distancing cannot be maintained.
- Consider supporting vulnerable customers by providing access to dedicated facility hours.
- Print and post signage at all entries and throughout the facility outlining policies and procedures such as:
 - Physical distancing expectations,
 - Hand hygiene,
 - Respiratory etiquette (coughing and sneezing), and
 - Cleaning and disinfection practices and expectations.
- Print and post signage at entries into the facility to notify patrons NOT to enter if they have COVID-19 symptoms.
- Non-medical masks may be used by employees when physical distancing cannot be maintained. **Non-medical masks and gloves are not a replacement for any of the above measures.**

Published date:

June 16, 2020

COVID-19 Advice as per CPHO

<https://www.princeedwardisland.ca/en/information/health-and-wellness/covid-19-advice-for-individuals-and-families>

Do not attend mass gatherings

- where a two (2) metre distance is not possible;
- if the elderly or immune-compromised people are present.

Practice good hygiene

To protect yourself and others from getting sick, take the following precautions:

- wash your hands often;
- cough/sneeze into your elbow;
- avoid touching your eyes, nose, and mouth with hands;
- cough in tissues and throw away;
- stay home if you are sick;
- avoid contact with sick people;
- use alcohol-based hand sanitizer if soap and water are not available.

Since respiratory viruses, such as the one that causes COVID-19, are spread through contact, change your regular greeting. Instead of a handshake, a kiss or a hug, a friendly wave or elbow bump is less likely to expose you to respiratory viruses.

Should I wear a mask?

Masks are not recommended for healthy people. If you are sick, wearing a surgical mask may reduce the spread of infection if you need to go out for a medical appointment or some other important reason.

Where can I find reliable information?

The Public Health Agency of Canada, along with provincial and territorial public health authorities, is a reliable source of information. If you find that the news media is making you feel anxious, take a break from it.

If you have general questions about COVID-19, **call the PEI Information Line at 1-800-958-6400**

Government of

**Department of Justice and Public Safety**

Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: July 21, 2020
Subject: Masks for offender use at PCC, PRCC and YC

With ever changing news briefings and procedures in place relating to the worldwide COVID pandemic, CPHO has been very closely involved in all decisions made at all three sites since March 2020 within the department. All protocols put in place have been at the direction and recommendation of CPHO staff as well as facility management.

It has continued to be relayed to all facility site staff, that transmission of COVID to any individuals within custodial facilities remains very low. Even with the recent admission to PCC that was noted in the newspaper, due to proper procedures and isolation, transmission is seen to be almost nil.

CPHO was consulted once again about offenders requiring masks today, July 21. At their direction, masks will not be provided to offenders at this time due to the low risk and the lack of requirement to mask on the units by offenders.

Social distancing is encouraged where possible, but since all offenders on the units have been within the facility for quite some time or had been isolated and tested upon their arrival, they are quite comfortable to pass along this direction for offenders.

Please reach out with further questions or concerns.

~ PCC Management

Government of

Department of Justice and Public SafetyCommunity & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: March 1, 2021
Subject: COVID Update

As you have likely been made aware, the province of PEI is currently under a modified 'Red Alert' phase of COVID restrictions as of today March 1, 2021 at 12:01am. This is in place for the next 72 hours (until March 4, 2021 at 12:01am) which overrides the previous 'circuit breaker' guidance. Assuming, that once the 'Red Alert' phase is complete, the circuit breaker guidelines will resume and we will continue to follow those for the full time frame, outlined by CPHO. We will update all staff if/when that takes place.

These restrictions have several implications on our workforce, as outlined in this memo.

IMPLICATIONS FOR STAFF:

Staff with Symptoms: If symptoms occur during a shift, the worker must complete hand hygiene, wear a mask and leave work immediately. They must then get a test and self-isolate until receiving a negative test result.

If you are at home and are experiencing symptoms, we ask that you please attend the closest clinic for testing instead of presenting to work.

Staff who are a close contact of a positive case: If you have been notified by public health that you are a close contact of a positive COVID-19 case, you must not go to work. You must follow public health direction for testing and self-isolating.

Staff who were at an exposure location: Anyone who was present at the Iron Haven Gym in Summerside at the specific dates and times notified must get a COVID-19 test. They may not attend work even if they receive a negative test result, and they must continue to self-isolate for 14 days from the date of their exposure at the Gym. For anyone who was present at any of the remaining public exposure locations at the specified dates and times must get a COVID-19 test. They may attend work and do not need to await their

negative test result prior to attending work. They must carefully monitor for symptoms for 14 days after the date of their exposure at these locations.

Unvaccinated Long Term Care staff aged 20-29 years old: LTC staff aged 20-29, who have not yet received their second vaccine, or have any symptoms of COVID-19 must get a COVID-19 test. They may receive a rapid test at one of the asymptomatic testing sites at Three Oaks High School or Stratford Town Hall. They do not need to await their negative result before returning to work.

Majority of our correctional staff have not yet had the opportunity to receive the COVID vaccine. If you are in this age bracket and require testing, nursing staff at PCC or PRCC may be able to accommodate testing. Please reach out to them for further direction.

Child care: Schools are closed during the 72-hour period. Early learning centres (day cares) continue to operate at normal levels. During this time, staff are encouraged to reach out to the normal care providers for alternate arrangements. If you have exceptional circumstances affecting your ability to get child care, please work with your Manager and HR.

IMPLICATIONS FOR OFFENDERS:

Professional visits: All 5 Clinical Services staff to be advised they are not permitted in the building over the next 2 weeks (Lindy, Veronica, Diane, Amanda and Kerry) to meet with clients in person. If they wish, we can add their phone numbers to the offenders' phone list so they can speak via phone. All other professionals (lawyers, Probation and Parole Officers, counsellors, etc.) will be restricted to telephone contact only.

Programming: Two new addiction groups are postponed until after circuit breaker.

Visits: Closed for 2 weeks. Offenders will be offered a limited amount of free calls to help offset this inconvenience and ensure they maintain family contact.

Gym: Cleaned after each use as current practice

TEST RESULTS:

Test results available for you to view online. It is unlikely that Public Health will be calling each individual with his or her results now that this service is available. The information noted below is for that service.

Website with all information:

<https://www.princeedwardisland.ca/en/service/covid-19-test-results>

Website with COVID search option:

<https://www.princeedwardisland.ca/en/feature/search-my-covid-19-test-results#/home/CovidNegativeResults/CovidNegativeResults>

If you have trouble accessing your test result email mytestresults@ihis.org or call **1-833-533-9333** and press #1 for health information to leave a voicemail to receive a call back.

What information do I need to access my test results?

To verify your identity and access the result, you must enter personal information as follows:

- PEI Health Card 8-digit number
- Expiry date of PEI Health Card (month and year)
- Date of birth
- Date of testing

Please reach out to the nursing department or your supervisor if you have any questions or concerns.

Thank you.

~ PCC Management and Nursing

Additional information if required:

Red Alert Phase Guidelines: https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-alert-level-red-measures-modifications-march-2021#utm_source=redirect&utm_medium=url&utm_campaign=CircuitBreaker

Essential vs Non-essential: <https://www.princeedwardisland.ca/en/information/health-and-wellness/essential-and-non-essential-services-0>

Exposure sites: <https://www.princeedwardisland.ca/en/information/health-and-wellness/potential-covid-19-exposures>

COVID PEI information: <https://www.princeedwardisland.ca/en/topic/covid-19>

Government of



Department of Justice and Public Safety

Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff in Dept. of Justice & Public Safety
From: PCC Management & Nursing
Date: November 18, 2020
Subject: Update regarding masking

As per the news release by Dr. Heather Morrison and Premier Dennis King on November 17 – masks will become mandatory in PEI as of 1201am on Friday November 20th.

This will affect our work in the following ways:

- 1 Please ensure you have a mask on for any interaction with the public while on shift
- 2 Masks are to continue to be worn around offenders and their living environments.
These must be masks provided to staff by the facility – not personal cloth masks.
- 3 Public who are entering a government facility must wear a mask – we will provide medical masks if they do not have their own, but are able to wear cloth masks if they wish. There will be new signage at entrances of the buildings on Thursday November 19th to reflect the changes and advise the public of mandated masks as per CPHO.
- 4 Any outside staff who are entering the building for any reason, must wear a mask, including but not limited to: clinical services, social services, legal counsel, police/RCMP

We are expecting further changes to regulations affecting LTC facilities, perhaps by the end of the week or month. We will continue to address staff as these changes present, to ensure we continue following CPHO guidelines and keep offenders, staff and the public as safe as possible.

Please reach out should you have any questions or concerns.

- PCC Management and Nursing team

Government of

Department of Justice and Public SafetyCommunity & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff

From: Scott McCabe, OPS Manager, PCC
Brandi Martin, NP, PCC

Date: July 21, 2020

Subject: COVID Positive admit within facility - UPDATE

As noted in yesterday's memo, we had a positive COVID admission on Friday July 17. He has been isolating in his cell without any time outside on the unit, in the quad since that time. We have had 2 staff dedicated to staffing that unit until this time.

Unfortunately, when tested again yesterday (July 20), this offender's swab came back positive as of 0903. This swab was run a second time on a more sensitive machine – and the result came back 'unequivocal' – which CPHO deems as a negative. This would give this offender 2 negative test results since his admission. CPHO was in contact with nursing department at 1045 this morning to update us on the status of the offender and to answer questions we had. Staff working with this offender do not need to isolate or be tested further, and this offender does not require further testing, according to their office. As a facility, further protocols may be put in place to ensure staff and offenders are always kept safe.

As per Dr. Heather Morrison's office this offender is now considered to be 'low risk' and 'no longer infectious'. They did mention he can be taken off precautions as per their laboratory interpretation of his last two swabs. Both Scott and I went around to notify all offenders of the current situation and to answer any questions or concerns at this time; these discussions were well received. Offenders are asking for masks for personal use on the units – it has been the direction from CPHO that offenders do not require masks, and this will be confirmed again today.

If you have any questions or concerns you would like passed along, please let us know as soon as you're able so we can ensure a comprehensive plan is in place.

We appreciate the hard work everyone is doing, and the collaboration between all staff that help keep not only offenders, but staff and their families' safe at this time.

Please reach out if you have further questions or concerns.

-Scott and Brandi



Correctional Service
Canada

Service correctionnel
Canada

PROTECTED **B** ONCE COMPLETED

SCREENING FOR PROVINCIAL OFFENDERS PRIOR TRANSFER TO CORRECTIONAL SERVICE CANADA

OFFENDERS COVID-19 BRIEF SCREENING for use by Provincial Operations		SEND FORM WITH OFFENDER FOR CSC HEALTH CARE	
		FPS Number (if possible): _____	
		Family name: _____	
		Given name(s): _____	
Region: _____	Institution: _____		
Temperature : _____		Date and time temperature taken: _____	
Temperature taken by (print name): _____			
Signature: _____			

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a fever or persistent cough or difficulty breathing?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you travelled outside Canada?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with someone who has been tested for COVID-19?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in close contact with a person with acute respiratory illness who has travelled outside Canada?

If YES to any of the four questions, then:

Offenders responding positive to one or more of the four questions above should not be transferred without first contacting CSC.

If NO to any of the questions above, then:

Please send the completed form with the transfer vehicle/offenders. CSC will place the form on the offender's case management and health care file.

Government of

Department of Justice and Public SafetyCommunity & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: March 1, 2021
Subject: COVID Update

As you have likely been made aware, the province of PEI is currently under a modified 'Red Alert' phase of COVID restrictions as of today March 1, 2021 at 12:01am. This is in place for the next 72 hours (until March 4, 2021 at 12:01am) which overrides the previous 'circuit breaker' guidance. Assuming, that once the 'Red Alert' phase is complete, the circuit breaker guidelines will resume and we will continue to follow those for the full time frame, outlined by CPHO. We will update all staff if/when that takes place.

These restrictions have several implications on our workforce, as outlined in this memo.

IMPLICATIONS FOR STAFF:

Staff with Symptoms: If symptoms occur during a shift, the worker must complete hand hygiene, wear a mask and leave work immediately. They must then get a test and self-isolate until receiving a negative test result.

If you are at home and are experiencing symptoms, we ask that you please attend the closest clinic for testing instead of presenting to work.

Staff who are a close contact of a positive case: If you have been notified by public health that you are a close contact of a positive COVID-19 case, you must not go to work. You must follow public health direction for testing and self-isolating.

Staff who were at an exposure location: Anyone who was present at the Iron Haven Gym in Summerside at the specific dates and times notified must get a COVID-19 test. They may not attend work even if they receive a negative test result, and they must continue to self-isolate for 14 days from the date of their exposure at the Gym. For anyone who was present at any of the remaining public exposure locations at the specified dates and times must get a COVID-19 test. They may attend work and do not need to await their

negative test result prior to attending work. They must carefully monitor for symptoms for 14 days after the date of their exposure at these locations.

Unvaccinated Long Term Care staff aged 20-29 years old: LTC staff aged 20-29, who have not yet received their second vaccine, or have any symptoms of COVID-19 must get a COVID-19 test. They may receive a rapid test at one of the asymptomatic testing sites at Three Oaks High School or Stratford Town Hall. They do not need to await their negative result before returning to work.

Majority of our correctional staff have not yet had the opportunity to receive the COVID vaccine. If you are in this age bracket and require testing, nursing staff at PCC or PRCC may be able to accommodate testing. Please reach out to them for further direction.

Child care: Schools are closed during the 72-hour period. Early learning centres (day cares) continue to operate at normal levels. During this time, staff are encouraged to reach out to the normal care providers for alternate arrangements. If you have exceptional circumstances affecting your ability to get child care, please work with your Manager and HR.

Staff movement: Staff are to remain on their assigned units for the duration of their shift unless on break or are required to assist elsewhere. Please refrain from visiting other coworkers on other units for social visits. Only one staff member should be present in central at a time, as this area does not allow for social distancing. In the staff lounge, please limit numbers of staff throughout breaks. Only one staff per table at a time, please.

Masks: Masks are still to be worn in all locations throughout the building, for the duration of shift except: if you are alone in your office, working on your scheduled unit with your partner able to socially distance at least 6 feet, and during meal times. Masks are to be worn in hallways, when around offenders, and when in direct contact with other staff where social distance is not possible.

IMPLICATIONS FOR OFFENDERS:

Gym: Gym will continue to operate as it is presently. The gym will continue to be cleaned in between unit gym times.

Visits/Phone calls: Visits are on hold for 2 weeks. PCC will pay for two free 10 minute phone calls per inmate/per day during the circuit breaker (Monday, March 1 to Sunday, March 14). These 2 calls (Local or Long Distance) will be available as soon as the phones are activated each day and they will expire when the phones turn off that night. The calls do not carry over to the next day.

Kiosks: As the public is not permitted into the institutions, money cannot be deposited at the kiosks at PCC/PRCC, but can be sent via Canada Post /Moneygrams or on-line through the Synergy website at www.inmatephones.ca (phone calls only).

Groups: The Addiction groups scheduled to start this week are temporarily on hold.

Professional agencies/Outside agencies: No outside agencies will be permitted to visit PCC at this time, so all contacts will be through telephone calls. This includes, but is not limited to: Clinical Services, the John Howard Society, Lawyers, Probation Officers, and Parole Officers. All agencies affected have been made aware.

TEST RESULTS:

Test results available for you to view online. It is unlikely that Public Health will be calling each individual with his or her results now that this service is available. The information noted below is for that service.

Website with all information:

<https://www.princeedwardisland.ca/en/service/covid-19-test-results>

Website with COVID search option:

<https://www.princeedwardisland.ca/en/feature/search-my-covid-19-test-results#/home/CovidNegativeResults/CovidNegativeResults>

*If you have trouble accessing your test result email mytestresults@ihis.org or call **1-833-533-9333** and press #1 for health information to leave a voicemail to receive a call back.*

What information do I need to access my test results?

To verify your identity and access the result, you must enter personal information as follows:

- *PEI Health Card 8-digit number*
- *Expiry date of PEI Health Card (month and year)*
- *Date of birth*
- *Date of testing*

Please reach out to the nursing department or management team if you have any questions or concerns.

Thank you.

~ PCC Management and Nursing

Additional information if required:

Red Alert Phase Guidelines: https://www.princeedwardisland.ca/en/information/health-and-wellness/pei-covid-19-alert-level-red-measures-modifications-march-2021#utm_source=redirect&utm_medium=url&utm_campaign=CircuitBreaker

Essential vs Non-essential: <https://www.princeedwardisland.ca/en/information/health-and-wellness/essential-and-non-essential-services-0>

Exposure sites: <https://www.princeedwardisland.ca/en/information/health-and-wellness/potential-covid-19-exposures>

COVID PEI information: <https://www.princeedwardisland.ca/en/topic/covid-19>

20-03-15 13:41

Friendly Pharmacy 8949499 >> 902 368 4123

P 1/2



Profile[®]

FAX COVER SHEET

Lawtons 0826 The Friendly Pharmacy

220 Water Street
Charlottetown, PE

C1A 9M6

902-367-8027

To: All Facilities Serviced by Lawtons Friendly Pharmacy

From: Crystal MacEachern and David McLeod

Date: March 15, 2020

Subject: COVID-19

Recipient Fax Number: _____

Pharmacy Fax Number: 902-894-9499

Total Number of Pages (including fax cover sheet): 2

MESSAGE

With the continually evolving COVID-19 situation, we wanted to reach out to our facilities and ensure you that we are working to ensure that we are able to continue to provide services to you with as little interruption as possible.

Please make note of the following:

** As of March 13th all on site clinical activities have been suspended until further notice. This includes on site physician rounds, presentations, medication reviews etc. We will continue to be available for consultation and questions by telephone.

** We will be following the direction of the facility in terms of deliveries. Please have a representative contact the pharmacy 902-367-8027 to let us know how you would like deliveries to proceed at the present time eg. receiving door, to be met by staff at front door etc. We will be limiting deliveries to each facility to a minimum number per day and will be making changes to our usual procedures as the situation changes.

** Please do not let your supplies run too low - check all stock regularly and please give the pharmacy several days grace period to allow us to process and deliver your orders.

**If at any point, your facility identifies a case of COVID-19, please ensure the pharmacy is notified as soon as possible.

A pharmacy representative will be contacting your administrator/director of care in the next 24 hours to further discuss actions. Please contact the pharmacy at any time if you have any questions or concerns.

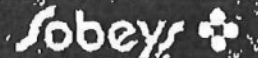
Crystal MacEachern and David McLeod

This fax and all attachments are intended only for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited and is not to be divulged, copied, or distributed in whole or in part. If you have received this communication in error, please notify the sender immediately and destroy all copies.

2020-03-15 13:41

Friendly Pharmacy 8949499 >> 902 368 4123

P 2/2

Memo

TO	Health care partners
FROM	Jim Johnston, VP In-Store Pharmacy Operations
DATE	March 13, 2020
REGARDING	COVID-19

In light of the evolving COVID-19 situation, Sobeys National Pharmacy Group would like to assure our health care partners that we are actively monitoring government publications, information, warnings and other media. Our company managers, human resource departments, and employees are paying close attention to the guidance provided by local, provincial and/or federal health authorities.

As the situation continues to unfold, we are asking our health care partners to continue to follow their respective provincial/regional health authority guidelines for infection control in health care settings.

We are preparing for the possibility that our pharmacies and health care partners will be required to deal with staff shortages. Our Continuing Care Pharmacists are preparing and anticipating these scenarios and will be working with your staff.

Should your facility experience a COVID-19 case, please ensure that your Continuing Care Pharmacy is notified immediately. This will allow us to support you during the outbreak and to quickly implement additional pharmacy infection control measures.

Should you have any further questions, please contact your local Continuing Care Pharmacy team.

Thank you,
Jim Johnston





Guidelines for Preparing Facilities to Receive Employees

Departments need to adjust their day-to-day practices to prevent the transmission of COVID-19. This document will provide guidance to prepare facilities to receive employees who may be returning to facilities or buildings open to the public.

Additional workplace guidelines and public health measures required to be followed by all businesses can be found in the Renew PEI Together document found at:

<https://www.princeedwardisland.ca/en/topic/renew-peitogether>

Overall guidelines:

- Where possible, employees should continue to work from home.
- Consider different start times to address limited availability of stairs and elevators.
- Consider different start times to address limitations in office space, where physical distancing cannot be observed.
- All staff should practice frequent handwashing, coughing or sneezing into an elbow and avoid touching their face. If gloves are being used by employees, proper handwashing is required before and after use. Do not touch your face with gloves. Ensure hygiene signs are posted in worksites.
- Wearing a non-medical mask (e.g. homemade cloth mask) in the community has not been proven to protect the person wearing it. However, the use of a non-medical mask or facial covering can be an additional measure that employees can take to protect others around them.
- Ensure that staff with cold, influenza or COVID-19 like symptoms; have travelled outside the province in the last 14 days; or are required to isolate for any reason remain at home, or return home immediately, self isolate and call 811 for advice. Please consult the PSC website for more information on the Employee Exclusion policies.
- Recognize that employees may be returning to the workplace with heightened anxiety, and/or under financial pressures and may need extra personal support.
- Encourage employees to access the **Employee Assistance Program (EAP)**. EAP is available to assist and Counsellors can be reached at (902) 368-5738 or toll-free at 1-800-239-3826 or by email at eap@gov.pe.ca.
- If an employee's mental health is impacting a successful return to the workplace, contact your Human Resource Manager to discuss options to support them.

Arrivals and Departure areas:

- Limit employees inside the building to a safe number that supports the size of the facility and accommodates physical distancing of 2 meters or 6 feet.
- Restrict arrival and departure areas to one or two zones/entrances that can be monitored.
- Install signage at a visible location at entrance stating that employees should not enter the building if they are exhibiting symptoms of COVID -19: fever above 38 degrees Celsius, a new cough, or worsening chronic cough sore throat, runny nose, headache, new onset of fatigue, a new onset of muscle pain, diarrhea, loss of sense of taste, loss of sense of smell, in children, purple markings on the fingers and toes, difficulty breathing, pneumonia.
- Install signs inside the worksite notifying staff who feel unwell while at work to inform manager, wash their hands and return home immediately.

Public Access/Visitor Spaces:

- Ensure a space of 2 meters or 6 feet between employees and visitors. If this is not possible, a physical barrier, such as plexiglass is recommended. Departments to work with TIE to coordinate this activity.
- Rearrange client waiting areas to reduce the number of people or have clients wait elsewhere (e.g. their car until called), and remove reading materials and shared pens from the reception space.

Washrooms:

- Install signage:
 - ❖ Limiting # of employees using washrooms at one time. (1-2 depending on size of washroom)
 - ❖ Instruction for proper handwashing near wash basins.
- Reminders of proper physical distancing practices.
- Ensure washrooms are fully stocked at all times with liquid soap (does not have to be antibacterial).

Elevators, Hallways, Walkways, Stairwells, Lunchrooms and Common areas:

- Install signage:
 - ❖ Reminders of proper physical distancing practices.
- Place markers such as tape or cones to provide a visual reference of 2 meters or 6 feet for employees in meeting rooms, waiting rooms, for elevators or in line-ups for equipment such as copiers, etc.
- To minimize congestion in hallways, consider placing directional arrows in corridors where social distancing is not possible.
- Minimize congestion in lunch areas by staggering/rotating staff at lunchtime.

Cleaning and Janitorial:

- Identify high traffic/high touch zones for frequent cleaning (i.e. elevator buttons, doorknobs, handrails, etc.)
- Ensure cleaning schedule is adjusted to increase cleaning frequency as more staff return to buildings/offices.
- Ensure cleaning supplies are available for staff to wipe down surfaces and common areas after use.
- Employees are instructed to clean their worksurfaces, tools of workspaces regularly. Where tools or equipment must be shared, employees have been instructed to disinfect surfaces before and after use. Cleaning products and supplies such as spray disinfectant and paper towel will be provided.
- Ensure cleaning supplies are fully stocked at all times.
- Onsite cleaning services will regularly clean shared surfaces such as counters, doorknobs, and elevator buttons.
- In smaller work sites or in offices with minimal staff present in Phase 1 and 2, staff may be asked to wipe down shared or high-touch surfaces.
- If possible, place alcohol-based hand sanitizer in dispensers near entrance doors, and other high-touch equipment.

Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19)

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

By: Health Canada

March 3, 2020

The Public Health Agency of Canada (PHAC), in collaboration with Canadian public health experts has developed this guidance for federal/provincial/territorial (F/P/T) public health authorities (PHA) in the event that a case of novel coronavirus disease (COVID-19) is suspected or confirmed within their jurisdictions.

The strategy outlined in this guidance is containment (i.e. to reduce opportunities for transmission to contacts in the community) and is based on the Canadian context and public health assumptions that reflect the currently available scientific evidence and expert opinion. It is subject to change as new information on transmissibility and epidemiology becomes available. It should be read in conjunction with relevant P/T and local legislation, regulations and policies. For information regarding COVID-19, visit the Canada.ca and WHO web site.

In the context of the COVID-19 response, there will be incoming travellers whose management will fall under the Quarantine Act and who will be managed in quarantine facilities. The considerations for these individuals is beyond the scope of this guidance document.

Case management - confirmed cases, probable cases and Persons Under Investigation (PUI)

Reporting and Notification

An interim national case definition for COVID-19 has been developed, specifically for confirmed cases, probable cases and Persons Under Investigation (PUI), as well as associated surveillance reporting requirements. P/T public health authorities (PHA) should report confirmed and probable cases of COVID-19 nationally to the PHAC within 24 hours of receipt of their own notification.

It is important for front line health care providers to notify PHAs of any cases (i.e. confirmed or probable), PUI and individuals who do not fulfill the case definition, in accordance with jurisdictional reporting requirements. PHAs will need to provide overall coordination with health care providers and provincial laboratories for the management of cases/PUI and to establish communication links with all involved health care providers for the full duration of illness.

Laboratory Testing

Facilitate appropriate laboratory testing by the health care provider in consultation with the provincial Public Health Laboratory (PHL). As per relevant laboratory guidance and identified protocols, ensure that appropriate specimens from a case are forwarded to the respective PHL. The PHL will then coordinate the submission of specimens to the National Microbiology Laboratory for further testing, as necessary. Include exposure/travel history with specimens being sent. Refer to Protocol for Microbiological Investigations of Severe Acute Respiratory Infections (SARI) for details on specimen collection and handling, and consultation with the PHL microbiologist on-call. Refer also to additional laboratory guidance provided by PHLs

Clinical Management/Treatment

The treating health care provider (whether in the home or in an acute care setting) will provide individual clinical management of the case/PUI based on their condition and at the discretion of the health care provider. At this time, there is no specific treatment (e.g. antivirals) for cases of COVID-19. Guidance on the clinical management of severe acute respiratory infection (i.e. in a hospital) when a case of COVID-19 is suspected is available from the WHO.

Health care workers providing care for a case/PUI should follow relevant guidance developed for infection prevention and control including Routine Practices and Additional Precautions, and COVID-19-specific infection prevention and control (IPC) guidance. Any aerosol-generating medical procedures should be avoided in the home environment. If an AGMP is required, consideration should be given to transferring the case/PUI to hospital due to the need for Additional Precautions.

Case Management in the Home and Co-Living Settings (self-isolation)

Early epidemiologic evidence suggests that the majority of people who develop COVID-19 will have mild illness and may not require care in a hospital. It is important that people who do not require hospital-level care convalesce at home as long as effective self-isolation and appropriate monitoring (i.e. for worsening of illness) can be provided.

Cases/PUIs should be isolated in the home setting while symptomatic (i.e. not go out unless directed to do so to seek medical care) until symptoms have resolved and the person is feeling well enough to resume normal activities, and has met the clinical **and** laboratory criteria set by the PHA for discontinuing isolation. Refer to Appendix 1 Instructions for Self-Isolating in the home or co-living situation.

The location where a person will self-isolate will be determined by their healthcare provider and the PHA. When determining the location, several factors to determine the suitability of the home setting are described below.

- **Severity of illness.** The case/PUI is exhibiting mild symptoms that do not require hospitalization, taking into consideration their baseline health status including older age groups, or chronic underlying or immunocompromising conditions that may put them at increased risk of complications from COVID-19. The ill person should be able to monitor their own symptoms and maintain respiratory etiquette and hand hygiene (See Appendix 1).

- **Suitable home care environment.** In the home, the case should stay in a room of their own so that they can be isolated from other household members. If residing in a dormitory, such as at a post-secondary institution or where there is overcrowded housing, efforts should be made to provide the case/PUI with a single room (e.g. relocate any other roommates to another location) with a private bathroom. If a separate room is not feasible, ensure that shared spaces are well ventilated (e.g. windows open, as weather permits) and that there is sufficient room for other members of the home setting to maintain a two-metre distance from the case/PUI whenever possible. If it is difficult to separate the case/PUI physically in their own room, hanging a sheet from the ceiling to separate the ill person from others may be considered. If the ill person is sleeping in the same room as other persons, it is important to maintain at least 2 meters of separation from others (e.g. separate beds and have people sleep head-to-toe, if possible). If a separate bathroom is not available, the bathroom should be cleaned and disinfected frequently.
- **Cohorting cases/PUIs in co-living settings (e.g. those living in university dormitories, shelters, overcrowded housing).** Special consideration is needed to support cases/PUIs in these settings when self-isolating. If it is not possible to provide the case/PUI with a single room and a private bathroom, efforts should be made to cohort ill persons together. If there are two cases/PUIs who reside in a co-living setting and single rooms are not available, they could share a double room.
- **Access to supplies and necessities.** The case/PUI should have access to food, running water, drinking water, and supplies (see [Supplies for the home when self-isolating](#)) for the duration of the period of self-isolation. Those residing in remote and isolated communities may wish to consider stockpiling the needed supplies, as well as food and medications usually taken, if it is likely that the supply chain may be interrupted or unreliable.
- **Risk to others in the home.** Household members with conditions that put them at greater risk of complications of COVID-19 (e.g. underlying chronic or immunocompromising conditions, or the elderly) should not provide care for the case/PUI and alternative arrangements may be necessary.
 - For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.
- **Access to care.** While it is expected that the case/PUI convalescing at home will be able to provide self-care and follow the recommended preventative measures, some circumstances may require care from a household member (e.g. the case/PUI is a child). The caregiver should be willing and able to provide the necessary care and monitoring for the case/PUI.
- **Psychosocial Considerations:** PHAs should encourage individuals, families and communities to create a supportive environment for people who are self-isolating to minimize stress and hardship associated with self-isolation as the financial, social, and psychological impact can be substantial. Obtaining and maintaining public trust are key to successful implementation of these measures;

clear messages about the criteria and justification for and the role and duration of quarantine and ways in which persons will be supported during the quarantine period will help generate public trust.

Public Health Monitoring of Cases and PUI:

It is recommended that PHAs provide active daily monitoring of cases and PUIs. The parameters of active daily monitoring will vary by PHA, but generally includes having daily contact with the case/PUI for symptom monitoring, to assess for symptom resolution, or to assess for progression of illness.

Case: conduct active daily monitoring of the case's health status for duration of illness (and until they have met the criteria set by the PHA for discontinuing self-isolation).

PUI: conduct active daily monitoring of the PUI's health status until laboratory investigation has confirmed or ruled out COVID-19. If COVID-19 confirmed, follow the advice for a case.

Public Health Advice for Cases/PUI in the home or co-living setting:

Provide public health instructions to the case/PUI and household co-living setting contacts on public health measures including self-monitoring, infection prevention and control, and environmental cleaning of the home setting. See [Appendix 1 Instructions for Self-Isolating in the home or co-living setting](#) for specific advice.

Contact management (of probable and confirmed cases)

Considering the context for this guidance is containment of the virus, close contacts of confirmed and probable cases occurring in Canada should be identified and managed as per the recommendations in this document until the containment objective is achieved or a new objective becomes necessary (e.g., if sustained person to person transmission is occurring in the community). An individual risk assessment conducted by the PHA will identify the contact's exposure risk level and to determine the required level and parameters of isolation, and PHA actions for the 14-day monitoring period. The purpose of contact management is twofold:

1. to facilitate rapid identification of new cases and to support containment by:
 - identifying and isolating any symptomatic contacts as quickly as possible; and
 - reducing the opportunity for transmission to others in the community from those with mild symptoms that may go unnoticed, and by providing contacts with information regarding infection prevention and control measures they should follow, as well as what to do if they develop symptoms
2. to gain a better understanding of the epidemiology of this novel coronavirus.

Table 1. Categories of contacts by exposure risk level

Risk Level	Description of Risk Level	Isolation Level/ Contact actions	Public health authority (PHA) actions
High	<p>1) Close contact(s) of a case:</p> <ul style="list-style-type: none"> • provided care for the case (including health care workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner) without consistent and appropriate use of recommended personal protective equipment, OR • who lived with or otherwise had close prolonged contact (within 2 metres) with a case while the case was symptomatic and not self-isolating, OR • had direct contact with infectious body fluids of a case (e.g., was coughed or sneezed on) without the appropriate use of recommended personal protective equipment, OR • Airplane crew and passengers seated within 2 meters of a symptomatic case. See section Contact Tracing for Airplane Passengers. 	<p>a. Self-isolate at home for 14 days from last unprotected exposure</p> <p>b. Follow good respiratory etiquette and hand hygiene practices.</p> <p>c. Self-monitor for the appearance of symptoms, particularly fever and respiratory symptoms such as coughing or shortness of breath.</p> <p>d. Take and record temperature daily and avoid the use of fever reducing medications (e.g., acetaminophen, ibuprofen) as much as possible. These medications could mask an early symptom of COVID-19; if these medications must be taken, advise the PHA.</p> <p>e. Isolate within the home setting as quickly as possible should symptoms develop, and contact the local public health authority for further direction, which will include:</p> <ul style="list-style-type: none"> ○ where to go for care, ○ appropriate mode of transportation to use, and ○ IPC precautions to be followed. 	<ul style="list-style-type: none"> • Conduct an individual risk assessment • Active daily monitoring of contacts for symptoms • A close contact who develops symptoms compatible with COVID-19 within the monitoring period should be considered a PUI and from an IPC perspective should be managed as a case. • If laboratory testing is negative for the virus that causes COVID-19, the individual is no longer a PUI, but should continue to self-isolate until 14 days from last exposure. • If transferring the symptomatic person from the community to an acute care facility, notify the receiving facility prior to arrival to ensure appropriate IPC measures are in place. • Contact PHAC to obtain the flight manifest for contact tracing by the PHA.
	<p>2) Incoming travellers from Hubei province, China, or Iran</p>	<p>Self-isolate for 14 days following departure from Hubei province, China, or Iran</p> <ul style="list-style-type: none"> • Immediately contact the PHA in jurisdiction of destination in Canada • Actions b-e above are applicable 	<ul style="list-style-type: none"> • Contact traveller if they do not connect with PHA • Determine monitoring frequency and method

<p>Medium</p>	<p>1) Non-close contact:</p> <ul style="list-style-type: none"> provided care for the case, (including health care workers, family members or other caregivers) or who had other similar close physical contact with consistent and appropriate use of personal protective equipment and the case was self-isolating OR who lived or otherwise had prolonged contact but was not within 2 metres of a case while the case was symptomatic and self-isolating 	<p>Self-monitor for symptoms for 14 days following their last contact.</p> <ol style="list-style-type: none"> Self-isolation is not required. Self-isolate as quickly as possible should symptoms develop, and contact the local PHA for further direction, which will include where to go for care, the appropriate mode of transportation to use, and IPC precautions to be followed Avoid crowded public spaces and places where rapid self-isolation upon onset of symptoms may not be feasible. Examples of crowded public spaces and places include mass gatherings, such as concerts and sporting events, not hospitals (for HCWs) and schools. 	<ul style="list-style-type: none"> Conduct a risk assessment for non-close contacts, if feasible No active monitoring Any contact who develops symptoms within the monitoring period should be considered a PUI and from an IPC perspective should be managed as a case. If test is negative, individual is no longer a PUI, but should continue to self-isolate until 14 days from last exposure. If transferring a PUI from the community to an acute care facility, it will be important to notify the receiving facility prior to arrival to ensure appropriate IPC measures are in place
<p>Low/No risk</p>	<ul style="list-style-type: none"> All incoming international travellers from COVID-19 affected areas ^{Footnote} (with no other exposure risk) <p>Only transient interactions (e.g., walking by the case or being briefly in the same room)</p>	<p>Self-monitor for symptoms for 14 days following their arrival in Canada Actions a-c above are applicable.</p> <ul style="list-style-type: none"> No monitoring required 	<ul style="list-style-type: none"> No action required

Exposure Risk Categories and Recommended PHA Actions

Depending on exposure risk level, there are three categories of contacts (high, medium or low). Table 1 Categories of contacts by exposure risk level describes the risk level, provides isolation and contact management advice as well as associated PHA actions:

Contact tracing for airplane passengers

The following guidance is adapted from the European Centre for Disease Prevention and Control (ECDC) Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA): Middle East Respiratory Coronavirus (MERS-CoV) last updated January 22, 2020, which the ECDC recommends could be used in response to the current COVID-19 outbreak, until new evidence becomes available.

The Public Health Agency of Canada's Office of Border and Travel Health can assist public health authorities in obtaining a flight manifest however it should be noted that flight manifests are not kept indefinitely and do not contain contact information on all travellers. PHA may be required to provide a letter citing their authorities under their Public Health Acts in order to obtain the manifest. If contact tracing is not feasible, a public advisory to notify the public of the potential exposure may be considered.

Decisions related to contact tracing air travellers who may have been exposed to a case of COVID-19 on a flight should be made on a case by case basis by the PHA to which the case is notified, considering the case's classification (e.g. confirmed) and the type and severity of symptoms during the flight. As there is no direct evidence at present regarding transmission risk in relation to flight duration, these recommendations apply regardless of the length of the flight.

Contact tracing efforts should focus on those seated within a 2 metre radius of the case, as this is the accepted exposure risk area for droplet transmission. Contact tracing by PHA in order to identify passengers in the exposure risk area should occur if a confirmed case of COVID-19 was symptomatic during the flight, and if it can be conducted within 14 days of the flight.

Contact tracing efforts should, at a minimum, focus on:

- passengers seated within two metres of the index case **AND**
- crew members serving the section of the aircraft where the index case was seated **AND**
- persons who had close contact with the index case, e.g. travel companions or persons providing care.

Public health authorities may wish to request the aircraft seat map from airlines to best target the contact tracing efforts. If the seat map isn't available, PHAs may wish to trace economy class passengers seated in the 5 seats surrounding the case in all directions, up to and including 3 rows in front and 3 rows behind the case. In business class, due to seat spacing this may only involve tracing passengers in the 2 surrounding rows due to the space between seats. Public health authorities may also wish to confirm that the

case sat in the assigned seat for the duration of the flight, and ask about the case's movements during the flight.

Public health authorities should consider expanding the scope of their contact tracing if the case had severe symptoms, such as persistent coughing and sneezing, or had diarrhea or vomiting, during the flight. In the event that a crew member is a confirmed case of COVID-19 and was symptomatic during the flight, passengers seated in the area served by that crew member, as well as the other crew members, should be traced.

APPENDIX 1: Instructions for self-isolating in the home or co-living setting

- Self-Isolating in the home setting
- Personal Protective Measures for infection prevention and control
- Self-care while convalescing
- Precautions for household members (e.g. caregivers, roommates) to prevent transmission to others in the home
- Supplies for the home when self-isolating

Self-Isolating in the home setting

Stay at home

The case/PUI should isolate themselves in the home setting until advised by the Public Health Authority (PHA) that isolation can be discontinued. Staying at home means:

- Not go out unless directed to do so (i.e. to seek medical care)
- Not go to school, work, or other public areas
- Not use public transportation (e.g. buses, subways, taxis)

Personal Protective Measures for infection prevention and control

The case/PUI should follow good respiratory etiquette and hand hygiene practices.

Respiratory etiquette

Respiratory etiquette describes a combination of measures intended to minimize the dispersion of respiratory droplets when coughing, sneezing and talking.

- Cover coughs and sneezes with a surgical/procedure mask or tissue. Dispose of tissues in a lined waste container and perform hand hygiene immediately after a cough or sneeze OR
- Cough/sneeze into the band of your arm, not your hand

Hand hygiene

Hand hygiene refers to hand washing or hand sanitizing and actions taken to maintain healthy hands and fingernails. It should be performed frequently with soap and water for at least 15-20 seconds:

- Before and after preparing food;
- Before and after eating;
- After using the toilet;
- Before and after using a surgical/procedure mask
- After disposing of waste or handling contaminated laundry;
- Whenever hands look dirty.

Handwashing with plain soap and water is the preferred method of hand hygiene, since the mechanical action is effective at removing visible soil and microbes.

If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHS) that contains at least 60% alcohol, ensuring that all surfaces of the hands are covered (e.g. front and back of hands as well as between fingers) and rub them together until they feel dry. For visibly soiled hands, remove soiling with a wipe first, followed by use of ABHS.

When drying hands, disposable paper towels are preferred, but a dedicated reusable towel may be used and replaced when it becomes wet.

Avoid touching their eyes, nose, and mouth with unwashed hands.

Monitor your symptoms

The case/PUI should monitor their symptoms and immediately report worsening of symptoms to a health care provider or PHA for further assessment. If it is determined that transfer to an acute care facility is required, instructions will be provided regarding transportation (e.g. by ambulance or private vehicle). If calling an ambulance, the dispatcher should be notified that the case/PUI may have COVID-19. If the person is transferred by private vehicle, the receiving facility should be notified to ensure that appropriate infection prevention and control measures are in place. During travel, the ill person should wear a surgical/procedure mask if tolerable. Those transporting the ill person should use appropriate personal protective equipment when within 2 metres of the ill person (details below).

Limit contact with other people

The case/PUI should avoid being in close proximity (within 2 metres) of other people, including household members and visitors who do not have an essential need to be in the home, with the exception of individuals providing care or delivering supplies or food.

When interactions within 2 metres are unavoidable, these should be as brief as possible, and the case/PUI should wear a surgical/procedure mask. If possible, the ill person or caregiver should arrange to have supplies dropped off at their front door to minimize direct contact. If the case/PUI must leave the home setting, a surgical/procedure mask should be worn.

Surgical/Procedure Masks

Face masks (surgical/procedure masks) provide a physical barrier that may help prevent the transmission of the virus from an ill person to a well person by blocking large particle respiratory droplets propelled by coughing, sneezing and talking. However, using a mask alone is not guaranteed to stop infections and should be

combined with other prevention measures including respiratory etiquette and hand hygiene.

Applying a consistent approach to putting on and taking off a mask are key in providing overall protective benefits. The following steps will help to ensure masks are used effectively:

- Before putting on a mask, wash hands with soap and water or ABHS. The mask should be worn with the coloured side facing out.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask, press the mask tight to your face using your fingers to secure along the perimeter of the mask, pressing firmly over the bridge of your nose. Wash hands again with soap and water or ABHS.
- Avoid touching the mask while using it; if you do, clean your hands with soap and water or alcohol-based hand sanitizer.
- Replace the mask with a new one as soon as it is damp or dirty with secretions. Do not re-use single-use masks.
- To remove the mask, remove both straps from behind the ears. Do not touch the front of mask, and ensure that the front of the mask does not touch your skin or any surfaces before you discard it immediately in a closed waste container. Wash hands with alcohol-based hand rub or soap and water.

Limit contact with pets

Due to the theoretical possibility that animals in the home could be infected by COVID-19, it is recommended that cases also refrain with contact with pets, if possible.

Avoid Sharing Personal Household Items

The Case/PUI should not share personal items with others, such as toothbrushes, towels, washcloths, bed linen, cigarettes, unwashed eating utensils, drinks, phones, computers, or other electronic devices.

Clean all high-touch surfaces

High-touch areas such as toilets, bedside tables and door handles should be cleaned daily using a bleach solution (0.5% sodium hypochlorite, see above). If they can withstand the use of liquids for disinfection, high-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes).

Disinfectants can kill the virus making it no longer possible to infect people. Disposable gloves should be used when cleaning or handling surfaces, clothing, or linen soiled with body fluids. Dormitories and co-living settings where ill persons are convalescing should be cleaned and disinfected daily.

All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste.

Self-care while convalescing

Treatment

At this time, there is no specific treatment for COVID-19. The case/PUI should rest, eat nutritious food, stay hydrated with fluids like water, and manage their symptoms. Over the counter medication can be used to reduce fever and aches. Vitamins and complementary and alternative medicines are not recommended unless they are being used in consultation with a licensed healthcare provider.

Monitor temperature regularly

The case/PUI should monitor their temperature daily, or more frequently if they have a fever (e.g., sweating, chills), or if their symptoms are changing. Temperatures should be recorded and reported to the PHA as per its instructions. If the case/PUI is taking acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil), the temperature should be recorded at least 4 hours after the last dose of these fever-reducing medicines.

Maintain a suitable environment for recovery

The environment should be well ventilated and free of tobacco or other smoke. Airflow can be improved by opening windows and doors, as weather permits.

Stay connected

Staying at home and not being able to do normal everyday activities outside of the home can be socially isolating. PHA can encourage people who are isolating themselves at home to connect with family and friends by phone or computer.

Precautions for household members (e.g. caregivers, roommates) to prevent transmission to others in the home

For caregivers of a case/PUI, it is important to take appropriate steps to protect yourself and others in the home environment from contracting COVID-19.

- **Perform Regular hand hygiene.** The ill person and the household members should perform hand hygiene regularly.
- **Practice good respiratory etiquette** followed by hand hygiene.
- **Limit the number of caregivers.** Ideally, the ill person should be able to care for themselves. Caregiving within 2 meters of the ill person should be limited to one person.
- **Prevent exposure to contaminated items and surfaces.** Do not use personal items that belong to the case/PUI such as toothbrushes, towels, washcloths, bed linen, cigarettes, unwashed eating utensils, drinks, phones, computers, or other electronic devices. The lid of the toilet should be down before flushing to prevent contamination of the environment.

- **Frequent cleaning and disinfecting.** High-touch areas such as toilets, bedside tables and door handles should be cleaned daily using a bleach solution (0.5% sodium hypochlorite) or regular household cleaners
- **Disposing of waste.** All used disposable contaminated items should be placed in a lined container before disposing of them with other household waste.
- **Use precautions when doing laundry.** Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken. Gloves and a surgical/procedure mask should be worn when in direct contact with contaminated laundry. Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried. Hand hygiene should be performed after handling contaminated laundry and after removing gloves. If the laundry container comes in contact with contaminated laundry, it can be disinfected using a bleach solution (0.5% sodium hypochlorite, see above).
- **Use of personal protective equipment.** If household members have direct contact with the case/PUI, they should wear a surgical/procedure mask and eye protection when within two meters and should perform hand hygiene after contact. Caregivers should wear disposable gloves when in direct contact with the ill person, or when in direct contact with the ill person's environment as well as soiled materials and surfaces. Hand hygiene should be performed before putting gloves on and after removing them.

Eye Protection

Eye protection is recommended to protect the mucous membranes of the eyes during case/PUI care or activities likely to generate splashes or sprays of body fluids including respiratory secretions.

- Eye protection should be worn over prescription eye glasses. Prescription eye glasses alone are not adequate protection against respiratory droplets.
- Protective eye wear should be put on after putting on a mask.
- After applying eye protection, gloves should be donned (see above).
- To remove eye protection, first remove gloves and perform hand hygiene. Then remove the eye protection by handling the arms of goggles or sides or back of face shield. The front of the goggles or face shield is considered contaminated.
- Discard the eye protection into a plastic lined waste container. If the eye protection is not intended for single use, clean it with soap and water and then disinfect it with a bleach solution of one part bleach to 9 parts water, being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

Gloves

Disposable single use gloves should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; caregivers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, with one of your gloved hands pull off your glove for the opposite hand from the fingertips, as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed and hand hygiene performed when they are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution of one part bleach with nine parts water (to make a 0.5% sodium hypochlorite solution).

Supplies for the home when self-isolating

- Surgical/Procedure Masks for case and others in the home
- Disposable Gloves
- Eye protection
- Thermometer
- Fever-reducing medications
- Running water
- Hand soap
- Alcohol based hand sanitizer (ABHS) containing at least 60% alcohol.
- Tissues
- Waste container with plastic liner
- Regular household cleaning products
- Bleach (5% sodium hypochlorite) and a separate container for dilution.
- Alcohol (70%) prep wipes
- Regular laundry soap
- Dish soap
- Disposable paper towels

References

Reference 1

PHAC. Interim National Case Definition: Novel Coronavirus (2019-nCoV). [Online] 6 February 2020. [Accessed on 7 February 2020] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

Reference 2

Canadian Public Health Laboratory Network. Protocol For Microbiological Investigations Of Severe Acute Respiratory Infections (SARI). [Online] 2013. [Accessed: 16 January 2020] <https://www.canada.ca/en/public-health/services/emerging-respiratory->

pathogens/protocol-microbiological-investigations-severe-acute-respiratory-infections-sari.html

Reference 3

WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. [Online] 11 January 2020. [Accessed on 17 January 2020] [https://www.who.int/internal-publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/internal-publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

Reference 4

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings [online] September 2017[Accessed on Feb 22, 2020] <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

Reference 5

PHAC. Infection prevention and control for novel coronavirus (2019-nCoV): Interim guidance for acute healthcare settings. [online] February 4, 2020. [Accessed February 7, 2020] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

Reference 6

WHO. Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. [Online] 4 February 2020. [Accessed on 7 February 2020] [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

Reference 7

ECDC. Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) - Middle East Respiratory Syndrome Coronavirus (MERS-CoV). [Online] 22 January 2020. [Accessed on 31 January 2020] <https://www.ecdc.europa.eu/en/publications-data/risk-assessment-guidelines-infectious-diseases-transmitted-aircraft-ragida-middle>

Reference 8

Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and its inactivation with biocidal agents, *Journal of Hospital Infection* <https://doi.org/10.1016/j.jhin.2020.01.022>

Footnotes

Footnote a

Decisions on discontinuing isolation should be made by the PHA in conjunction with the case's health care providers, considering both the clinical and laboratory findings. The Canadian Public Health Laboratory Network recommends two consecutive negative tests for the virus that causes COVID-19, at least 24 hours apart be considered as laboratory evidence that the case is no longer communicable; at a minimum collect

NP swabs, with consideration for both NP and throat swabs at all sampling times to maximize sensitivity for detecting the virus.

Footnote b

The recommendations for contact management may also be applied to contacts of PUI if warranted, based on an individual risk assessment.

Footnote c

Adapted from Public Health Ontario. At-a-Glance Risk Levels and Precautions for COVID-19. February 2020.

Footnote d

Adapted from Public Health Ontario. Public health management of cases and contacts of novel coronavirus (COVID-19) in Ontario February 12, 2020 (version 4.0).

Footnote e

As part of the individual risk assessment, consider the duration of the contact's exposure (e.g., a longer exposure time likely increases the risk), the case's symptoms (coughing or severe illness likely increases exposure risk) and whether exposure occurred in a health care setting.

Footnote f

In general, self-isolation means that a contact stays in their home and does not go out, and avoids being within the same room with others within the home setting. If this cannot be avoided, a distance of at least 2 metres should be maintained from others.

Footnote g

For a list of [COVID-19 affected areas](#), visit the Government of Canada's Coronavirus disease (COVID-19) web page.

Footnote h

The peak effect of temperature reduction was found to be 2.5-3.0 hours after ingestion for both acetaminophen and ibuprofen treatments in a systematic review of antipyretic effect of ibuprofen and acetaminophen in children. Wahba H. The antipyretic effect of ibuprofen and acetaminophen in children. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2004 Feb;24 (2):280-4.

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: July 16, 2020

Subject: Updated Testing Guidance for COVID-19

The following provides CURRENT AND **NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes. Please continue to refer to the June 22, 2020 memo for an appendix on mid-turbinate swab collection as the preferred method of testing outside of acute care.

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email:Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI); fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Health care providers including: locum physicians, new physicians, medical residents, nurses, NPs, and medical students on clinical rotations, who work at a healthcare site within Atlantic Canada should be tested on return to PEI (prior to returning to work at a healthcare site) e.g works at QEII/IWK and QEH/PCH; may qualify for Stat testing (as directed by CPHO).
- **Health care providers who arrive from outside of Atlantic Canada should be tested prior to work at a PEI healthcare site and again at day 3 and day 7; may qualify for Stat testing (as directed by CPHO).**
- Long-term care staff who travel for personal reasons within Atlantic Canada should be tested on return to PEI and at 7 days. If travel is a day trip, wait 48 hrs before the first test. (Note: LTC staff who travel outside the Atlantic bubble must self-isolate for 14 days on return to PEI)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC

once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; test again at day 10 and day 14 post admission.
- Test residents of Community Care or Palliative Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days). Additional testing applies to *all* LTC residents with dementia, not just those living in a dedicated dementia household.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission.

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long-term Care facilities.

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.

Essential Workers with Travel Outside of Atlantic Canada

- PEI residents who are essential workers and travel **outside of Atlantic Canada** frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel **outside of Atlantic Canada** for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).
- Essential workers include, but are not limited to, construction workers, healthcare providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from **outside of Atlantic Canada** between Day 10 and 12 of self-isolation.
- Family members arriving from **outside of Atlantic Canada** to provide support to PEI residents may be considered for testing on a cases-by-case basis.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between 6 and 24 hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic resident of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

Government of



Department of Justice and Public Safety

Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff

From: Scott McCabe, OPS Manager, PCC
Brandi Martin, NP, PCC Nursing Dept.

Date: July 20, 2020

Subject: COVID positive admit within facility

As many of you perhaps have already heard, we had an admission on Friday July 17 of an offender who was a known COVID positive individual to the Provincial Correctional center. We are told he likely contracted the virus sometime the end of June and he tested positive July 3 – and was confirmed to still be positive the afternoon of his admission. However, in the meantime, this individual has tested NEGATIVE as of Saturday July 18.

He is in the quad locked in bottom left cell. He is not to be OUT of cell until at least we have further direction from CPHO regarding decreasing precautions. We have hygiene wipes and shampoo caps for him in the meantime and we will be ordering more of these as well. There is a lot of signage posted in the quad regarding proper PPE donning and doffing. We are keeping the number of staff who work in the quad very limited to decrease traffic and possible exposure. Please limit exposure if you don't need to be on the unit.

We are told that the likelihood of transmission at this point to anyone else is quite low – by CPHO. We are using full PPE equipment when dealing with this offender, and it is encouraged to have him wear a mask when in contact with him as well. As per CPHO, 'close contact' for someone with a positive infection consists of face-to-face contact without PPE for at least 5-15 minutes. This is not the case for any of our staff, thankfully. Further questions have been posed to CPHO regarding the decrease of precautions and the timeframe for this, risk for staff, protocol for staff working on that unit etc. We are still waiting to hear back with further direction moving forward.

This individual has been tested again today – and CPHO will give further direction once that result returns.

Many parties outside of PCC management were involved in his admission to ensure safety was always at the forefront; Dr. Greg German, Dr. Heather Morrison, Karen MacDonald, John Diamond, RCMP etc. Please let us know if any questions or concerns in the meantime.

- Scott & Brandi



Health and
Wellness

Prince Edward Island Guidelines for the Management and Control of COVID-19

March 2020

Department of Health and Wellness
Chief Public Health Office

COVID-19

Table of Contents

Case Definition (1).....	3
Person Under Investigation (PUI)	3
Confirmed Case.....	3
Probable Case	3
Prince Edward Island Exposure Criteria.....	4
Reporting Requirements.....	5
Etiology (4)	5
Clinical Presentation	5
Diagnosis	6
Epidemiology.....	6
Occurrence.....	6
Control (Appendix B).....	7
Person Under Investigation (PUI)	7
Management of a Case/PUI	7
Treatment of a Case.....	7
Management of Contacts	7
Self-Isolating in the Home Setting	7
Testing.....	8
Infection Prevention and Control in the Community	9
Infection Prevention and Control in the Healthcare Facility	9
Early Recognition and Source Control	9
Application of Routine Practices and Additional Precautions	10
Infection Prevention and Control Guidelines	10
References	12
Appendix A: Novel Coronavirus (COVID-19) Testing.....	13
Appendix B- Public Health Follow-up.....	14
Appendix C - Case Report form.....	20
Appendix D: Symptom Diary for Self- Isolation	20
March 24, 2020	1

COVID-19

COVID-19

Case Definition (1)

Person Under Investigation (PUI)

- A person with fever and/or cough who meets the exposure criteria and for whom a laboratory test for COVID-19¹ has been or is expected to be requested.

Note: There is limited evidence on the likelihood of COVID-19 presenting as a co-infection with other pathogens. At this time, the identification of one causative agent should not exclude COVID-19 where the index of suspicion² may be high.

Confirmed Case

A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory), and consists of positive nucleic acid amplification tests³ (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.

Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.

Probable Case

A person:

- with fever (over 38.0 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough
AND
- who meets the COVID-19 exposure criteria
AND
- in whom laboratory diagnosis of COVID-19 is
 - inconclusive⁴,
 - negative (if specimen quality or timing is suspect), or
 - positive but not confirmed by the National Microbiology Laboratory (NML) or provincial public health laboratory by nucleic acid amplification tests (NAAT)

¹ COVID-19 consists of the CO in coronavirus, VI in virus and D for disease; 19 stands for the year 2019 (formally 2019-nCoV)

² Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).

³ Nucleic acid amplification tests must be validated for detection of the virus that causes COVID-19. Laboratory tests are evolving for this emerging pathogen and laboratory testing recommendations will change accordingly as new assays are developed and validated.

⁴ Inconclusive is defined as a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available.

COVID-19

Prince Edward Island Exposure Criteria

In the 14 days⁵ before onset of illness, a person who:

- Traveled outside Prince Edward Island (PEI) OR
- Had close contact⁶ with a confirmed or probable case of COVID-19 within 14 days before their illness onset OR
- Had close contact with a person with acute respiratory illness who has travelled outside of PEI within 14 days prior to their illness onset OR
- Laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Factors that raise the index of suspicion⁷ should also be considered.

NOTE: All patients who are admitted to the hospital with respiratory illness should be tested for COVID-19 (beginning March 23)

⁵ The incubation period of COVID-19 is unknown. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days: typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 days). Allowing for variability and recall error and to establish consistency with the WHO COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

⁶ Close contact is defined as a person who provided care for the patient, including health care workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

⁷ Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19). All patients admitted to hospital with respiratory illness should be tested for COVID-19.

COVID-19

Reporting Requirements

1. Health Practitioners

Health practitioners, shall, in accordance with the Notifiable Diseases and Conditions and Communicable Diseases Regulations, as part of the Prince Edward Island (PEI) Public Health Act (2) report all confirmed and probable cases by phone and mail, fax or electronic transfer, as soon as suspected to the Chief Public Health Officer (CPHO) (or designate) and in any case not later than 1 hour after observation, as per the PEI Reporting Notifiable Diseases, Conditions, and Events Regulations (3).

2. Laboratories

The Provincial Laboratory shall, in accordance with the PEI Public Health Act (2), report all positive laboratory results by phone and mail, fax or electronic transfer, as soon as the result is known, to the CPHO (or designate) and in any case not later than 1 hour after observation, as per the PEI Reporting Notifiable Diseases, Conditions, and Events Regulations (3).

3. Notification to the Public Health Agency of Canada (PHAC) will be reported by the Chief Public Health Officer or designate. Notification of confirmed and probable cases can be made to phac.hsfluepi.aspc@canada.ca during regular hours (0800-1700hrs ET). After regular business hours please contact the Public Health Agency of Canada's Health Portfolio Operations Centre (HPOC) Watch Office by phone (1-800-545-7661) or through the single window email: phac-aspc.hpoc-cops@canada.ca.

Etiology (4)

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), and now with COVID-19.

Cases were initially linked to exposure to live animals at a seafood market in Wuhan City but the substantial increase in cases thereafter is due to human-to-human transmission of the virus.

The COVID-19 is an emerging respiratory pathogen with uncertain key epidemiological, clinical and virological characteristics.

Clinical Presentation

The clinical spectrum of 2019 novel coronavirus (COVID-19) infection is still being defined. Illnesses associated with the COVID-19, are similar to several respiratory illnesses and include fever, dry cough, sore throat and headache. Most cases are considered mild to moderate with a subset experiencing more severe illness with shortness of breath and difficulty breathing. Deaths have been reported among approximately two to four per cent of detected cases in China although it is likely that the actual risk of such severe outcomes is lower given milder cases are less likely to be detected.

COVID-19

The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from infected people with little to no symptoms to severe illness and death.

Diagnosis

Diagnosis is made by isolation of the COVID-19 in a nasopharyngeal swab and throat swab for PCR and sent a provincial lab for presumptive result and confirmed by the National Microbiology Laboratory (refer to Appendix A).

Epidemiology

1. Reservoir

Early on, many of the patients in the outbreak of respiratory illness caused by COVID-19 in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

2. Transmission

Transmission occurs person to person in symptomatic individuals via droplet.

3. Incubation Period

Current estimates of the incubation period range from 1 to 12.5 days with median estimates of 5-6 days.

4. Period of Communicability

Unknown.

5. Host Susceptibility

Host susceptibility remains somewhat unknown. Information indicates that risk factors for disease include host factors (chronic disease, age) and exposure factors.

Occurrence

1. General (6)

Novel coronavirus (COVID-19) was first detected in Wuhan City, China in December 2019. Currently hundreds of thousands of individuals have been diagnosed with the virus around the world.

2. Canada

Updated numbers of COVID-19 in Canada are available on the [Public Health Agency of Canada](#) website.

3. Prince Edward Island

There have been three cases of COVID-19 reported in PEI.

COVID-19

Control (Appendix B)

Person Under Investigation (PUI)

A person under investigation is defined as a person with a fever or acute respiratory illness, or pneumonia, who meets the exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested.

Management of a Case/PUI

- Follow up is only done if the case/contact meets the case definition and is being investigated.
- Droplet/contact precautions are to be put in place in health care facilities until the test is confirmed and/or the case is no longer symptomatic.
- Any aerosol-generating medical procedures should be avoided in the home environment.
- Complete the Interim National COVID-19 Case Report Form (Appendix C).
- Precautions can be discontinued for a case 14 days after symptoms began, as long as the case feels well. If the case is a health care worker 2 negative swabs 24 hours apart will be required before resuming work.

Treatment of a Case

There is no specific treatment for disease caused by a COVID-19. However, many of the symptoms can be treated and therefore treatment is based on the individual's clinical condition.

Management of Contacts

Contact tracing and counselling are to be completed⁸ for all reported cases.

A close contact is defined as;

- Those who provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment, OR
- those who lived with or otherwise had close prolonged contact (within 2 metres) with a probable or confirmed case while the case was ill, OR
- those who have had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended personal protective equipment.

Those who are identified as a contact of a case will be instructed to self-isolate and monitor for symptoms for 14 days. Public Health Nursing (PHN) will be following up with the close contacts daily. If symptoms occur, testing will be arranged.

Self-Isolating in the Home Setting

All people that have travelled outside Prince Edward Island are asked to self-isolate for 14 days upon their return regardless of symptoms. If symptomatic, a case or person under investigation (PUI) should call 811 to be screened for testing and isolate themselves in the home setting until advised by the Chief Public Health Office (CPHO) that isolation can be discontinued. Staying at home means:

⁸ To be completed by Public Health Nursing.

COVID-19

- Not going out unless directed to do so (i.e. to seek medical care)
- Not going to school, work, or other public areas
- Not using public transportation (e.g. buses, taxis, etc)
- Taking short walk outside, close to home, and only if a 6 ft distance from others can be maintained.

NOTE: Exceptions will be made for individuals who are considered essential workers (e.g. health care workers, truck drivers, airline crews, essential frontline workers in the public or private sector, workers in critical sectors). Upon their return from *domestic* travel, essential workers will be:

- screened upon entry to the province
- asked to self- monitor daily for symptoms of COVID-19 if feeling well
- asked to self-isolate if experiencing symptoms of COVID-19.

Preventative Measures

- Public education and communication about COVID-19.
- All travelers who have returned from outside Prince Edward Island are being asked to self-isolate for 14 days and monitor themselves and their children closely, and to call 811 if they develop any symptoms (fever, cough, or difficulty breathing).

Testing

Testing will be arranged through 811.

The following criteria are being used to screen for testing from March 23-March 30:

Testing Group
<p>A person with any of the following:</p> <ul style="list-style-type: none"> • Fever (≥ 38.0 degrees Celsius) • Cough (new or exacerbated chronic) • Sore throat • Runny nose • Marked fatigue <p>AND</p> <ul style="list-style-type: none"> • Traveled outside of Canada within the past 14 days, • OR (as of March 21, 2020) traveled outside of PEI <p>This includes symptomatic travellers identified at a point of entry to PEI BUT: do not test more than 2 family members per household (in order to conserve supplies).</p>
<p>A person with any of the following:</p> <ul style="list-style-type: none"> • Fever (≥ 38.0 degrees Celsius) • Cough (new or exacerbated chronic) • Sore throat • Runny nose • Marked fatigue <p>AND</p> <ul style="list-style-type: none"> • Had close contact with a confirmed case or a person with symptoms and travel history (i.e., person under investigation) <p>BUT: do not test more than 2 family members per household (in order to conserve supplies).</p>
<p>A person with the following:</p> <ul style="list-style-type: none"> • Fever (≥ 38.0 degrees Celsius) AND

COVID-19

<ul style="list-style-type: none"> • Cough (new or exacerbated chronic) AND with one or more of the following: • Sore throat • Joint pain • Muscle aches • Fatigue <p>AND</p> <ul style="list-style-type: none"> • Is admitted to hospital
<p>A person with any respiratory symptoms</p> <p>AND</p> <p>Is admitted to intensive care unit</p> <p>BUT</p> <p>Has not been tested for COVID-19 in the past 48 hours</p>
<p>Health Care Workers with <u>any</u> of the following:</p> <ul style="list-style-type: none"> • Fever (≥ 38.0 degrees Celsius) • Cough (new or exacerbated chronic)

Infection Prevention and Control in the Community

Follow these routine prevention measures to stay healthy:

- Wash your hands frequently with soap and water or use alcohol-based hand rub when hands are not visibly soiled.
- Cough and sneeze into your elbow or a tissue. If using a tissue, immediately place it in a waste disposal and wash your hands.
- If possible, stay home when ill with acute respiratory symptoms; if this is not possible, limit close contact with others.
- Limit touching your eyes, nose, and mouth.
- Don't share items that may have saliva on them such as drinking glasses and water bottles.
- Frequently clean surfaces like taps, doorknobs, and countertops.
- Use of masks by the general public for respiratory illnesses such as influenza and novel coronavirus have not been shown to be effective in preventing virus spread and are not recommended for prevention.

Infection Prevention and Control in the Healthcare Facility

In the absence of effective drugs or vaccines, infection prevention and control (IPC) strategies to prevent or limit transmission of COVID-19 in healthcare facilities include:

- prompt identification
- appropriate risk assessment
- management and placement of probable and confirmed cases
- investigation and follow up of close contacts

Early Recognition and Source Control

To facilitate early recognition and source control:

- triage for identification and appropriate placement (source control) of patients

COVID-19

- masks, tissues and alcohol-based hand rubs (ABHR) should be available at entrances
- signage should be posted to instruct symptomatic patients to alert healthcare workers, thus prompting completion of a patient screening questionnaire

IF a person presents with symptoms of influenza-like illness:

- **and** within 14 days before the onset of illness, has travelled to an area outside of PEI
- **and/or** been in close contact with a probable or confirmed case of COVID-19

THEN the following actions should be taken:

1. Place the patient in a designated separate waiting area or space.
2. Encourage the patient with signs and symptoms of an acute respiratory infection to perform respiratory hygiene/cough etiquette, and provide tissues, ABHR and a waste receptacle.
3. Limit visitors.
4. Do **not** cohort with other patients (unless necessary, in which case cohort only with patients confirmed to have COVID-19 infection).

Application of Routine Practices and Additional Precautions

The application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA). Health care workers (HCWs) should use a risk assessment approach **before** and **during** each patient interaction to evaluate the likelihood of exposure.

In addition to the consistent application of routine practices, follow contact and droplet precautions. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- gloves
- a long-sleeved gown
- facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment
- an N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures⁹ (AGMPs) on a person under investigation (PUI) for COVID-19 infection.
- Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment.

Infection Prevention and Control Guidelines

Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Acute

Healthcare Settings

⁹Aerosol-generating medical procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. AGMPs should only be performed on patients with signs and symptoms and exposure criteria consistent with COVID-19 if medically necessary.

Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

COVID-19

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings

Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19)

Public Health Guidance for Schools (K-12) and Childcare Programs (COVID-19)

Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada

Risk-informed decision making for mass gatherings during COVID-19 global outbreak

COVID-19

References

1. **Public Health Agency of Canada.** Interim national case definition: Novel Coronavirus (COVID-19) [Online] Public Health Agency of Canada, February 27, 2020. [Cited: February 5, 2020.] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
2. **Prince Edward Island Legislative Council Office.** Prince Edward Island Public Health Act. [Online] December 15, 2016. [Cited: February 15, 2017.] https://www.princeedwardisland.ca/sites/default/files/legislation/p-30_1.pdf.
3. **PEI Department of Health and Wellness.** It's the Law: Reporting Notifiable Diseases, Conditions, and Events. [Online] PEI Department of Health and Wellness. [Cited: March 8, 2017.] https://www.princeedwardisland.ca/sites/default/files/publications/notifiable_diseases_final_feb_12_2014_1.pdf.
4. **World Health Organization.** Coronavirus [Online] World health Organization, January 2020. [Cited: February 5, 2020.] <https://www.who.int/health-topics/coronavirus>

COVID-19

Appendix A: Novel Coronavirus (COVID-19) Testing

All people with travel and symptoms for testing will be screened through 811. Screening will take place at clinics set up in Charlottetown and Summerside. All patients admitted to the hospital for respiratory illness will be tested for COVID-19.

Test	Container	Comments
1. Influenza A/B, RSV	Same NP swab for both tests (#1 and #2)	Nasopharyngeal swab is not an AGMP ¹⁰
2. Novel Coronavirus PCR ¹¹		Provide travel history ¹²
3. Mycoplasma IgM	Red-top tube	
4. Legionella urine antigen test	Urine sample	
5. Novel Coronavirus PCR	Throat swab	New #2 viral collection kit Provide travel history

¹⁰ Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

¹¹ Depending on the preliminary results and level of clinical and epidemiological concern the specimens for Novel Coronavirus will be sent to the National Microbiology laboratory within 24 hours or otherwise they will be saved for future consideration.

¹² Include comments regarding travel history such as: "SARI- travel to X or other factors" or "Not-SARI travel to X or other factors".

COVID-19

Appendix B- Public Health Follow-up

	Time Frame	Recommended Follow-up
<p>Public Health management for close contacts of cases including those who;</p> <ul style="list-style-type: none"> • Provided care for a case i.e. Healthcare workers, family members, or others who had close physical contact without consistent and appropriate use of PPE, OR • Lived with or otherwise had close prolonged contact (within 2 meters) with a probable or confirmed case while the case was ill, OR • Had direct contact with infectious body fluids of a probable or confirmed case while not wearing recommended PPE. 	<p>14 days from the last unprotected contact of a case</p>	<p>Individuals being monitored are asked to:</p> <ul style="list-style-type: none"> • <u>Self-isolate</u> at home for 14 days • Follow good respiratory and hand hygiene practices • Self-monitor for symptoms (fever, cough, shortness of breath) • Record temperature daily and avoid the use of fever-reducing medications as much as possible. <p>If symptoms develop within the 14 day monitoring schedule for testing at a testing clinic</p>
<p>Public Health measures for incoming travelers from outside of Prince Edward Island</p>	<p>Applicable 14 days following arrival to PEI.</p>	<p><u>Responsibility of Traveller</u></p> <ul style="list-style-type: none"> • Self-isolate for 14 days following arrival to PEI and monitor for signs and symptoms (fever >38.0°C, cough or shortness of breath).
		<p>If symptoms develop within 14 days of arrival on PEI, the client is to call 811 for screening for testing.</p>

COVID-19

2 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

P/T Case ID: _____ Reported Date: _____ (DD/MM/YYYY)

ADMINISTRATIVE INFORMATION

INITIAL REPORT UPDATED REPORT

Reporting Province/Territory
 BC AB SK MB ON QC NB NS PE NL YK NT NU

Contact information for P/T person reporting
 First Name: _____ Email: _____
 Last Name: _____ Telephone #: _____

SURVEILLANCE CASE CLASSIFICATION (refer to national case definition)
 Confirmed Probable Person Under Investigation Does not meet

CASE DETAILS

Residency: Canadian resident Non-Canadian Resident, Country: _____

Detected at Point of Entry? No Yes, location of entry: _____ Date of entry: _____ (dd/mm/yyyy)

Gender: Male Female Other Unknown Age: _____ years months

Does the case identify as Indigenous? Yes No Refused to Answer Unknown
 If yes, indicate which group: First Nations Metis Inuit Refused to Answer Unknown

Does the case reside on a First Nations Reserve most of the time? Yes No Refused to Answer Unknown

Case is:
 Healthcare worker/volunteer with direct patient contact School or daycare worker/attendee
 Laboratory worker handling biological specimens Farm worker
 Veterinary/animal worker Resident of long-term care facility/institutional facility
 Other, specify: _____

SYMPTOMS

Symptom Onset Date: _____ (mm/dd/yyyy) Asymptomatic

Symptom	Yes	No	Unknown	Not asked/assessed
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever (≥38°C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feverish/chills (temperature not taken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny Nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath/difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain (muscular, chest, abdominal, joint, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability/Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19

3 NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM					
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PRE-EXISTING CONDITIONS and RISK FACTORS					
Condition	Yes	No	Unknown	Not asked	Comments (specify disease)
Cardiac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chronic neurological or neuromuscular disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Immunodeficiency disease/condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Post-partum (≤6 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If yes, trimester :
Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES					
Clinical evaluation/diagnoses	Yes	No	Unknown	Not assessed	Comments
Abnormal lung auscultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Altered Mental Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clinical or radiological evidence of pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conjunctival injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diagnosed with Acute Respiratory Distress Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dyspnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Encephalitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hypotension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pharyngeal exudate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Renal Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tachypnea (accelerated respiratory rate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

COVID-19

4 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

CLINICAL COURSE and OUTCOMES (complete if applicable)

Clinical Course	Yes	No	Unknown	Admission/Start Date	Discharge/End Date
Hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Intensive Care Unit (ICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Isolation (e.g. negative pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Mechanical ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Current Disposition: Recovered Stable Deteriorating Deceased
If deceased: Death attributed/linked to respiratory illness? Yes No Unknown
 Cause of death (as listed on death certificate): _____ Date of Death: (mm/dd/yyyy) _____

EXPOSURES (add additional details in the comments section as necessary)

In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada? Yes No Refused to Answer Unknown

If yes, specify the following (submit additional information on a separate page if required):

#	From (country/city)	To (country/city)	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Hotel/Residence	Flight/Carrier Details (carrier name, flight #, seat #)
1						
2						
3						
4						

<p>Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>If Yes, specify Case ID(s):</p> <p>Date of last contact (mm/dd/yyyy):</p>	<p>If yes, specify contact setting:</p> <p><input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:</p>
<p>Was the case in close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Date of last contact (mm/dd/yyyy):</p>	<p>If yes, specify contact setting:</p> <p><input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:</p>

COVID-19

5 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

<p>In the 14 days prior to symptom onset, did the case have contact with live animals (not considered household pets) or animal products in any of the affected areas**?</p> <p><i>This includes direct contact with animals, or contact with their feces or urine, soiled bedding/litter, or contact with other animal products (e.g. organs, exotic meats)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If yes, specify what animals or animal products that you had contact with:</p>	<p>If yes, where:</p> <p><input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> During travel <input type="radio"/> Live animal market</p> <p>Specify City:</p>
---	--	---

<p>In the 14 days prior to symptom onset, did the case visit any health care facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	
---	---	--

* close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

** Affected areas are subject to change; refer to the [national 2019-nCoV surveillance case definition](#) for the most up-to-date information.

LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable)

Lab ID	Specimen		Test Method	Test Result (positive, negative, inconclusive, pending)	Test Date (mm/dd/yyyy)
	Collection Date (mm/dd/yyyy)	Type & Source			

Results of National Microbiology Laboratory confirmatory testing:

Not submitted Positive Negative Inconclusive Pending

Date of NML confirmation: (mm/dd/yyyy)

ADDITIONAL DETAILS/COMMENTS (add as necessary)

TO BE COMPLETED BY: The Public Health Agency of Canada

<p>Date Received: (mm/dd/yyyy)</p>	<p>PHAC Case ID: If applicable, national outbreak ID:</p>
------------------------------------	---

COVID-19

Appendix D: Symptom Diary for Self-Isolation

Name:								
MRN:								
Start Date of Isolation:								
Day	Symptoms							Have you had contact with anyone outside of isolation?
	No Symptoms	Temperature C°/F°	Sore Throat	Cough	Runny Nose	Shortness of Breath	Other Symptoms	
0	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
1	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
6	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
7	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
8	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
9	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
10	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
11	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
12	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
13	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
14	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
...								

To: All PCC Staff

From: Your friendly nursing staff, Brandi and Emily!



Date: March 24, 2020

Amidst this COVID-19 crisis, we are all really confused, worried and concerned about our health and the health of our family. Working front line means we are exposed on a daily basis where others who would not. This certainly can cause extra anxiety with work – we feel the stress too.

Some quick notes and FYIs from the healthcare side of things, that we felt maybe would be helpful to pass along:

- COVID19 is not airborne. The droplets would not stay suspended in the air for any significant amount of time, and would be found more so on objects or a person instead. Hence – the droplet precautions and washing your hands!! It seems simple – but makes a huge difference.

-We are both involved in daily meetings (as it pertains to both staff and inmate health) with not only our team through the department of justice, but also through Dept. of Health as well. We are staying on top of any health concerns and/or healthcare changes for front line staff concerns and safety issues. Please know that WE are also doing our best to prevent getting this virus, as well as taking it here to work. If there are any important memos to pass along – we will certainly do so. Brandi has been kept informed through Dr. Morrison's office regarding health care delivery changes – if any.

-We ask that if any staff feel they have been exposed or are symptomatic in any way, to follow the same process as community individuals. Please note when you call 811 that you are a front line staff – they will be fast-tracking front line workers to have testing completed if necessary. Notify your direct supervisor for appropriate measures while waiting to hear back from Public Health. There is a self-assessment tool to do a screening prior to that call: <https://assessment.princeedwardisland.ca/>

-Hand washing is the best protection. Gloves and masks are not indicated at this time, nor are gowns and eye protection. These PPEs would be used in the event we had a sick inmate, or someone we knew had exposure recently and was admitted. Due to the lack of nursing mechanics in the building, we would be unable to house a very sick COVID patient here for long anyway, and they would be transferred to QEH. The hospital has closed down whole units (currently only about 50% of their beds are filled, so that they have access to openings as soon as they are needed) and created COVID units with additional respiratory supports in place.

- As of now, hospitals and community clinics are not required to wear PPEs to see clients, nor are clients required to wear PPEs coming into those facilities. As it stands, if a lock up or new admit were to come into PRCC, PCC, YC, I would suggest that regular precautions be taken with that individual as we always have. No gowns/mask are required at this point, however, if this changes we will certainly let you know.

-If you have concerns about an inmate being sick and there is no nurse in the building – either Emily or Brandi can certainly be reached by phone for further direction. The Quad has been cleaned down and is planned to be used for isolation if need be.

-Following all guidelines as per Dr. Heather Morrison, CPHO are imperative at this point. Going from home to work, and work to home – aside from any essentials you require. This not only helps protect you and your loved ones, but also from bringing any exposure of potential virus into work to your coworkers.

-Please know that we have a good supply of PPEs and continue to order more. We have a lot pulled out and have them in the nursing office, we also have other items on order which should arrive this week. We have all items that are essential in dealing with a COVID patient, should the need arise. In the meantime, as noted, masks are not required if/when a new admit comes in – unless they fit the qualifications as noted below.

-And with that – we will conclude with extending our services to anyone that requires. Please let Emily or Brandi know if you require any additional information or feel as though you have suggestions that may make the facility safer in the meantime. This does not appear to be something that will be resolving anytime soon – so we need to be able to work together and continue helping in whatever capacity we can.
Reach out to us...we are kinda great!

For the following week, the following criteria for screening are recommended:

Testing Group

A person with **any** of the following:

- Fever (≥ 38.0 degrees Celsius)
- Cough (new or exacerbated chronic)
- Sore throat
- Runny nose
- Marked fatigue

AND

- Traveled outside of Canada within the past 14 days,
- OR (as of March 21, 2020) traveled outside of PEI

This includes symptomatic travellers identified at a point of entry to PEI

BUT: do not test more than 2 family members per household (in order to conserve supplies).

A person with **any** of the following:

- Fever (≥ 38.0 degrees Celsius)
- Cough (new or exacerbated chronic)
- Sore throat
- Runny nose
- Marked fatigue

AND

- Had close contact with a confirmed case or a person with symptoms and travel history (i.e., person under investigation)

BUT: do not test more than 2 family members per household (in order to conserve supplies).

A person with the following:

- Fever (≥ 38.0 degrees Celsius) **AND**
- Cough (new or exacerbated chronic) **AND** with one or more of the following:
 - Sore throat
 - Joint pain
 - Muscle aches
 - Fatigue

AND

- Is admitted to hospital

A person with any respiratory symptoms

AND

Is admitted to intensive care unit

BUT

Has not been tested for COVID-19 in the past 48 hours

Health Care Workers with **any** of the following:

- Fever (≥ 38.0 degrees Celsius)
- Cough (new or exacerbated chronic)

Brandi + Emily
😊

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
CIA 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators, Medical Directors, Joint Response Team

From: Dr. Heather Morrison, CPHO
Dr. Greg German Medical Microbiologist

Date: May 11, 2020

Subject: Updated Guidance for COVID-19 Testing Criteria/Stat Testing

As this pandemic evolves, testing remains an important part of our response and ability to quickly identify, isolate and implement contact tracing for COVID-19. This memo **updates the criteria for testing**. The testing criteria, approach and our capacity will continue to be re-evaluated and updated regularly.

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19:

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, or marked fatigue without an alternative explanation should be tested.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, or marked fatigue without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI); fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue)
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, or marked fatigue should be tested.
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site
- Weekly testing of Microbiology staff at the QEH

Health Care Providers or their family members should have routine testing (not Stat) unless they were associated with a known positive case.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care Facilities – Residents

- Test residents of LTC and CCF on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.
- In province transfers: test residents of LTC or CCF 24-48 before transfer/admission to the LTC or CCF facility; if negative on first test, repeat testing at the LTC or CCF in 7 days from the initial test.

Inter-Facility Transfers

- Asymptomatic transfers to other facilities (excluding LTC and CCF, e.g. QEH to KCMH) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- In consultation with OOP facilities transfers to New Brunswick or Nova Scotia do not require COVID testing.
- **Inpatients returning from OOP facilities (with the exception of New Brunswick) require routine testing on arrival; if negative on initial test, test again at 7 days.**

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Essential Workers with Out-of-Province Travel

In addition to health care providers (listed above), essential workers with frequent travel outside of PEI (e.g., long-haul truckers, construction workers) can be tested upon their arrival in PEI, but no more than weekly unless symptoms occur. Essential workers who traveled only to New Brunswick do not require testing.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. In addition, another transport has been added between PCH and QEH on a weekday basis. Routine testing is meeting or exceeding provincial standards yet, there is decreased capacity for Stat testing and therefore should be utilized in appropriate situations. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at PCH, KCMH, Western Hospital that meet routine criteria (due to no COVID unit availability at these facilities at this time).
- Patients admitted to the ICU or require ICU care.
- Symptomatic admissions to Labor and Delivery
- Symptomatic resident of long-term care (LTC)
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call. The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times. Please let us know if you have any questions or clarifications.

Government of

**Department of Justice and Public Safety**Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All staff
From: PCC Management & Nursing
Date: December 7, 2020
Subject: Update on COVID

In response to recent CPHO updates released on Dec 6 regarding the 'circuit breaker' implemented on December 7 to slow the spread of COVID-19 on PEI, the following changes will be implemented within PCC:

Gym for offenders:

Gym will continue to operate as it is presently. No units will mix in the area, and cleaning will continue between units.

Visits:

Until December 21, visits will temporarily be on hold. This is in line with other LTC facilities at this time. Additional free phone calls will be offered to offenders during this time.

Groups:

Although plans to begin another round of Addiction programming was planned for this week, this will also be temporarily on hold.

Outside agencies:

No outside agencies will be permitted to visit with offenders at this time on site. This includes, but is not limited to: Child & Family Services, John Howard Society, lawyers, Probation Officers, and Parole Officers. Clinical Services will be available for crisis situations if requested by management. All agencies affected have been made aware.

Staff movement:

Staff are to remain on their assigned units for the duration of their shift unless on break or are required to assist elsewhere. Please refrain from visiting other coworkers on other units for social visits. Only one staff member should be present in central at a time, as this area does not allow for social distancing. In the staff lounge, please limit numbers of staff throughout breaks. Only one staff per table at a time, please.

Masks:

No changes to mask policy since last memo last week. However, please ensure you are wearing your mask properly – which includes the mask covering both nose and mouth. Wearing the mask over just your mouth and under your nose is not proper use and can increase transmission of particles (of all sorts) to the individual.

ORT in West Wing:

Methadone and Suboxone will be administered after morning medications in main building are complete instead of prior to main building medications for this week only. This will help with the amount of times the exterior doors will be open with incoming staff while ORT offenders are sitting in the hallway for observation. Regular times and observation procedures will continue *December 12 onwards*.

Please forward any questions or concerns on to your supervisor, management or the nursing team. We will continue to send information as we receive it from CPHO and as further direction becomes available. Please keep an eye on emails over the next few days as continued changes are likely.

As always, thank you for all you do.

- PCC Management and Nursing Staff -

MEMORANDUM

TO: All Physicians, Nurse Practitioners, Health PEI Executive Leadership and Leadership Forum

FROM: Dr. Heather Morrison, Chief Public Health Officer
Marion Dowling, Executive Director and Chief Nursing Officer

DATE: March 31, 2020

SUBJECT: Joint Response Team re: Novel Coronavirus (COVID-19)

*The Joint Response Team incident command structure remains activated at **Level 3 Emergency Response & Planning for an Emergency Response** to the COVID-19 Pandemic under the Health PEI All Hazards Plan. The Joint Response Structure includes representatives between Health PEI and the Department of Health and Wellness, who continue to work together. The following is an All Staff and Physicians Update.*

Health PEI staff and physicians have done excellent work to prepare for more patients as this pandemic continues, including work to improve capacity in our health system to care for Islanders. Thank you for your dedication and attention to this crucial piece of our preparedness.

Surveillance

As of March 31, PEI has 21 confirmed cases of COVID-19, all related to international travel. Our first case, reported on March 14, has recovered and is off self-isolation. Public Health Nursing continues to do daily follow-up with cases and close contacts of cases in PEI.

Over 800 people have been tested for COVID-19. For up-to-date testing numbers, please visit the website: <https://www.princeedwardisland.ca/en/topic/covid-19>

As of March 31 at 12:30 ADT, a total of 7,708 cases of COVID-19, including 89 deaths, have been reported in Canada.

Public Measures

Over the past few weeks, increasing levels of public health measures have been put in place in PEI. These measures are important to prevent the spread of COVID-19 in PEI while waiting for the development of a vaccine and approval of effective drug therapies. Outbreaks of COVID-19 continue to increase around the world and across Canada. The goal of the prevention efforts is to ensure that cases of COVID-19 are detected quickly and identification of any contacts are rapidly identified. Isolating these cases from others while they recover is essential to prevent disease spread.

A Public Health Order was issued by the PEI Chief Public Health Officer for travellers to self-isolate following international travel. As cases continued to spread across Canada, the Order expanded to include travellers returning from out of province. In addition, local Environmental Health and Occupational Health Officers have been following up on complaints and issuing warnings in instances where the Order is not being followed. For

those who are not self-isolating, Dr. Morrison continues to emphasize in daily press conferences how important it is to maintain Physical (Social) Distancing as another measures to prevent disease spread.

- Screening and contact information is being collected at all PEI Points of Entry
- Enforcement and follow up for individuals who are non-compliant is on-going
- People flagged for potential testing through 811 March 5th – March 29th: 948
- Public calls to 1-800 COVID telephone line between March 16th -30th: 1910
- As of March 29:
 - Complaints received (56)
 - Residences attended by officers (26)
 - Written Warning for failure of PHO (9)
 - Verbal Warnings to self-isolate (12)

PPE

The Joint Response Team continues to do everything within our ability to have the supplies we need as we face this pandemic. This has included requests for supplies, reaching out through the federal government and private industries for assistance.

Our objective is to keep our providers safe and, at the same time be responsible with our allocation of these essential resources so they are available to be used in the appropriate health care settings for all of us in the weeks and months ahead.

Continued effort is required to appropriately use and conserve personal protective equipment (PPE). Further guidance and direction regarding surgical masks and face shields in certain settings, for instance, is anticipated.

Town Halls

Dr. Morrison and Marion Dowling held a second Virtual Town Hall for physicians and nurse practitioners on Monday, March 30. The recorded session is available by clicking [here](#) and using the password TownHallMar30.

An all-staff Town Hall will be planned for the near future. Due to the nature of the platform, we ask that you send questions for the town hall to [Covid-19 Employee Information@ihis.org](mailto:Covid-19_Employee_Information@ihis.org) with the subject line "All Staff Town Hall Questions." These questions will be reflected in the live webinar broadcast and recording of the session with the Joint Response Team leaders.

HPEI Operations (Kelley Rayner - Section Chief)

- Bed management planning continues as we work to increase capacity for a possible surge in patients. This includes moving patients where possible from QEH and PCH to community hospitals.
- Current objective is to meet 40% occupancy for PCH & QEH by today (March 30) at 1600hrs. Community Hospitals and Hillsborough Hospital will support the decanting of patients from PCH and QEH as these larger facilities will be the initial hospitals to care for admitted patients with COVID-19.
- Task Force has been created with objective of defining populations/patients for hospital and for home or community (led by Dr. Martha Carmicheal and supported by Dr. Hussam Azzam and Deborah Bradley).
- Charlottetown testing clinic moved to Eastlink Centre and offering drive-thru testing. We are also offering a Cough and Fever Clinic at the same site. Both are operational as of March 28, 2020 and by appointment only.

- Summerside testing site has been providing a drive-thru testing and their Cough and Fever Clinic began March 30 at the Slemon Park site.
- PPE: All sites/services will be on allocation with a site lead designated for each areas. Developing plans to optimize and conserve PPE supplies.
- Laboratory Services are working on providing COVID-19 testing capability on PEI. This may be available in the coming week.
- Pre and Post-natal guidelines have been developed as well as guidelines for supporting the care of pediatric patients.

Planning Section (Tanya Tynski- Section Chief)

- Virtual care options for health care providers are being further explored to ensure compliance with privacy and IT Security impacts prior to implementation.
- The human resources team has reached out to Health PEI retirees (some of who still work for us), health care professional associations, community groups, professional colleges, educational facilities, and the public to develop a centralized provincial inventory list of additional resources/staff if required to assist in meeting operational requirements during this pandemic.
- Managers are working diligently to identify staffing surpluses and deficits, and together are working on a redeployment strategy to ensure we have the essential numbers of staff to deliver safe care to Islanders in the weeks and months ahead.
- 57 new graduate nurses have been matched to work sites. These offers are out to operational sites for final review prior to job offers being made.
- Nursing students are being matched to locations and offers will be made this week.

Logistics Update (Kellie Hawes – Section Chief)

- Vendors continue to experience global supply chain issues.
- The logistics team is monitoring and procuring all critical supplies daily, including working with our usual vendors, new vendors, and government agencies.
- We are currently working with a vendor that could supply a 200 L solvent barrel or a 20 L carboy container of hand sanitizer. This product would require bottling in smaller useable containers.
- QEH has 10 fully functioning adult ventilators and 3 transport vents and 2 neonatal ventilators. PCH has 4 ventilators (19 total)
- Through the National Emergency Strategic Stockpile (NESS) we have been able to secure a delivery of an additional 26 ventilators expected in the coming week.
- Health PEI issued a PO on March 23 to purchase 12 ventilators. Estimated delivery date mid-May – exact date not confirmed by vendor.
- We have participated in a Federal Bulk order opportunity which included the purchase of ventilators (15).
- The QEH also has 4 adult BiPAP machines which could be used for ventilation support as well as 6 operating room gas machines which could be used for some ventilation support.

The following resources are available for your reference:

1. [Prince Edward Island COVID-19 Novel Coronavirus Guidelines](#)
2. [Infection Prevention and Control for Coronavirus Disease \(COVID-19\): Interim Guidance for Acute Healthcare Settings](#)
3. [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
4. [Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 \(COVID-19\)](#)
5. [COVID-19 National Surveillance Case Definition](#)
6. [PEI Government Novel Coronavirus Frequently Asked Questions](#)
7. [Public Health Guidance on COVID-19 for Schools \(K-12\) and Childcare Programs](#)
8. [Technical COVID-19 Disease Assumptions for clinicians and public health authorities](#)
9. [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)
10. [Risk-informed decision-making for mass gatherings during COVID-19 global outbreak](#)
11. [Febrile respiratory illness screening tool](#)

As a reminder, you must report any suspect cases of COVID-19 to the CPHO as soon as observed. The [PEI COVID-19 Guideline](#) is an evergreen document and will be revised to reflect updates in recommendations. Health Care Providers can contact CPHO at 902-368-4996 if you have any questions.

Dr. Heather Morrison, CPHO
Marion Dowling, Health PEI

MEMORANDUM

TO: All Health PEI Physicians and Staff

FROM: COVID-19 Joint Response Structure Co-Leads Dr. Heather Morrison, Chief Public Health Officer
And Marion Dowling, Executive Director and Chief Nursing Officer

DATE: March 27, 2020

SUBJECT: Joint Response Team re: Novel Coronavirus (COVID-19)

As of March 27, we have nine (9) confirmed cases of COVID-19 illness on PEI, all with international travel history. Follow-up with cases and contact tracing is ongoing. The first case (reported on March 14) has recovered and is off self-isolation. Approximately 480 people have been referred for testing at the community testing clinics and more than 550 tested overall.

Nationally, there are more cases every day, and we can expect and are preparing for more on PEI. Preparing for additional cases, including hospital cases, is a necessity, and Health PEI staff and physicians have certainly taken this challenge seriously. Your efforts in the past weeks to ensure we have capacity in our health system to care for Islanders during this pandemic has been exemplary. All of our sites and services have shown great leadership under the Joint Response Team incident command structure activated at **Level 3 Emergency Response & Planning for an Emergency Response** to the COVID-19 Pandemic under the Health PEI All Hazards Plan. These are unprecedented times. Thank you. The Joint Response Structure includes representatives between Health PEI and the Department of Health and Wellness, who continue to work together. Employees with information, questions or concerns should speak with their manager or supervisor, who will relay the information up the chain through their respective site commands. Following this structure helps the health system ensure decision makers have the right information and can act quickly and efficiently to help all of us figure out solutions and identify issues.

The Joint Response Team has begun targeted virtual town hall meetings to provide information and answer questions. The first took place on March 20 with Physicians and Nurse Practitioners and a second on March 23 with the Health PEI Leadership Community. Directors and Managers are encouraged to create a way for your staff to view this most recent (1 hour) recording which is available at by clicking [this link](#) and using the password "March23Townhall". We are looking at ways to provide information and opportunities for questions for our more than 6,000 employees as soon as possible using similar methods.

PEI's public health measures are currently focused on containing cases of COVID-19 in order to prevent widespread community transmission. In our province, we have not yet seen community transmission. However, we have broadened screening criteria, with more than 500 tests completed to date. We appreciate that everyone is affected by the community public health measures put in place to help limit and slow the spread of COVID-19. Social distancing and self-isolation (for those who need to do so) are difficult but important for all of us.

Our most important resource in our response is our people. One of our most concerning areas for the joint response team, and for our staff and physicians, is the appropriate and effective use of personal protective equipment (PPE). To date, we have adequate supply of essential PPE to be used in the appropriate health care settings. However, like the rest of the country, we are concerned about having sufficient supply over the weeks ahead if we do not take responsibility

for appropriate use of PPE. We have heard of unfortunate incidents of hoarding and stealing of PPE. Having good PPE stewardship should mean that there will be the appropriate PPE for ourselves, our colleagues and patients in the weeks ahead. We are accessing new sources for supplies and extending the life of our existing supplies. We will continue to do everything within our ability to have the supplies we need as we face this pandemic. This includes reaching out to other provinces and the federal government for emergency assistance if we face increased critical shortages.

To determine the appropriate use of PPE, we follow the Public Health Agency of Canada's guidelines. These align with World Health Organization recommendations on PPE, and are meant to both ensure staff and physicians, as well as their patients, are safe, while maintaining PPE supplies. We encourage you to read the guidelines ([click here](#)). Please direct any questions up the chain of command through your manager or supervisor.

The logistics section of the Joint Response Team is working every day to monitor supply of PPE and to ensure we have future supply coming to meet the health and safety needs of our staff, physicians and patients. PPE has and will continue to be a priority for the response team.

Thank you once again for everything you have done and continue to do. All of our employees have important roles to play as we work to limit the impact of COVID-19 here in PEI.

The following is a brief technical update on work being done across HPEI and the Chief Public Health Office, under the Joint Response Team.

CPHO OPERATIONS – Erin Bentley, Branch Director

EMS

A new "COVID-19 No Transport Policy" was developed and issued to Island EMS for implementation on March 20, 2020. In order to support self-isolation practices recommended by PEI Chief Public Health Office, Island EMS paramedics shall not transport any suspected, probable, or confirmed COVID-19 cases to hospital if they are physiologically stable with no clinical signs predictive of deterioration. Additionally, a new "COVID-19 Hospital Destination for Ambulance Services/EMS Policy" was developed and issued to Island EMS for implementation on March 25, 2020.

811

811 is screening callers for potential COVID-19 testing needs in PEI and Nova Scotia. 811 continues to have daily dedicated PEI resources during the day and evening to support call back queues and voicemail follow up. Additional call lines have been added (in various areas of the system) and more than 70 staff have been trained and added to manage increased call demand for both 8-1-1 services and COVID-19 screening to support COVID-19. Incoming calls to 811 have increased through the month of March to 600+ daily, but as capacity has increased both in staffing and technology applications, the numbers in the queue (5: these are calls already determined to have a negative COVID-19 screen and not to be a medical emergency requiring referral to 911 but are awaiting a call back from a registered nurse 5) have steadily decreased. The call back time is at approximately 1.2 hours. Positive screens are manually pulled and do not go into 811 service call back queue to expedite processing and communication of results to CPHO.

Online Assessment Tool

An on-line self-assessment tool for COVID-19 went live on March 19. The tool is being translated and will also be available in French. (<https://www.princeedwardisland.ca/en/service/selfassessment-covid-19>). The tool is updated each time the testing criteria changes.

Public Health ORDERS

On March 21st, 3 Public Health Orders were put in place to screen persons entering PEI through air, ferry and the bridge and a 4th Public Health Order required all persons entering PEI to self-isolate for 14 days.

Consultation and Support

The Chief Public Health Office has been guiding and providing advice to Islanders, other government departments, industry groups and community organizations. More than 1400 calls have been returned from the 1-800 COVID-19 call line. The line receives, on average, 160 calls per day. Staff is patiently addressing Islanders' concerns about COVID-19 and the recommendations and Orders put in place to keep Islanders safe and to prevent the spread of COVID-19. To date, 39 directives and guidance documents have been drafted and circulated; more than 15 documents have been developed and uploaded to the COVID-19 website, and 9+ products have been created.

CPHO PEI COVID-19 Modelling Group

A COVID-19 modelling group has been formed to look at and forecast the spread of the virus in PEI.

Recognizing that all models have limitations and that no model is perfect, it is anticipated that the model will be a valuable tool for decision making and resource planning

Operations – Branch Director Kelley Rayner

- Clinical Services and Programs are operating under essential services.
- Bed management and service delivery working group developed monitoring service prioritization plan.
- Visitation protocols, which includes compassionate guidelines for exceptions, has been circulated.
- Summerside area screening clinic for COVID-19 testing is operational and utilizing a drive-through approach to screening when possible. Patients are being redirected there whenever possible.
- Ongoing two-way communication with managers and frontline staff is ongoing.
- Staffing shortages experienced in various areas, which is also affecting services being able to be delivered.
- Shortage of critical supplies is impacting services across the clinical services- community problem.
- Many services identifying the lack of Infection control coverage as a concern.
- New swabbing guidelines are being implemented across the affected service.

Planning Section – Tanya Tynski, Section Chief

- Planning for new screening/testing clinic in Charlottetown area including the integration of the National Emergency Strategic Stockpile (NESS) mini clinic for a respiratory assessment clinic.
- Planning for physician and nurse practitioners to address the needs of patients requiring assessment and treatment for respiratory illness. This includes individuals who are not considered at risk for having COVID-19 as well as those who may be at risk of COVID-19 based on current screening guidelines from the Chief Public Health Office. This planning should include specific consideration for the type of care and needs of patients in this situation as well as the secure preservation of our personal protective equipment (PPE) supplies
- Virtual care options are being explored through a working group.

Logistics Update – Kellie Hawes, Section Chief

- To date, Health PEI has been able to maintain its inventory levels
- Effective immediately, Health PEI will be centralizing the distribution of personal protective equipment (PPE) to all facilities / service areas from the QEH. All service areas will be issued PPE on an allocation basis.

- Vendors continue to experience global supply chain issues.
- QEH has 10 fully functioning adult ventilators and 3 transport vents and 2 neonatal ventilators. PCH has 4 ventilators
- Health PEI has ordered 12 ventilators from a vendor with a delivery date this spring.
- We have participated in a Federal Bulk order opportunity which included the purchase of ventilators (15)
- The QEH also has 4 adult BiPAP machines which could be used for ventilation support as well as 6 operating room gas machines which could be used for some ventilation support

Communications Update – Samantha Hughes and Everton McLean, Information Officer

- Recruitment materials for retired staff and volunteers with social media and radio advertising completed and integrated into advertising plan. Response has been good from all sections.
- Virtual Town Hall with health system leaders took place at 5 p.m. from Health PEI with members of the Joint Response Team. This video is being circulated to all staff.
- Internal communications increasing include regular FAQs for staff, regular memos.
- Ongoing media coverage with Dr. Morrison leading as spokesperson, including daily media briefings. Marion Dowling is joining as a resource when needed
- News release containing the information from the media briefing issued daily
- Social media packages and videos in production with creative services and a dedicated communications person is working on these. These will be shared as they are developed
- A comprehensive advertising plan regarding key messages for all Islanders across mass media
- COVID-19 webpage on government website is being updated by CPHO as information changes
- Requests for guidance for community facilities and businesses being addressed through CPHO
- Senior Comms Officer Samantha Hughes is responding to all external responses to media request, connecting closely with CPHO, with HPEI supporting

Reference Materials

- [Prince Edward Island COVID-19 Novel Coronavirus Guidelines](#)
- [Infection Prevention and Control for Coronavirus Disease \(COVID-19\): Interim Guidance for Acute Healthcare Settings](#)
- [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- [Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 \(COVID-19\)](#)
- [COVID-19 National Surveillance Case Definition](#)
- [PEI Government Novel Coronavirus Frequently Asked Questions](#)
- [Public Health Guidance on COVID-19 for Schools \(K-12\) and Childcare Programs](#)
- [Technical COVID-19 Disease Assumptions for clinicians and public health authorities](#)
- [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)
- [Risk-informed decision-making for mass gatherings during COVID-19 global outbreak](#)

Dr. Heather Morrison, CPHO

Marion Dowling, Health PEI

Health PEI

One Island Health System
16 Garfield Street
Charlottetown, PE
C1A 7N8
www.healthpei.ca

Santé Î.-P.-É.

Un système de santé unique

Memorandum / Note de service

<p>To / Destinataire : All Health PEI health care workers</p> <p>Date : March 31, 2020</p> <p>Subject / Objet : Access to COVID-19 testing for Health Care Workers</p>	<p>From / Expéditeur : Denise Lewis Fleming, CEO</p> <p>Tel / Tél : 902-368-5787</p> <p>Email / Courriel : dfleming@ihis.org</p>
---	--

Maintaining your health and wellbeing is important for you and your family as well as for the ongoing health of Islanders.

Should you as a current health care worker develop any symptoms of COVID-19, such as a new cough and/or fever, sore throat, rhinitis (nasal discharge) or marked fatigue without an alternative explanation, please call **1-855-354-4358** to be screened and booked for an appointment to be tested, if needed.

When you call for an appointment, please be prepared to provide:

- *Full name*
- *Date of birth*
- *Personal health card number (PHN or MRN)*
- *Phone number, and if you can receive a text or a phone call at that number*
- *Where you work (name of the program or service and location)*
- *Employee number (exception for physicians who may not have a number)*
- *The symptoms you are experiencing and when they started*
- *If you travelled, the date of your return to Prince Edward Island*

Thank-you for everything you are doing for the health of Islanders during the COVID-19 pandemic.

PEI is following the PHAC (Public Health Agency of Canada) national guidance regarding screening, identification, infection control, testing and follow-up.

Government of

Department of Health & Wellness



PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: princeedwardisland.ca

To: Physicians, Nurse Practitioners, and Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: November 12, 2020 (Replaces October 8, 2020)

Subject: Updated Testing Guidance for COVID-19

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes.

For further clarity on updated testing and isolation for workers, including health care workers and rotational workers, please visit: <https://www.princeedwardisland.ca/en/information/health-and-wellness/travelling-workers-and-isolation-requirements>

Pre-travel approval is still required for travellers into PEI. For information, please visit: <https://www.princeedwardisland.ca/en/information/justice-and-public-safety/pre-travel-approval-process>

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Clinical judgement remains important in the differential diagnosis and work-up of individuals presenting with these symptoms, considering both our local epidemiology and the patient's exposure risks. For instance, seasonal allergies or post-immunization fever may be considered as alternative diagnoses.

Exposure Notification by the COVID Alert App

- Any person who has received an exposure notification from the COVID Alert app should be tested.

Cough and fever clinics are available in Charlottetown and Summerside to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic, as well as swabbing clinics, are being tested. Clinics can be accessed through 811 or referred by a health care provider; email: Coughandfeverclinic@gov.pe.ca.

Drop-in testing sites are available at locations across PEI for those with symptoms of COVID-19. Testing is offered on a first-come, first serve basis at these clinics, with no referral necessary.

Admitted Patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at **QEH Unit 9**, Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Workers (HCW)

- Any current HCW with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any current HCW arriving to PEI from within Canada, but outside of the Atlantic Provinces – test at 0-2, 4-7, and 10-12 days; HCW must test negative prior to start of work-isolation.

- Any current HCW arriving to PEI from anywhere outside of Canada – test at 0-2 and 10-12 days and must self-isolate. Note, HCWs arriving to PEI from anywhere outside of Canada are not permitted to work until they finish their 14-day period of self-isolation.
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.
- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Locum physicians or returning physicians that require testing prior to work should reach out to their medical director or coordinator. With assistance from the medical microbiologist, initial testing can be arranged at QEH Same Day treatment unit (8AM to 7:30PM on weekdays; 8AM to 3:30PM on weekends) or the PCH ER. There is a more detailed encounter registration form for same day treatment.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of long-term care facility **or palliative care facility** 24-48 hours before transfer/admission to the facility, at 3 to 4 days, and at 10 to 12 days.
- Test residents of community care facility 24-48 hours before transfer/admission to the facility and at 7 days.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.

Long-term Care Service Providers

- Weekly testing of service providers **who have direct physical contact with residents** (e.g., hairdressers, foot care worker, seamstress, etc.) in long-term care facilities.

Correctional Facility Admissions and Staff

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours) and at 7 days post admission.

Workers with Travel Outside of Atlantic Canada

Rotational Workers

Rotational workers are those on a set work schedule, with $\geq 50\%$ of their time working outside of PEI, and who are home for 21 days or less.

- PEI residents who are rotational workers arriving to PEI from within Canada, but outside of the Atlantic Provinces – test at 0-2, 4-7, and 10-12 days.*
- PEI residents who are rotational workers arriving to PEI from anywhere outside of Canada:
 - If working while in PEI – test at 0-2, 4-7, and 10-12 days;*
 - If not working while in PEI – see International Arrivals below.

Other Workers

- Workers (residents and non-residents) arriving to PEI from within Canada, but outside of the Atlantic Provinces – test at 0-2, 4-7, and 10-12 days; must test negative prior to start of work-isolation.*
- Workers (residents and non-residents) arriving to PEI from outside of Canada:
 - If working while in PEI – test at 0-2, 4-7, and 10-12 days*
 - If not working while in PEI – see International Arrivals below.

International Arrivals (including students)

- Test international arrivals at 0-2 and 10-12 days.*

Domestic Students – Arriving From Outside of the Atlantic Bubble

- Test at 0-2, 4-7, and 10-12 days.*
- If isolating at a designated facility, test at 0-2 and 10-12 days.

Seasonal Residents / Family Support / Family Connections

- Seasonal residents and travelers arriving from outside of Atlantic Canada to provide support to or to reconnect with PEI residents may be considered for testing on a case-by-case basis.*
- Family members visiting terminally ill inpatients. Testing is available on a one-time basis only, which would allow visitation(s) for 12 hours from the time of the test during the first 7 days on PEI or for 24 hours from the time of the test for the remaining isolation. Testing services are available at both QEH Same Day treatment unit and PCH ER. The test request is initiated by administration or nursing supervisor responsible for the inpatient. There is a form (Appendix B sent out with Oct. 2 memo) to facilitate processing. Do not go to QEH ER or testing clinics for testing.*

***Please note:** The Testing Memo does not address all requirements for self-isolation. For the most up-to-date direction on self-isolation requirements and exemptions, please consult relevant information on the Government of PEI COVID-19 website or sector specific guidance, as appropriate.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy.

Requirement for COVID-19 Test for Entry into an International Country

- Travelers requiring a COVID-19 test to enter another country may be tested.

Expected International Travelers need to call 1-833-533-9333 or email COVIDtravel@gov.pe.ca to reach the scheduling clinic at least 5 days before travel to book an appointment approximately 28 to 42 hours before departure to allow 72 hours before arrival to receiving country. Turnaround times for testing for international travel cannot be guaranteed.

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between 6 and 24 hours upon receipt to the QEH Laboratory. Swabs must arrive to the lab within 24 hours of collection. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, including **Code Blue cases where the patient is suspected COVID-19 or their risk factors are unknown.**
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to **QEH Unit 9**, Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic residents of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Testing Outside of Guidelines above)

QEH & PCH ER: All samples from QEH & PCH ER arriving in the lab between 8:00AM to 11:30PM will be processed STAT without the need of a phone call. The porter will directly drop off samples that will be completed typically within 2 to 3 hours. Nursing, RT, and medical staff are directed to NOT call the lab for a status update until 4 hours have passed (see critical below). After 11:30PM, Stats from QEH ER still require a page to the hematology technologist, or they will be processed at 8:00AM by Microbiology.

With the exception of the QEH & PCH ER above, all Stat microbiology requests require a phone call to the receiving laboratory or they will not be processed Stat. The technologist will ask if the test is on Stat guidelines, it is the caller's responsibility to know the guidelines. If not on guidelines, the technologist

will ask if CPHO or the Medical Microbiologist has approved. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

Stat tests are provided at QEH microbiology in dedicated windows 8 AM, 10 AM, noon, 2 PM, 4 PM, 6 PM, 8 PM, 10 PM, as well as overnight by Hematology at 1 AM, 3 AM, and 5 AM. PCH now offers the same time slots.

If there are times that testing needs to be completed even faster, i.e., "Critical", then page the microbiologist on call directly. If overnight (after 11:30 PM), then contact Hematology technologist at QEH or the overnight technologist at PCH first to see if they can accommodate. If a test has been submitted and the patients status changes to critical then follow the same process. Any calls received before 4 hours from time of collection from PCH ER or QEH ER will be redirected to the medical microbiologist or covering pathologist on call.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8:00AM – 4:00PM	894-2312	438-4285
4:00PM – 11:30PM	2111 (ask for Microbiology tech)	438-4285
11:30PM – 8:00AM	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached through locating at QEH or CPHO 902-368-4996 or CPHO nurse on-call 1-902-213-5824.

The Medical Microbiologist may be reached through locating or through 902-894-2515.

Testing Indications Removed from Previous Memo

- Weekly testing of correctional facility staff who work at more than one facility (e.g., corrections and LTC).
- Testing of inpatients returning from OOP (within Atlantic Canada) facilities.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

PCC Sick calls During COVID Pandemic

Employee Name : _____

Date and time of call : _____

Employee receiving call : _____

#1. What symptoms are you experiencing that is limiting you to report to work at this time?

#2. Do you have any symptoms of COVID-19 or had recent possible exposure to COVID-19? (YES/NO) – If yes, please note, and call 811.

(fever, new onset of cough, persistent cough, tiredness, difficulty breathing)

NOTE

If any symptoms are noted in question 2, please request that the employee call 811 to speak to a triaging/screening nurse who may suggest testing or if the need to stay home for isolation. Update appropriate supervisors as needed as per 811.

Government of

Department of Justice and Public Safety

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: September 14, 2020
Subject: Update on COVID testing

Discussions continue with PCC nursing staff, management and CPHO regarding operations in Correctional settings across the island to ensure all policies and protocols are within CPHO guidelines.

COVID testing:

Going forward, any staff who presents WITH symptoms of COVID, and is requiring testing, we will ask you to please direct your testing requests to Public Health clinics rather than coming into PCC or PRCC/YC for testing. If you are off sick and are being tested for COVID, we want to decrease the possible transmission or exposure to the facilities and other staff, including the nurses conducting the testing. Please do not come to work with COVID symptoms and please do not come to work with COVID symptoms to be tested.

There are multiple sites available across the island: booking can be done through **811** or the essential services line (**1-855-354-4358, option #2**), the drive through clinic that is now operational in Charlottetown and numerous other locations as noted below.

Every day of the week, there is community access for COVID testing.

Drop in clinic locations and hours of operation:				
O'Leary (Health Center)	Summerside (Slemon Park)	Bordon (20 Dickie Ln.)	Charlottetown (Eastlink Center)	Montague (Health Centre)
M: 1300-1600	Sun: 1300-1600	M: 0800-1200	Mon-Fri:	Mon: 0800-1200
W: 0800-1200	T: 0800-1200	W: 0800-1200	0800-1600	W: 0800-1200
F: 0800-1200	Th: 0800-1200	Sat: 0800-1100	Sat: 1300-1600	F: 0800-1200

These times could change – please confirm online for dates/times at:

<https://www.princeedwardisland.ca/en/information/health-and-wellness/information-about-covid-19-testing-in-pei>

*This link also will give you updated information on being tested in PEI.

Test results:

Test results are also no longer being communicated through phone calls. This is a change to anyone who may have been getting weekly swabs due to working in multiple locations. You will likely no longer receive a call and are being directed to use the online portal to check your own results. The information noted below is for that service.

Website with all information:

<https://www.princeedwardisland.ca/en/service/covid-19-test-results>

Website with COVID search option:

<https://www.princeedwardisland.ca/en/feature/search-my-covid-19-test-results#/home/CovidNegativeResults/CovidNegativeResults>

*Please allow within 72 hours from the time of testing for your results to be available. If your test result does not display after 72 hours, or you have trouble accessing your test result email mytestresults@ihis.org or call **1-833-533-9333** and press #1 for health information to leave a voicemail to receive a call back.*

What information do I need to access my test results?

To verify your identity and access the result, you must enter personal information as follows:

- PEI Health Card 8-digit number
- Expiry date of PEI Health Card (month and year)
- Date of birth
- Date of testing

Please reach out to the nursing department or your supervisor if you have any questions or concerns.

Thank you.

~ PCC Management and Nursing

Additional information if required:

COVID PEI information: <https://www.princeedwardisland.ca/en/topic/covid-19>

COVID PEI Guidelines: <https://www.princeedwardisland.ca/en/publication/novel-coronavirus-covid-19-guideline>

Health PEI Staff Resource Center: <https://src.healthpei.ca/covid-19>

Government of



Department of Health & Wellness

PO Box 2000
Charlottetown
Prince Edward Island
CIA 7N8

Telephone: (902) 368-4996
Fax: (902) 620-3354
Internet: princeedwardisland.ca

To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: September 2, 2020 (Replaces August 14, 2020)

Subject: Updated Testing Guidance for COVID-19

The following provides CURRENT AND **NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes.

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider; email: Coughandfeverclinic@gov.pe.ca.

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Health care providers including: locum physicians, new physicians, medical residents, nurses, NPs, and medical students on clinical rotations, who work at a healthcare site within Atlantic Canada should be tested on return to PEI (prior to returning to work at a healthcare site); e.g., works at QEII/IWK and QEH/PCH; may qualify for Stat testing (as directed by CPHO). *****Under Review – To be updated in next memo*****
- Health care providers who arrive from outside of Atlantic Canada should be tested prior to work at a PEI healthcare site and again at day 3 and day 7; may qualify for Stat testing (as directed by CPHO). *****Under Review – To be updated in next memo*****
- Long-term care staff who travel for personal reasons within Atlantic Canada should be tested on return to PEI and at 7 days. If travel is a day trip, wait 48 hours before the first test. (Note: LTC staff who travel outside the Atlantic bubble must self-isolate for 14 days on return to PEI). *****Under Review – To be updated in next memo*****
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior

to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- **Test residents of Long-term Care facility 24-48 hours before transfer/admission to the facility, at 3 to 4 days, and at 10 to 12 days.**
- Test residents of Community Care or Palliative Care facility 24-48 hours before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.

Long-term Care Service Providers & Partners in Care

- Weekly testing of service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Long-term Care facilities.
- **Partners in care who work in a LTC facility should be tested weekly.**

Correctional Facility Admissions and Staff

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.
- Weekly testing of correctional facility staff who work at more than 1 facility (e.g., corrections and LTC).

Essential Workers with Travel Outside of Atlantic Canada

*****Under Review – To be updated in next memo*****

- PEI residents who are essential workers and travel outside of Atlantic Canada frequently (home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.*
- PEI residents who are essential workers and travel outside of Atlantic Canada for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur). *
- PEI commercial truck drivers, who travel outside of Atlantic Canada and to the U.S. for work, can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.*
- Essential workers, non-PEI residents, arriving from the US/international to perform essential work duties in PEI should be tested on arrival and at 7 days.*

Temporary Foreign Workers

- Test temporary foreign workers between day 10 and 12 of self-isolation.*

Summer Residents / Family Support / Family Connections

- Test summer residents arriving from outside of Atlantic Canada between day 10 and 12 of self-isolation.*
- Family members arriving from outside of Atlantic Canada to provide support to or to reconnect with PEI residents may be considered for testing on a case-by-case basis.*

International Travelers / International Students

- Test between day 10 and 12 after arriving in PEI.*

Domestic Students - Outside of Atlantic Bubble

- Test upon arrival in PEI and at 7 days*

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

*Please note: The Testing Memo does not address requirements for self-isolation. For the most up-to-date direction on self-isolation requirements and exemptions, please consult relevant information on the Government of PEI COVID-19 website or sector specific guidance, as appropriate.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between 6 and 24 hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic residents of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory or they will not be processed Stat. The technologist will ask if the test is on Stat guidelines, it is the caller's responsibility to know the guidelines. If not on guidelines, the technologist will ask if CPHO or the Medical Microbiologist has approved. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

Stat tests are provided at QEH microbiology in dedicated windows 8 AM, 10 AM, noon, 2 PM, 4 PM, 6 PM, 8 PM, 10 PM, as well as overnight by Hematology at 1 AM, 3 AM, and 5 AM. If there are times that testing needs to be completed even faster, i.e., "Critical", then page the microbiologist on call directly. If overnight (after 11:30 PM), then contact Hematology technologist first to see if they can accommodate. The PCH testing process remains the same.

Return to Work Criteria for Health Care Workers with Confirmed COVID-19

Health care workers who tested positive for COVID-19, who were not hospitalized (i.e., only had mild to moderate illness) and who are not immunocompromised, may return to work 14 days after the date of the positive test and > 24 hours since resolution of symptoms other than a residual cough.

Health care workers who tested positive for COVID-19, who were hospitalized (i.e., had severe to critical illness) or who are immunocompromised, may return to work 20 days after the date of the positive test and > 24 hours since resolution of symptoms other than a residual cough.

As per recent CDC and other provincial guidance, testing prior to return to work at a facility may no longer be required, but may be provided/indicated on a case-by-case basis.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached through locating at QEH or CPHO 902-368-4996 or CPHO nurse on-call 1-902-213-5824.

The Medical Microbiologist may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.



FREE ONLINE MINDFULNESS TRAINING FOR STAFF

The Government of Prince Edward Island and Health PEI have partnered with **MindWell-U**, a Canadian health-tech firm, to offer **FREE mindfulness training** to Islanders.

The 30-Day Mindfulness Challenge is unique because it teaches 'mindfulness-in-action' so busy people can become more present and engaged with whatever it is they're doing. Everyone who registers for the Challenge gets to invite a buddy to take the training with them.

Although this is part of our normal operations planning - not a specific Covid-19 response measure, is it a very timely training tool for these anxious times. You can find out more about MindWell-U and how to participate here:

<https://www.bridgethegapp.ca/adult/online-programs/> or <https://app.mindwellu.com/PEI>

**From QEH Staff newsletter April 14, 2020*



Remember to breathe ...

In a time of crisis, our flight or fight systems are in overdrive. This type of atmosphere can propel us into reactivity mode. To counteract this tendency, it is helpful to take just 3 minutes amidst the flurry to be still and quiet:

- 1) Close your eyes, turn your gaze inward, and direct your attention to your breath.
- 2) Relax the muscles around your abdomen (i.e., soften your belly).
- 3) Count to three as you s-l-o-w-l-y inhale, gently guiding your breath toward your navel.
- 4) Double the length of time to exhale if possible. You may coordinate your breath with a calming phrase such as “soft” (on the inhale) “belly” (on the exhale), or a soothing image such as a stream of warm, shimmering light.

Repeat this at least 3 times in one sitting before going about your day. If it's possible to insert regular 'stillness breaks' into your day, do so.

<http://health.sunnybrook.ca/covid-19-coronavirus/tips-health-care-workers-coping-work-home/>

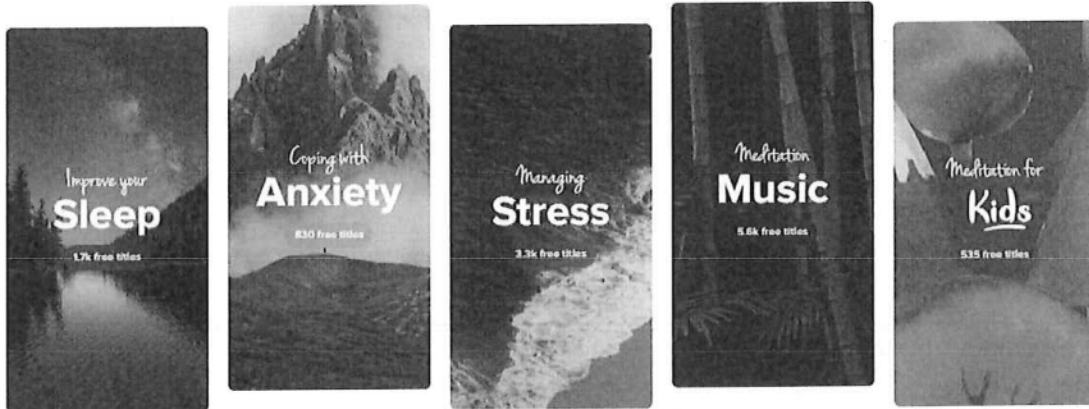
**From QEH Staff newsletter April 8, 2020*



InsightTimer

<https://insighttimer.com/>

#1 *free* app for sleep, anxiety and stress.



All Guided Meditations

Displaying 20,534 free meditations



**Free app as recommended by PEI family physician*



Surviving COVID-19: Mental health and coping strategies

Wed, Apr 15, 2020 7:00 PM - 9:00 PM ADT

[Show in My Time Zone](#)

Join Drs. John Chiasson and Jackie Kinley for this two-hour CME-accredited webinar where you'll learn tips and coping strategies for you, your teams, and families in the face of a pandemic.

This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by the Continuing Professional Development Office of Dalhousie University for up to 2.0 Mainpro+ credits.

As an accredited provider, Dalhousie University, CPD, designates this continuing professional development activity for up to 2.0 credit hours as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

<https://register.gotowebinar.com/register/3629344253391115532>

Government of

**Department of Justice and Public Safety**

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: July 29, 2020
Subject: Updated Swabbing protocol for Corrections

We continue to see multiple changes with protocols and guidelines as we work our way through the COVID pandemic. On the island, we have seen numerous changes surrounding testing protocols and have been able to keep up with standards as per CPHO.

The attached memo is the full version of CPHO's most recent direction on swabbing for islanders, as of July 28, 2020.

The changes that will directly affect those working in corrections are as follows:

- 1) Staff are no longer required to be swabbed after traveling within the Atlantic Provinces. Other LTC facilities will continue, but corrections have been exempt from this directive.
- 2) Staff who work at more than one LTC site (ie. If you work at PCC, PRCC, YC, and Hammill House etc), you are required to be swabbed weekly. It is the responsibility of the staff member to ensure swabbing is up to date, not the employer. Swabbing is available through the essential services line (COVID clinic) and appointments can be set up: 1-855-354-4358 or coughandfeverclinic@gov.pe.ca. Be sure to advise the staff you speak with that you are an essential worker, that is working in more than one LTC site and you have been identified as someone requiring weekly swabbing. You can also connect with any of the nursing staff at one of the sites that *you presently work at* to have swabbing completed there.

If you have any further questions or concerns, please reach out to your supervisor or the Nursing Department.

~ PCC Management and Nursing



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever (>38.0c), OR
- 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 non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. At this time, widespread generalized testing of staff is not recommended.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days
- Placed separately from the other offenders in the facility

Appendix A: Hand Hygiene

**REDUCE THE SPREAD OF COVID-19.
WASH YOUR HANDS.**

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

☎ 1-833-784-4397 @ canada.ca/coronavirus

Public Health Agency of Canada Agence de la santé publique du Canada

Canada

Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ wash your hands often with soap and water for at least 20 seconds
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands
- ▶ avoid close contact with people who are sick
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever (>38.0c), OR
- 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 non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. At this time, widespread generalized testing of staff is not recommended.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days
- Placed separately from the other offenders in the facility

Appendix A: Hand Hygiene

**REDUCE THE SPREAD OF COVID-19.
WASH YOUR HANDS.**

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

☎ 1-833-784-4397 @ canada.ca/coronavirus

Public Health Agency of Canada Agence de la santé publique du Canada

Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

HOW IT IS SPREAD

Coronaviruses are most commonly **SPREAD** from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have **SYMPTOMS** of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@canada.ca/coronavirus

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ wash your hands often with soap and water for at least 20 seconds
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands
- ▶ avoid close contact with people who are sick
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

↳ update to reflect
full list of symptoms

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet) *
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry. *As per facility operations capabilities*
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

Question:
How do we do social distance & over-crowding

April 27, 2020

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever (>38.0c), OR
- 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 non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. ~~At this time, widespread generalized testing of staff is not recommended.~~ *Weekly testing for those in 2 locations.*
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction, *or present to drive through clinic*
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

(Add) • Weekly swabbing of those staff required, does not exempt them from family isolation should they be required to do so

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) ~~or~~ ^{or nursing} through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days. ^{7 days}
- Placed separately from the other offenders in the facility ^{in single cell}

(Add) Masking of Staff:

Staff to wear mask when in close contact with offender or present in their living environment. Offenders are not to wear masks. IF left can be maintained with offender, mask is not necessary, but still recommended.

Appendix A: Hand Hygiene

**REDUCE THE SPREAD OF COVID-19.
WASH YOUR HANDS.**

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

1-833-784-4397

canada.ca/coronavirus

Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

Sept 2, 2020 MEMO

to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 hours before transfer/admission to the facility, at 3 to 4 days, and at 10 to 12 days.
- Test residents of Community Care or Palliative Care facility 24-48 hours before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.

Long-term Care Service Providers & Partners in Care

- Weekly testing of service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Long-term Care facilities.
- Partners in care who work in a LTC facility should be tested weekly.

Correctional Facility Admissions and Staff

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.
- Weekly testing of correctional facility staff who work at more than 1 facility (e.g., corrections and LTC).

Add: Throughout isolation period, offender is to remain in single wet cell before moving to general population

- Staff do not require testing for out of province transfers
- If current offender shows symptoms, they are to be tested/isolated until neg. result

Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ wash your hands often with soap and water for at least 20 seconds
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands
- ▶ avoid close contact with people who are sick
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible, and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397 @canada.ca/coronavirus

Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

(Add) Appendix: Weekly Swabs of Staff
 Nursing staff encouraged to wear PPE of gloves, mask, goggles/shield. Gown is encouraged but not mandatory.

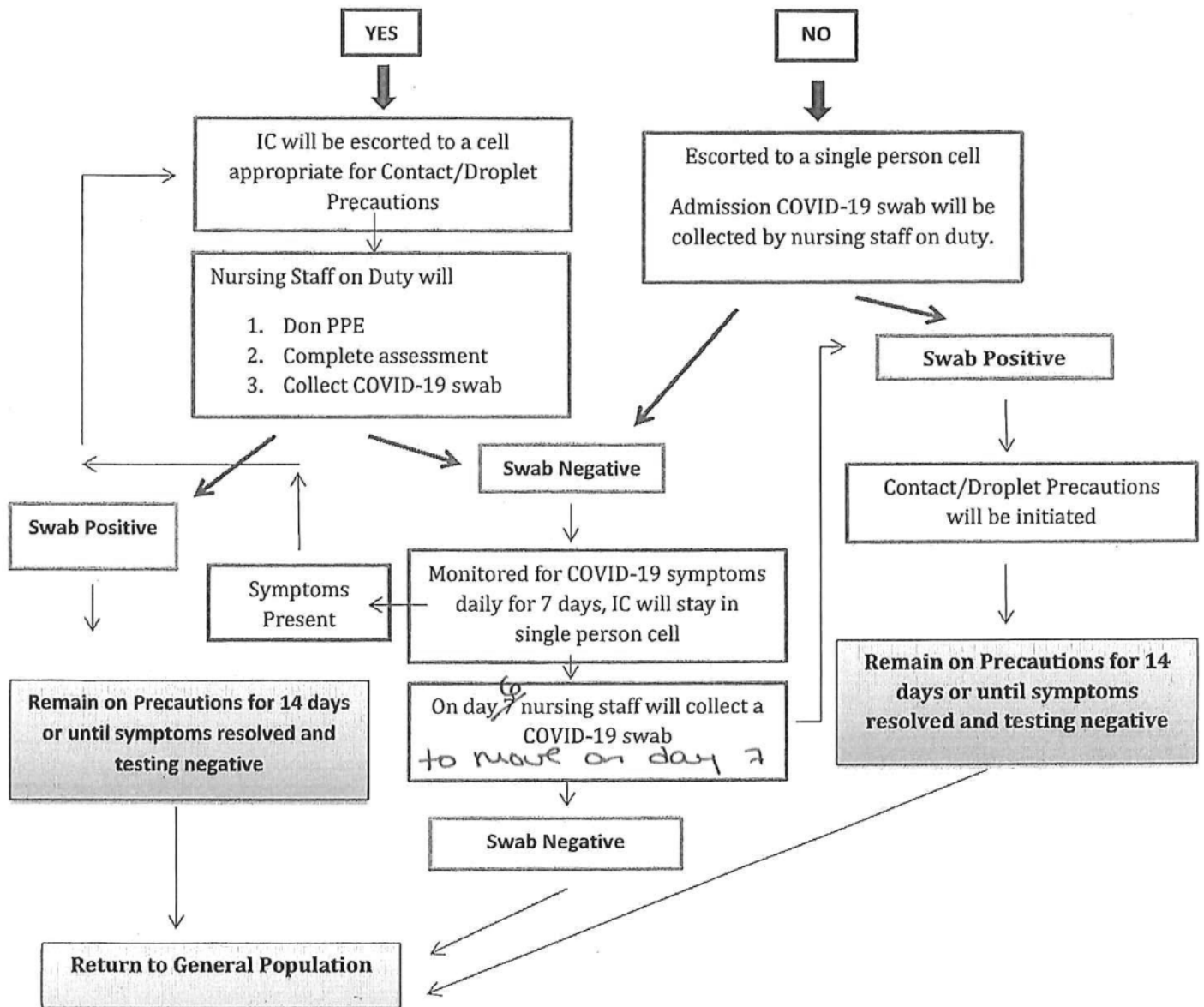


Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

- Screen for Risk Factors
 - Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
 - Travel outside of PEI within 14 days
 - Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
 - High risk living arrangement (e.g. unstable housing)



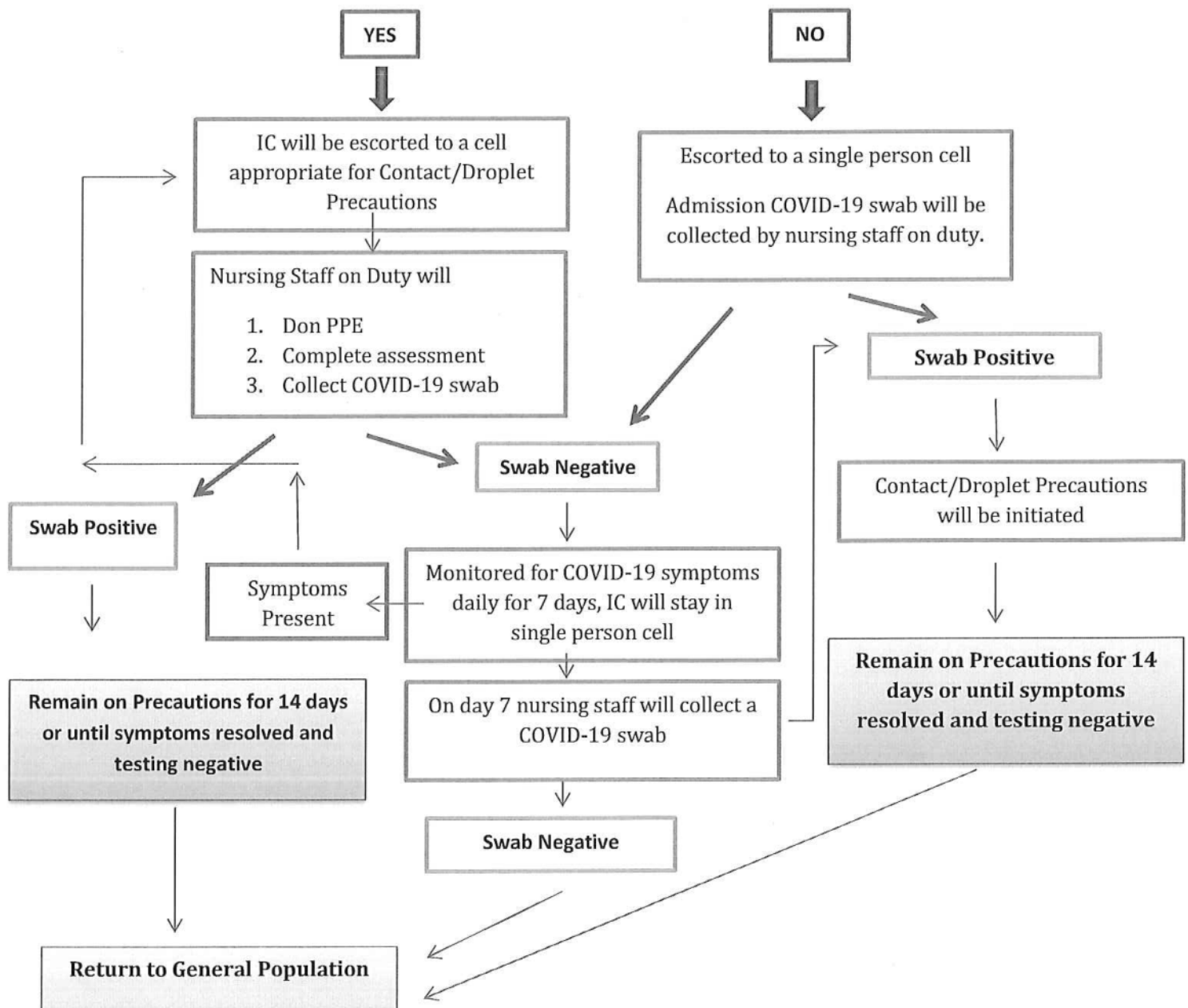


Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors
 - Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
 - Travel outside of PEI within 14 days
 - Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
 - High risk living arrangement (e.g. unstable housing)





Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center PCC, Prince Correctional Center PRCC, and Youth Center YC) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- new or worsening cough
- fever/chills
- difficulty breathing or shortness of breath
- sore throat
- congestion, runny nose and/or sneezing
- myalgia (sore muscles)
- marked fatigue
- acute loss of sense of smell or taste
- headache

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR) with at least 60% alcohol.
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your eyes, nose or mouth with unwashed hands
- Increased access to hand hygiene and cough etiquette supplies.
- Avoid sharing of personal items
- Promote physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage throughout the facility reminding staff and offenders about hand hygiene and the signs and symptoms of COVID-19.

October 15th 2020

- Control entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff will stay home when unwell and get tested if symptoms of COVID-19.

Cleaning and Disinfection

The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.

- In addition to routine cleaning, surfaces that are frequently touched should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants that are hospital grade, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff and offenders should be screened daily for the following symptoms;

- new or worsening cough
- fever/chills
- difficulty breathing or shortness of breath
- sore throat
- congestion, runny nose and/or sneezing
- myalgia (sore muscles)
- marked fatigue
- headache
- acute loss of sense of smell or taste

Staff:

- Staff members are to self-monitor for symptoms.

October 15th 2020

- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so.
- Please arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill and/or symptomatic, they should remain away from the worksite.
 - If the test results are negative for COVID-19 and the staff member is no longer ill and/or symptomatic, they may return to work.

Staff exposed to a confirmed positive COVID-19 individual:

- Will self-isolate for 14 days and monitor for symptoms daily
- If symptoms develop during the 14 days of self-isolation arrange testing.
- If test results are positive for COVID-19 the employee remains self-isolated for 14 days, following the direction of Public Health.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and isolated from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction if necessary.

- Offenders awaiting results for COVID-19 will be moved to a designated location and isolated in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. Transport to hospital will be arranged if symptoms worsen beyond the healthcare capacity of the facility.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms and risk factors
- Tested in accordance with Plan for Admission of a New Incarcerated Client to PCC (Appendix C).
- Isolated from the other offenders in the facility.

Appendix A: Hand Hygiene

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

☎ 1-833-784-4397 @ canada.ca/coronavirus

Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

Appendix B: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions. This includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

Appendix C: Plan for Admission of a New Incarcerated Client to PCC



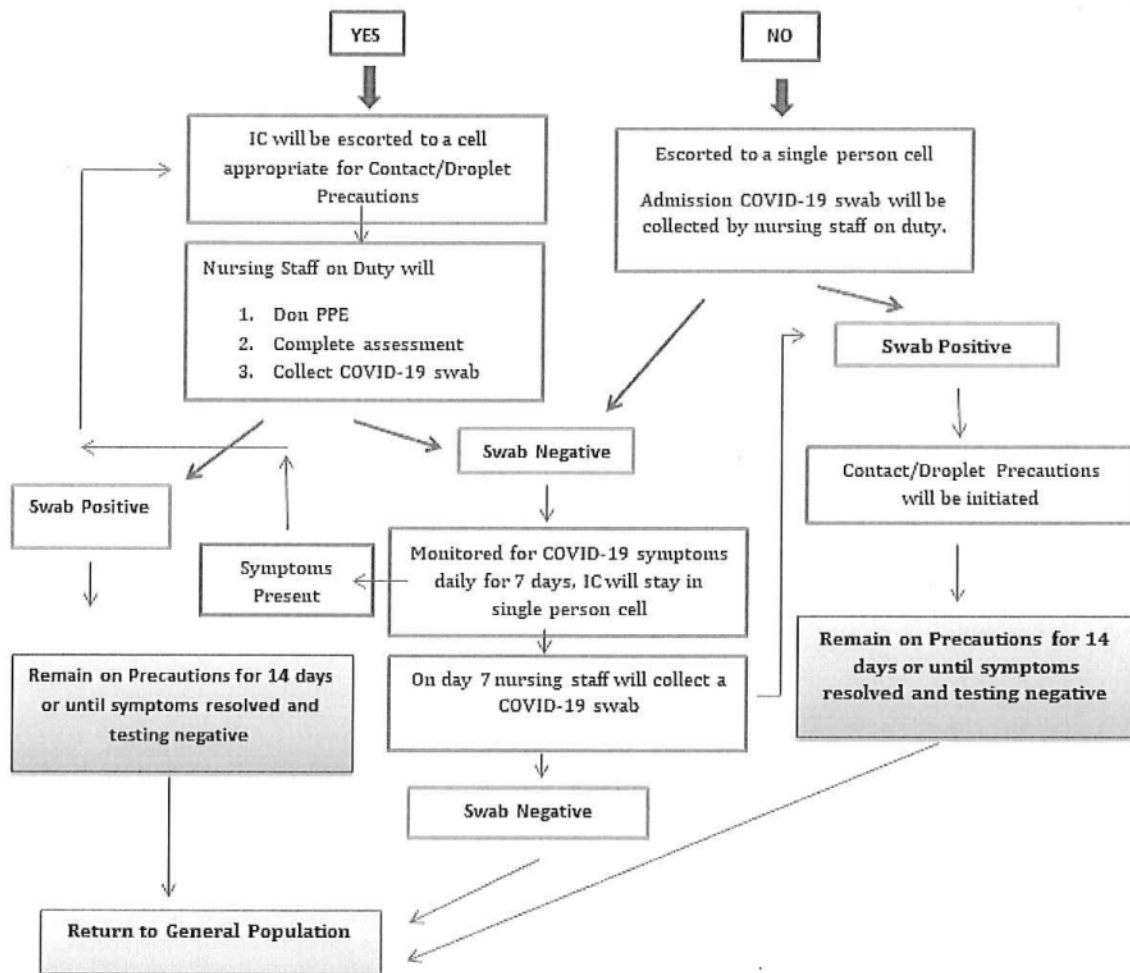
Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors

- Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
- Travel outside of PEI within 14 days
- Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
- High risk living arrangement (e.g. unstable housing)



Government of

Department of Justice and Public Safety

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: Nursing Department
Date: May 12, 2021
Subject: Update on Moderna dose #2

Fingers crossed that we are on the home stretch of COVID!

Prior to May 11, it was as per CPHO direction that the division book their second doses of Moderna through community clinics at roughly the 12 week mark. We have been given the opportunity to complete our own second doses, however, as of yesterday by CPHO.

Nursing staff will be administering the second dose of Moderna to all those who are seeking their dose through our division, although community booking is also available (for anyone who may want to book sooner/later). All vaccine doses that have been given up to and including April dates will be due for dose #2 during the timeframes we have noted below.

These dates and locations are subject to change depending on interest and need:

June 16 – PCC	June 24 – PCC
June 17 – Summerside YC	June 28 – Charlottetown – Location TBD
June 18 – PCC	June 29 – Charlottetown – Location TBD
June 23 – Summerside YC	June 30 – Charlottetown – Location TBD

On the day of, you will be required to fill out the same information form as you did for your first dose, and review the same medical questions with the nurse. As a reminder – no vaccinations should be given 14 days prior to your COVID dose #2.

Please contact the individual responsible for booking (depending on your location of work) to secure an appointment for your dose.

Thank you!

Brandi Martin, NP

Provincial Corrections