

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

#### **Cleaning an Infected Patient's Cell**

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

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

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

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

#### **Enhanced Facilities Cleaning:**

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

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

#### **Nettoyage de la cellule d'un patient infecté**

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

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

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

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

#### **Nettoyage renforcé des installations:**

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

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

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### **Food Trays:**

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

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

### **Cleaning of Transportation Vehicles:**

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

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

### **Plateaux-repas:**

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

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

### **Nettoyage des véhicules de transport:**

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

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

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

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

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

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

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

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

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

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

*Original signed by:*

Tony Matson

C.C. :

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

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

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

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## CORONAVIRUS DISEASE (COVID-19)

# Manager's Guide COVID-19: Contact Tracing of Symptomatic Employee/Contractor

APRIL 20, 2020

COVID-19 is a highly transmittable virus. There is evidence that asymptomatic transmission is occurring, therefore CSC has adopted a vigorous, adaptive approach to preventing the spread of this disease.

Contact tracing is a strategy for breaking transmission chains and controlling the spread of disease. It involves identifying infected persons, taking steps to prevent an infected person from further spreading infection, identifying those with whom the infected person may have been in close contact with while infectious, and locating and testing close contacts.

In the CSC context, contact tracing is initiated when employees/contractors notify management of either symptoms or diagnosis.

**Managers are expected to follow the below steps:**

### Conversation with employee

You as the manager will:

1. Advise employee/contractor that contact tracing will occur by explaining:
  - All work contacts from the 48hr period prior to symptom onset will be contacted as part of the process for understanding and managing the spread of COVID-19.
2. Instruct employee/contractor to call Public Health (PH) for testing, as required:
  - Where testing is required, employees must inform the provincial public health agency that they are an essential worker for priority testing.
  - If the employee/contractor is denied testing, they should notify their manager.
3. Collaborate with the symptomatic employee/contractor to fill out the information in the spreadsheet provided: Date of symptom onset, types of symptoms, test results, etc.
4. Collaborate with the symptomatic employee/contractor to compile a list of potential work related close contacts (See definition of close contacts in Appendix A), to facilitate the contact tracing process.

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5. Advise employee/contractor of return to work policy and formula.
  - i. If their local provincial public health agency advises differently, advise them to report the difference in date to contact tracing leads.
  - ii. The most stringent of the two policies will be followed.
6. Encourage the employee/contractor to reach out to the Employee Assistance Program for support.
  - The lists of EAP referral agents are available on the EAP Referral Agents and Regional Contacts page of the [Hub](#) or by contacting [EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA](mailto:EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA). You may also contact the Employee Assistance Services at 1-800-268-7708. It is available 24/7.

### Working with institutional staff and contact tracing team

You as the manager will:

1. Collaborate with the warden and chief of health services to fill out the spreadsheet provided with a separate list of all employees/contractors who may have been contacts with the symptomatic individual in the 48hrs prior to symptom onset or any time thereafter.
  - For example, those who shared a post or were assigned to the same range/house on the same day.
2. Provide this information to the regional contact tracing lead<sup>1</sup>, who will coordinate the contact tracing process to identify close contacts of the symptomatic individual.

Members of the contact tracing team will personally call institutional staff/contractors that have been identified as having worked on the effected units, ranges, or houses. The purpose of these calls is to determine if institutional staff/contractors have come into close contact with the symptomatic individual in the 48 hours prior to symptoms onset or anytime thereafter.

### Reporting back to staff

You as the manager will:

1. Provide information about those who have been determined to be close contacts to the appropriate senior managers at the institutional and regional level.

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#### **1 Regional Contact Tracing Leads**

ATL: [Renée Gagnon](#) (506) 851-2360

ONT: [Allison Storrington](#) (613) 545-8159

QUE: [Marie-Helene Dufresne](#) (438) 988-5082 and

[Simon Bégin](#) (418) 284-5285

PRA: [Shannon Harriman-Gerard](#) (306) 220-5142

PAC: [Kuljeet Randhawa](#) (604) 851-3224 and [Clarence](#)

[Turgeon](#) (343) 548-9024

# CORONAVIRUS DISEASE (COVID-19)

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2. Reach out to those close contact employees/contractors to provide instruction on required self-isolation and/or return to work arrangements.
3. Encourage the employee/contractor to reach out to the Employee Assistance Program for support at 1-800-268-7708.
4. Will notify the senior manager of the department of the effected person when advising employees/contractors to stay home from work to medically isolate:
  - IMS (OMS) staff: Simon Bonk
  - HR: Nick Fabiano
  - Tech Services: Ghislain Sauvé
  - Healthcare workers: Chief of Health Services
5. Advise employees to report their date of return to work to the contract tracing leads.

### Appendix A

#### Close Contact Definition

##### **Close contact of a case:**

- a. An individual who has greater than 15 minutes face-to-face (<2 meters distance) contact with a case/symptomatic individual, in any setting (this may be cumulative, i.e. multiple interactions).
- b. Healthcare workers who have not worn appropriate PPE or had a breach in PPE during the following exposures to the symptomatic individual:
  - Health care workers performing assessments, vital signs, etc.;
  - Direct contact with the symptomatic individual, their body fluids or their laboratory specimen;
  - Present in the same room, without appropriate PPE, when an aerosol generating procedure is undertaken on the symptomatic individual.
- c. Individuals in the same accommodations sharing kitchen, bathroom facilities, living area
  - Inmates sharing a range, house or cell
- d. Correctional officers who had prolonged close contact for more than 15 minutes (within 2 metres) with a symptomatic individual who have not worn appropriate PPE or had a breach in PPE during the following exposures to the symptomatic individual while:
  - Performing physical searches, pat downs, finger printing, interviewing, home visits, etc.;
  - Direct contact with the symptomatic individual, their body fluids

# CORONAVIRUS DISEASE (COVID-19)

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- e. Contacts who have shared a closed space with a symptomatic individual for longer than two hours, taking into consideration the size of the room, ventilation and the distance from the case/symptomatic individual.

**MEMORANDUM NOTE DE SERVICE**

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

From / De : Alain Tousignant  
 Senior Deputy Commissioner / Sous-commissaire principal

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-06-23	Tel. No. - N° de tél. 613-947-0643

Subject / Objet : **Shaping the New Normal Decisions**

**Décisions – Élaborer la nouvelle normalité**

As you are aware, CSC, in collaboration with labour partners and the endorsement of the Public Health Agency of Canada (PHAC) has developed a COVID-19 transmission National Risk Management Framework (RMF) to guide our activities, moving forward. The framework delineates what activities will continue as well as the required mitigation strategies depending on the level of COVID-19 transmission risk.

Comme vous le savez, le SCC a élaboré, en collaboration avec ses partenaires syndicaux et avec l'approbation de l'Agence de la santé publique du Canada (ASPC), un Cadre national de gestion du risque (CGR) de transmission de la COVID-19 pour orienter ses activités à l'avenir. Le cadre définit les activités qui se poursuivront ainsi que les stratégies d'atténuation requises en fonction du niveau de risque de transmission de la COVID-19 déterminé.

Based on the information provided by local public health authorities and the close monitoring by Health Services, the Assistant Commissioner Health Services will notify the Regional Deputy Commissioner of any change to the COVID-19 transmission risk level.

En se fondant sur les renseignements fournis par les autorités locales de santé publique et la surveillance étroite exercée par les Services de santé, la commissaire adjointe, Services de santé, informera le sous-commissaire régional concerné de tout changement au niveau de risque de transmission de la COVID-19.

It is important to know that a case of COVID-19 in a community does not equal community transmission. Sometimes local cases of COVID-19 may be related to imported cases (e.g. by travel) or a contained outbreak (e.g. at an industrial plant or facility).

Il est important de savoir qu'un cas de COVID-19 dans une collectivité ne correspond pas à la définition de transmission communautaire. Parfois, les cas locaux de COVID-19 peuvent être liés à des cas importés (p. ex. à la suite d'un voyage) ou à une éclosion contrôlée (p. ex. dans une usine ou une installation industrielle).

**Community transmission** is when the transmission of COVID-19 is elevated, occurring between community members, where local public health authorities are unable to clearly identify the source of transmission

Il y a **transmission communautaire** lorsque le taux de transmission de la COVID-19 est élevé, que la maladie se transmet entre les membres de la collectivité, et que les autorités locales de santé publique ne sont pas en mesure

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and contain the spread.

In this context, community is defined by the geographical boundaries of the local health authority, and not necessarily the boundaries of the town/city that the CSC site is located in.

### Decisions

Below are the recent decisions for implementation. These mitigation strategies, developed in close collaboration with labour partners, were shared with the external advisory committee and the national health and safety policy committee, and approved by the Steering Committee.

Risk Management Frameworks have been developed and approved for the following activities:

1. Institutional Operations: Admissions and Discharge, Meal Service, inmate movement, canteen, searching of inmates, searching of cells.
2. Inmate work: industry, range cleaning, maintenance, perimeter work clearance.
3. Inmate recreation: Hobby craft, library, leisure activities, gym, yard, and gardens.
4. Structured Social programs
5. Temporary Absences and Work Releases granted prior to March 13, 2020, may now continue in communities where there is no transmission of COVID-19. Compassionate TA applications will be processed.
6. Institutional Correctional Programs – where sites have submitted plans that have been approved at the national level.

d'identifier clairement la source de la transmission et de limiter la propagation.

Dans ce contexte, la collectivité est définie par les limites géographiques de l'autorité sanitaire locale, et pas nécessairement par les limites de la ville où l'établissement du SCC est situé.

### Décisions

Vous trouverez ci-dessous les récentes décisions prises aux fins de mise en œuvre. Ces stratégies d'atténuation, élaborées en étroite collaboration avec nos partenaires syndicaux, ont été communiquées au Comité consultatif et au Comité d'orientation national de santé et de sécurité, et approuvées par le Comité directeur.

Des cadres de gestion du risque ont été élaborés et approuvés pour les activités suivantes :

1. Opérations en établissement : admissions et libérations, service des repas, déplacements des détenus, cantine, fouille des détenus et fouille des cellules.
2. Travaux des détenus : travaux dans les ateliers industriels, nettoyage des rangées, entretien, autorisations de travailler à l'extérieur du périmètre.
3. Activités récréatives des détenus : artisanat, bibliothèque, activités de loisir, gymnase, cour et jardins.
4. Programmes sociaux structurés.
5. Les permissions de sortir et les placements à l'extérieur accordées avant le 13 mars 2020 peuvent maintenant reprendre dans les collectivités où il n'y a pas de transmission de la COVID-19. Les demandes de permission de sortir accordée pour des raisons humanitaires seront traitées.
6. Programmes correctionnels en établissement – pour les établissements dont les plans ont été

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7. Spiritual/Cultural Advisors will be returning to the site to provide support to inmates. Activities at this time are limited to those approved within the RMF. More activities and direction will be provided at a later date.

8. Staff gym access, with specific mitigating strategies

Please note, that the first section of the RMF, titled "Universal Infection Prevention Control Measures", must be followed by everyone given the identified COVID-19 transmission risk level.

#### Next Steps

It is essential that the risk management frameworks and mitigation strategies are reviewed with local occupational health and safety committees, local union executives and inmate committees.

Please be advised that the mitigation strategies within the framework must be followed as a **minimum**. Failure to follow the strategies within the framework, may result in increasing restrictions.

Staff implicated in the above decisions, who have been unable to perform their duties at the work site are to be provided two weeks notice to resume their activities at the work site.

In sites, where the staff have remained on site, activities should resume no later than two weeks after receiving this memorandum, ensuring that the local consultation has been completed.

Please find attached the integrated risk management framework for the above decisions. The framework will be continually monitored and updated as required. It is an

approuvés à l'échelle nationale.

7. Les conseillers spirituels/culturels retourneront dans les établissements pour offrir du soutien aux détenus. Pour l'instant, les activités se limitent à celles qui ont été approuvées dans le CGR. D'autres activités et directives seront fournies à une date ultérieure.

9. Accès au gymnase du personnel, en mettant en œuvre des stratégies d'atténuation particulières.

Veillez noter que tout le monde doit se conformer à la première partie du CGR intitulée « Mesures universelles de prévention et de contrôle des infections », selon le niveau de risque de transmission de la COVID-19 déterminé.

#### Prochaines étapes

Il est essentiel que les cadres de gestion du risque et les stratégies d'atténuation soient examinés avec les comités locaux de santé et sécurité au travail, les dirigeants syndicaux locaux et les comités de détenus.

Veillez noter que les stratégies d'atténuation énoncées dans les CGR constituent la **norme minimale**. Le non-respect des stratégies dans ces cadres peut entraîner une augmentation des restrictions.

Les membres du personnel touchés par les décisions ci-dessus qui n'ont pas pu exercer leurs fonctions sur le lieu de travail doivent recevoir un préavis de deux semaines pour reprendre leurs activités au travail.

Dans les établissements où les membres du personnel ont continué à travailler sur place, les activités devraient reprendre au plus tard deux semaines après réception de la présente note de service, en veillant à ce que les consultations locales aient été menées.

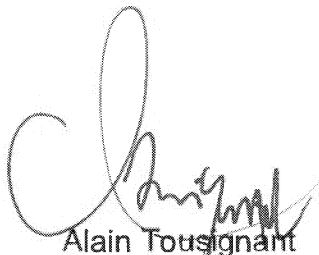
Veillez trouver ci-joint le cadre intégré de gestion des risques pour les décisions ci-dessus. Le cadre sera continuellement

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evolving framework that will be amended based on experience, operational realities and the best available public health advice. New activities will be added as they are approved by the Shaping the New Normal Steering Committee.

surveillés et mis à jour au besoin. C'est un cadre évolutif qui sera modifié en fonction de l'expérience, des réalités opérationnelles et les meilleurs conseils en santé publique disponibles. De nouvelles activités seront ajoutées à mesure qu'elles sont approuvées par la structure de gouvernance « Élaborer la Nouvelle Normalité ».



Alain Tousignant

cc: Sector Heads/responsables de secteur

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## Psychological Risk Assessments and COVID-19 Social Distancing Measures

April 21, 2020

There seems to be some mixed views both within CSC and amongst various provincial colleges whether if during the pandemic psychological risk assessments (PRA) for parole or other correctional purposes should be done in-person or virtually by secure videoconferencing or telephone. Based on a April 3, 2020 provincial order closing “non-essential businesses,” the College of Psychologists of Ontario, stated, “The College is strongly advising that all registrants should only be providing remote care,” and they go on to state, “Should a member believe, in their professional judgement, that a client is in need of urgent and/or emergency care, and it is impossible to offer this remotely, it is strongly recommended that members obtain independent legal advice regarding whether this would contravene the provincial order.” Similarly, on March 31, 2020, the College of Alberta Psychologists issued a statement stating, “Psychologists should restrict face-to-face in person office visits to individuals who require services on an urgent basis where disruption of face-to-face services would immediately endanger the client’s life health or safety or that of others and the service could not be reasonably provided by a virtual or electronic platform.”

A survey was conducted of the Regions within CSC on April 16-17, 2020 as to the present practice with respect to virtual PRAs. The findings were as follows:

	Atlantic	Quebec	Ontario	Prairies	Pacific
Video PRAs	Yes	Yes	Yes	Yes	No
Percent of PRAs by videoconferencing (VC)	30%	35%	45%	0 To 100% depending on site	0%
VC PRA helpful to keep up with demand	Yes	Yes	Yes	Yes	NA
Plans to facilitate VC PRAs	Yes (To Increase)	Yes (To Increase)	Yes (To Increase)	Varies By Site	Yes
Telephone PRAs	Yes	No	Yes	No	Yes
Percent of PRAs by telephone	Very Small	0%	45%	0%	100%
Telephone PRAs helpful to keep up with demand	Somewhat	NA	Yes	NA	Yes
Plans to facilitate telephone PRAs	NA	Yes, if in-person or VC are not possible	Yes	Yes, but only for clarifying questions	NA



## Psychological Risk Assessments and COVID-19 Social Distancing Measures

April 21, 2020

It was noted from the survey that individual psychologists vary in terms of their comfort level doing VC and telephone PRAs, and there is a consensus that in normal times in-person PRAs are the gold standard. Even in Ontario and Alberta, many PRAs are still being done in whole or in part in-person in spite the previously mentioned advice from provincial colleges to provide psychological services virtually. An argument has been made to justify in-person PRAs given that these are an essential service which if not done can have a significant potential impact on a person's life. Some psychologists do not accept the limitations of conducting PRA assessments virtually, and capacity limitations may limit these from being done at some sites. It is clear, however, that several experienced psychologists are comfortable to do PRAs virtually while recognizing that these may have limitations making them less than ideal. It is noted, however, that PRAs are sometimes done based solely on file review/collateral, and the consensus in the survey is that virtual assessments are preferable to those done by file review/collateral alone. The following is the consensus in descending order of preference for a PRA in terms of validity and reliability:

**In Person > Videoconference > Telephone > File Review/Collateral Only**

In the time of COVID-19, however, the optimal validity and reliability of an in-person PRA needs to be balanced by the increased risk of virus transmission between the person and staff with in person assessments.

In terms of **limitations for virtual PRAs**, the following were identified on our survey (those items highlighted in yellow refer to possible limitations of the assessment itself):

**Videoconference:**

- Technical limitations, time to set up, connectivity and bandwidth issues
- Training required for some staff to be able to use the system
- Limited access to VC equipment and interview space
- Requirement to disinfect equipment pre and post each interview
- Restricted times for interviewing based on availability of escorts or support staff
- Requirement for a second staff to be with the person while they access the VC equipment
- Confidentiality concerns, real or perceived, even if technology is secure
- Greater challenge to develop rapport and develop trust which could limit quantity and reliability of information disclosed (may be balanced against challenge to develop rapport if psychologist and person are wearing a mask)
- Limited non-verbal communication could interfere with person's ability to participate fully
- Limited visual indicators to assess body language, grooming, hygiene and non-verbal behaviours (may be balanced by using collateral sources to report on grooming and hygiene)
- Limited visual indicators to assess affect and attitude when talking about various subjects, including past criminal actions and future plans

## Psychological Risk Assessments and COVID-19 Social Distancing Measures

April 21, 2020

- Limited visual indicators for things that might be distracting or interfering with the person's ability to participate optimally
- Audio quality may limit picking up on verbal cues
- Difficulty getting testing completed and reliance on others to get these done

### Telephone:

- Limited access to telephone equipment and interview space
- Requirement to disinfect equipment pre and post each interview
- Restricted times for interviewing based on availability of escorts or support staff
- Requirement at certain sites for a second staff to be with the person while they access the telephone equipment
- Additional precautions required to confirm client's identity
- Confidentiality concerns, real or perceived, even if technology is secure
- Greater challenge to develop rapport and develop trust which could limit quantity and reliability of information disclosed (may be balanced against challenge to develop rapport if psychologist and person are wearing a mask)
- No non-verbal communication could interfere with person's ability to participate fully
- No visual indicators to assess body language, grooming, hygiene and non-verbal behaviours (may be balanced by using collateral sources to report on grooming and hygiene)
- No visual indicators to assess affect and attitude when talking about various subjects, including past criminal actions and future plans
- No visual indicators for things that might be distracting or interfering with the person's ability to participate optimally
- Audio quality may limit picking up on verbal cues
- Difficulty getting testing completed and reliance on others to get these done

### Recommendations

1. Support should be provided to facilitate Psychological Risk Assessments to be done in-person or virtually in-all or in-part. How the PRA gets done will depend on logistics/access/capacity of VC or telephone technology and support staff, the risk of the psychologist's presence in the institution to contribute to contamination/virus transmission, advice from provincial colleges or public health officials, and the preference of the person being assessed if multiple options are available.
2. When conducting a virtual PRA, informed consent should include the usual outlining of the process and purpose of the assessment, but also should include mention of the potential limitations of an assessment done virtually vs in-person.
3. PRAs should only be done by File Review/Collateral alone when the person does not consent to an interview.
4. Every effort should be made to ensure that offenders consenting to a virtual PRA are able to participate from an area that is quiet, free of distraction and allows for confidentiality.

## Psychological Risk Assessments and COVID-19 Social Distancing Measures

April 21, 2020

5. The person being assessed should wash their hands and the VC or telephone equipment, chair, table, pencils should be cleaned/disinfected before and after every virtual interview.
6. If a PRA has been done virtually in whole or in part, the PRA report should make explicit mention of any of the associated limitations (as would be done for a PRA report based on file review/collateral only).

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March 31, 2020

## PPE REQUIREMENTS FOR STAFF AND INMATES

As recommended by Health Canada's Public Service Occupational Health Program, there is no need for general use of PPE for COVID-19. The use of surgical-type mask by individuals without symptoms is not recommended and may actually increase the risk of self-contamination and risk of infection. The overuse or inappropriate use of PPE can lead to challenges with PPE availability.

Staff must follow donning and doffing requirements for PPE and be provided with instruction on how to do so before using PPE for the first time (or new PPE). Inmates must be shown how to properly don and doff surgical/procedural masks.

Additional protocols may be established in the case of an outbreak.



**CORRECTIONAL SERVICE CANADA**

CHANGING LIVES. PROTECTING CANADIANS.



**SERVICE CORRECTIONNEL CANADA**

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

March 31, 2020

### Inmates Diagnosed with COVID-19

Staff within 2 Metres of Inmate	Staff within two meters of an inmate on CPAP/BiPAP	Inmate – when out of cell
Gloves	Gloves	Surgical/Procedural Mask
Surgical/Procedural Mask	N95 Mask	
Face Shield	Face Shield	
Gown	Gown	

### Inmates with symptoms of influenza like illness or COVID-19

Staff within 2 Metres of Inmate	Staff within two meters of an inmate on CPAP/BiPAP	Inmate – when out of cell
Gloves	Gloves	Surgical/Procedural Mask
Surgical/Procedural Mask	N95 Mask	
Face Shield	Face Shield	
Gown	Gown	

### Asymptomatic New Warrant of Committals or Returns to Federal Custody & Existing Inmates\*

Staff	Inmate – when out of cell
No PPE required	No PPE required

\*Please note all provincial jurisdictions are screening inmates prior to transfer to CSC custody.

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**SERVICE CORRECTIONNEL CANADA**

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

March 31, 2020

**Other Inmates who reside on the same range/house of an inmate that is diagnosed with COVID-19 or has symptoms of COVID-19 or influenza like illness**

<b>Staff Close &amp; Sustain contact within two metres of the inmate but no physical contact</b>	<b>Staff Close &amp; Sustained Contact within two metres of the inmate with minimal physical contact</b>	<b>Inmate – when out of cell</b>
Surgical/Procedural Mask	Surgical/Procedural Mask Gloves	No PPE required

## Infection Prevention and Control Sub Assessment: Front Entrance

<b>Institution:</b> _____
<b>Date Completed:</b> _____
<b>Reviewer Name, Title:</b> _____
<b>Reviewer Contact Information:</b> _____

Institution self-assessment     External audit

**Instructions:**

This sub-assessment should be conducted in accordance with the Infection Prevention and Control Evaluation Guidelines. Each component (*i.e.*, screening, mask-wearing, and hand hygiene) should be assessed for one hour during peak-entry time into the facility. Depending on the amount of front-entrance traffic and/or the capacity to oversee each component (e.g., hand hygiene stations not co-located with front entrance), this assessment can be spread over multiple days.

1. HAND HYGIENE		
Indicator	STAFF	NON-STAFF
1.1 Total number of individuals that passed through the front entrance.		
1.2 Number of individuals that performed hand hygiene upon entry.		
1.3 Number of individuals that used proper hand hygiene technique. Refer to the <a href="#">Infection Prevention and Control Guidelines</a> .		

## Infection Prevention and Control Sub Assessment: Front Entrance

### 2. MASK-WEARING

Indicator	STAFF	NON-STAFF
2.1 Total number of individuals that passed through the front entrance.		
2.2 Number individuals wearing masks upon entering the institution.		
2.3 Number of individuals using proper mask wearing technique. Refer to the <a href="#">Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a> .		

## Infection Prevention and Control Sub Assessment: Front Entrance

### 3. SCREENING

Indicator	STAFF	NON-STAFF
3.1 Total number of individuals that passed through the front entrance.		
3.2 Number of individuals that passed through the front entrance and were screened for <u>all</u> screening questions in accordance with applicable CSC screening policy documents including: <ul style="list-style-type: none"> <li>• <a href="#"><u>CSC's COVID-19 Screening Questions</u></a></li> <li>• <a href="#"><u>CSC's COVID-19 Screening Form for Use by Operations</u></a></li> <li>• <a href="#"><u>CSC's COVID-19 Screening Form for Use by Health Care</u></a></li> </ul>		
3.3 Number of individuals that had their temperature taken upon entering the institution.		

**MEMORANDUM NOTE DE SERVICE**

To / À  
 Regional Deputy Commissioners /  
 Sous-commissaires régionaux

From / De  
 Alain Tousignant  
 Senior Deputy Commissioner /  
 Sous-commissaire principal

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-07-17	Tel. No. - N° de tél. 613-947-0643

Subject / Objet **Shaping the New Normal Decisions**

**Décisions – Façonner la Nouvelle Normalité**

I am writing to share with you the updated Integrated Risk Management Framework (IRMF). As previously mentioned, the framework is continually monitored and updated as required. It is an evolving framework that is amended based on experience, operational realities and the best available public health advice. New activities will be added as they are approved by the Shaping the New Normal Steering Committee.

Je vous écris pour vous faire part de la mise à jour du Cadre intégré de gestion du risque intégré (CIGR). Tel que mentionné précédemment, le cadre est continuellement surveillé et mis à jour au besoin. Il s'agit d'un cadre évolutif qui est modifié en fonction de l'expérience, des réalités opérationnelles et des meilleurs conseils de santé publique disponibles. De nouvelles activités seront ajoutées lorsqu'elles seront approuvées par le comité directeur Façonner la nouvelle normalité.

Before listing the most recent decisions, I would like to clarify three items raised by labour partners at a recent Advisory Committee meeting. I will also mention the decisions that we have discussed to ensure they are clear to everyone.

Avant d'énumérer les décisions les plus récentes, je tiens à préciser trois points soulevés par les partenaires en relations de travail lors d'une récente réunion du Comité consultatif.

**Reminders**

**Rappels**

Many staff have been working remotely, either full-time or part-time since the start of the pandemic. CSC has committed to our labour partners that employees will be given two weeks notice before returning to the work site or increasing their hours at the work site. It is important that this direction be followed across CSC by all managers.

De nombreux employés ont travaillé à distance, soit à temps plein ou à temps partiel, depuis le début de la pandémie. Le SCC s'est engagé envers nos partenaires en relations de travail que les employés auront un préavis de deux semaines avant de retourner au lieu de travail ou d'augmenter les heures sur le lieu de travail. Il est important que cette directives soit suivi par les gestionnaires dans l'ensemble du SCC.

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Only those activities that are included in the IRMF have been approved to resume. As the steering committee approves new activities, you can advise your teams, that the additional activities will be resuming and that necessary staff will be on site some of the time to support the activities.

When a risk management framework is approved, the impact of the footprint should be discussed. The framework is approved at the National level; however, management at the local level is required to consult with local union executives and the local occupational health and safety committee, which should include an assessment to determine the impact of increasing the number of employees at the work site.

It is essential that managers are aware that the CSC's new normal will not look like pre-COVID times. Staff who are able to perform work remotely are supported to continue to do so. Staff working off site should not be imposing their work tasks onto others who are at the work site.

As we have discussed, until we have an approved algorithm to support overnight absences in the community and considered institutional capacity to be able to medically isolate inmates within existing infrastructure, overnight temporary absences and overnight work releases are on hold.

## Decisions

Below are the mitigation strategies approved for implementation.

1. Health Operations.
2. Mother-Child Program.
3. Community Correctional Programs.
4. Facilities Maintenance.
5. Firearms Training.
6. Construction Projects.

Seules les activités qui sont incluses dans le CIGR ont été approuvées pour reprendre. Au fur et à mesure que le comité directeur approuve de nouvelles activités, vous pouvez informer vos équipes que les activités supplémentaires reprendront et que les employés nécessaires seront sur place une partie du temps pour supporter les activités.

Lorsqu'un cadre de gestion du risque est approuvé, une discussion sur l'incidence de l'empreinte devrait avoir lieu. Le cadre est approuvé au niveau national; cependant, la gestion au niveau local doit consulter les cadres supérieurs du syndicat local et le comité local sur la santé et sécurité au travail, qui devrait comprendre une évaluation afin de déterminer l'incidence de l'augmentation du nombre d'employés sur le lieu de travail.

Il est essentiel que les gestionnaires sont conscients que la nouvelle normalité du SCC ne ressemblera pas au temps pré-COVID. Les employés qui sont en mesure d'effectuer le travail à distance sont appuyés pour continuer à le faire. Les employés travaillant hors site ne devraient pas imposer leur travail sur les autres personnes qui sont sur le lieu de travail.

Comme nous en avons discuté, jusqu'à ce que nous ayons un algorithme approuvé pour appuyer les permissions de sortir la nuit dans la collectivité et pris en compte la capacité institutionnelle pour être en mesure de mettre les détenus en isolement médicale au sein de l'infrastructure existante, les permissions de sortir la nuit temporaires et les placements à l'extérieur de nuit sont en suspens.

## Décisions

Vous trouverez ci-dessous les stratégies d'atténuation approuvées pour la mise en œuvre.

1. Opérations des services de la santé.
2. Programme mère-enfant.
3. Programmes correctionnels dans la collectivité.
4. Entretien des installations.
5. Formation sur les armes à feu.
6. Projets de construction.

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-3-

During the Advisory Committee meeting, requests were made to ensure that cleaning contracts to support community parole offices are updated to reflect the required cleaning standards of Public Services and Procurement Canada (PSPC). The Assistant Commissioner Corporate Services has followed up with PSPC to initiate enhanced cleaning in community offices, which will commence August 4, 2020, when you may commence programs.

### Next Steps

It is essential that the risk management frameworks and mitigation strategies are reviewed with local occupational health and safety committees, local union executives and inmate committees (where applicable).

Please be advised that the mitigation strategies within the framework must be followed as a **minimum**. Failure to follow the strategies within the framework may result in increasing restrictions.

Please find attached the integrated risk management framework for the above decisions.

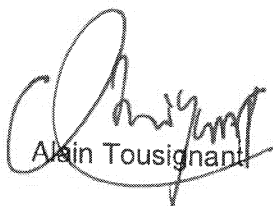
Au cours de la réunion du comité consultatif, des demandes ont été faites pour s'assurer que les contrats de nettoyage pour appuyer les bureaux de libération conditionnelle dans la collectivité, sont mis à jour pour tenir compte des normes de nettoyage requises par Services publics et Approvisionnement Canada (SPAC). Le commissaire adjoint, Services corporatifs, a assuré le suivi avec SPAC pour entreprendre le nettoyage accru dans les bureaux de la collectivité, qui commencera le 4 août 2020; lorsque vous pouvez commencer les programmes.

### Prochaines étapes

Il est essentiel que les cadres de gestion du risque et les stratégies d'atténuation soient examinés avec les comités locaux de santé et sécurité au travail, les dirigeants syndicaux locaux et les comités de détenus (le cas échéant).

Veillez noter que les stratégies d'atténuation énoncées dans les CGR constituent la **norme minimale**. Le non-respect des stratégies dans ces cadres peut entraîner une augmentation des restrictions.

Veillez trouver ci-joint le cadre de gestion du risque intégré pour les décisions ci-dessus.



Alain Tousignant

Att. / p.j.: Integrated Risk Management Framework - Version 3 /  
Cadre de gestion du risque intégré - Version 3

cc: Sector Heads/Responsables de secteur

**MEMORANDUM NOTE DE SERVICE**

To / À  
 Regional Deputy Commissioners  
 Sous-commissaires régionaux

From / De  
 Alain Tousignant  
 A/Commissioner  
 Commissaire int.

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-07-27	Tel. No. - N° de tél. 613-947-0643

Subject / Objet **Shaping the New Normal Decisions**

**Décisions – Façonner la Nouvelle Normalité**

I am writing to share with you the updated Integrated Risk Management Framework (IRMF). As previously mentioned, the framework is continually monitored and updated as required. It is an evolving framework that is amended based on experience, operational realities and the best available public health advice. New activities will be added as they are approved by the Shaping the New Normal Steering Committee.

Je vous écris pour vous faire part de la mise à jour du Cadre intégré de gestion du risque intégré (CIGR). Tel que mentionné précédemment, le cadre est continuellement surveillé et mis à jour au besoin. Il s'agit d'un cadre évolutif qui est modifié en fonction de l'expérience, des réalités opérationnelles et des meilleurs conseils de santé publique disponibles. De nouvelles activités seront ajoutées lorsqu'elles seront approuvées par le comité directeur Façonner la nouvelle normalité.

**Decisions**

**Décisions**

Below are the mitigation strategies approved for implementation.

Vous trouverez ci-dessous les stratégies d'atténuation approuvées pour la mise en œuvre.

1. Interregional transfers
2. Urinalysis Program
3. Educational Program
4. Cultural Ceremonies and Elders
5. Private Family Visits (PFV)
6. Training mitigation strategies (general)
7. National Training Academy

1. Transfèvements inter-régionaux
2. Analyses d'urine.
3. Programmes d'éducation
4. Cérémonies culturelles et Aînés.
5. Visites familiales privées (VFP)
6. Stratégies d'atténuation de la formation (générales)
7. Académie nationale de formation

**PFV Implementation**

**Mise en œuvre des VFP**

Please note that PFVs will only occur at institutions in a low-moderate risk zone. Scheduling of PFVs is dependent on institution's capacity to have inmates medically isolate for 14 days following the PFV.

Veillez noter que les VFP ne se produiront que dans les établissements dans la zone de risque modéré. La planification des VFP dépend de la capacité de l'établissement d'isoler médicalement les détenus une période de 14 jours suite à la VFP pour.

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**Phase 1:** Reinstate previously approved PFVs at sites where there is no COVID cases and the individuals (visitors) are from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and intraprovincial travel restrictions.

**Phase 2:** Reinstate processing of new PFV applications at sites where there is no COVID cases and the individuals (visitors) are from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and intraprovincial travel restrictions.

### Training

At this time, CSC is focusing its training efforts on restarting the Correctional Training Program at the National Training Academy.

Although the mitigation strategies for training in general are included in the attached IRMF, specific training courses and the requisite mitigation strategies will follow at a later date.

### Cleaning Guidance

Please be advised that the Shaping the New Normal Steering Committee has approved the documents, [COVID-19: Cleaning and disinfection Guidance](#) and [COVID-19: Institutional Cleaning and step-by-step Guide](#), which are now available on the HUB.

As we have discussed, you are required to ensure that the direction within these documents are implemented and that close monitoring and compliance of these measures is maintained.

**Phase 1 :** Permettre aux VFP déjà approuvées d'avoir lieu lorsqu'il n'y a pas de cas de COVID-19 au sein des établissements et que les visiteurs proviennent d'une collectivité où les autorités sanitaires locales ne rapportent aucune transmission locale du virus; les visites doivent se faire dans le respect des restrictions liées aux déplacements inter provinciaux et intra provinciaux

**Phase 2 :** Reprendre le traitement des nouvelles demandes de VFP lorsqu'il n'y a pas de cas de COVID-19 au sein des établissements et que les visiteurs proviennent d'une collectivité où les autorités sanitaires locales ne rapportent aucune transmission locale du virus; les visites doivent se faire dans le respect des restrictions liées aux déplacements inter provinciaux et intra provinciaux

### Formation

En ce moment, le SCC concentre ses efforts, en matière de formation, sur le redémarrage du Programme de formation correctionnel à l'Académie nationale de formation.

Bien que les stratégies d'atténuation pour la formation en générale sont incluses dans le CIGR ci-joint, les cours de formation spécifiques et les stratégies d'atténuation requises suivront à une date ultérieure.

### Lignes directrices en matière de nettoyage

Veuillez prendre note que le comité directeur de la Nouvelle Normalité a approuvé les documents, [COVID-19 : Lignes directrices en matière de nettoyage et de désinfection](#) et [COVID-19:Nettoyage des établissements Guide étape par étape](#), maintenant disponible sur le HUB.

Tel que nous en avons discuté, vous êtes tenus de veiller à ce que la directive au sein de ces documents est mise en œuvre et qu'une surveillance étroite et la conformité de ces mesures sont maintenues.

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## Next Steps

It is essential that the risk management frameworks and mitigation strategies are reviewed with local occupational health and safety committees, local union executives and inmate committees (where applicable).

Please be advised that the mitigation strategies within the framework must be followed as a **minimum**. Failure to follow the strategies within the framework may result in increasing restrictions.

Please find attached version 4 of the integrated risk management framework for the above decisions.

## Prochaines étapes

Il est essentiel que les cadres de gestion du risque et les stratégies d'atténuation soient examinés avec les comités locaux de santé et sécurité au travail, les dirigeants syndicaux locaux et les comités de détenus (le cas échéant).

Veillez noter que les stratégies d'atténuation énoncées dans les CGR constituent la **norme minimale**. Le non-respect des stratégies dans ces cadres peut entraîner une augmentation des restrictions.

Veillez trouver ci-jointe la version 4 du cadre de gestion du risque intégré pour les décisions ci-dessus.

Original signed by/original signé par

Alain Tousignant

Att. / p.j.: Integrated Risk Management Framework - Version 4 /  
Cadre de gestion du risque intégré - Version 4

cc: Sector Heads/Responsables de secteur

**MEMORANDUM NOTE DE SERVICE**

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

From / De : Alain Tousignant  
 Senior Deputy Commissioner / Sous-commissaire principal

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-06-30	Tel. No. - N° de tél. 613-947-0643

Subject / Objet : **Shaping the New Normal Decisions**

**Décisions – Façonner la Nouvelle Normalité**

I am writing to share with you the updated Integrated Risk Management Framework (IRMF). As mentioned last week, the framework will be continually monitored and updated as required. It is an evolving framework that will be amended based on experience, operational realities and the best available public health advice. New activities will be added as they are approved by the Shaping the New Normal Steering Committee.

Je vous écris pour vous faire part de la mise à jour du Cadre de gestion du risque intégré (CGRI). Tel que mentionné la semaine dernière, le cadre sera continuellement surveillé et mis à jour au besoin. Il s'agit d'un cadre évolutif qui sera modifié en fonction de l'expérience, des réalités opérationnelles et des meilleurs conseils de santé publique disponibles. De nouvelles activités seront ajoutées lorsqu'elles seront approuvées par le comité directeur Façonner la nouvelle normalité.

**Decisions**

**Décisions**

Below are the recent decisions and mitigation strategies for implementation.

Vous trouverez ci-dessous les décisions récentes et les stratégies d'atténuation pour la mise en œuvre.

1. Institutional Employment and Vocational Certification.
2. Security Intelligence Officers.
3. Mail and access to institutions by:
  - a. Inmate lawyers;
  - b. Independent Chair Persons;
  - c. Citizens Advisory Committee members; and,
  - d. Staff from other Government Departments.

1. Emploi en établissement et attestation professionnelle.
2. Agents du renseignement de sécurité.
3. Courrier et accès aux établissements par:
  - a. Avocats des détenus;
  - b. Présidents indépendants;
  - c. Membres de comités consultatifs de citoyens; et,
  - d. Personne d'autres ministères ou organismes gouvernementaux.

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4. Inmate Personal Visitors.
5. Weekend passes and travel permits for Community-based Residential Facilities and section 81 facilities.

### Next Steps

It is essential that the risk management frameworks and mitigation strategies are reviewed with local occupational health and safety committees, local union executives and inmate committees (where applicable).

Please be advised that the mitigation strategies within the framework must be followed as a **minimum**. Failure to follow the strategies within the framework may result in increasing restrictions.

Staff implicated in the above decisions, who have been unable to perform their duties at the work site are to be provided two weeks notice to resume their activities at the work site.

In sites, where the staff have remained on site, activities should resume no later than two weeks after receiving this memorandum, ensuring that the local consultation has been completed.

Please find attached the integrated risk management framework for the above decisions.

4. Visiteurs personnels du détenu.
5. Permissions de sortir pour la fin de semaine pour les établissements résidentiels communautaires et les établissements exploités par la collectivité en vertu de l'article 81.

### Prochaines étapes

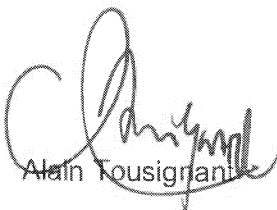
Il est essentiel que les cadres de gestion du risque et les stratégies d'atténuation soient examinés avec les comités locaux de santé et sécurité au travail, les dirigeants syndicaux locaux et les comités de détenus (le cas échéant).

Veillez noter que les stratégies d'atténuation énoncées dans les CGR constituent la **norme minimale**. Le non-respect des stratégies dans ces cadres peut entraîner une augmentation des restrictions.

Les membres du personnel touchés par les décisions ci-dessus qui n'ont pas pu exercer leurs fonctions sur le lieu de travail doivent recevoir un préavis de deux semaines pour reprendre leurs activités au travail.

Dans les sites où les membres du personnel ont continué à travailler sur place, les activités devraient reprendre au plus tard deux semaines après réception de la présente note de service, en veillant à ce que les consultations locales aient été menées.

Veillez trouver ci-joint le cadre de gestion du risque intégré pour les décisions ci-dessus.



Alain Tousignant

Att. / p.j.: Integrated Risk Management Framework - Version 2 /  
Cadre de gestion du risque intégré - Version 2

cc: Sector Heads/Responsables de secteur

**MEMORANDUM NOTE DE SERVICE**

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

From / De : Alain Tousignant  
 Senior Deputy Commissioner / Sous-commissaire principal

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
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Date 2020-06-30	Tel. No. - N° de tél. 613-947-0643

Subject / Objet : **Shaping the New Normal Decisions**

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.../2

-2-

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5. Weekend passes and travel permits for Community-based Residential Facilities and section 81 facilities.

#### Next Steps

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#### Prochaines étapes

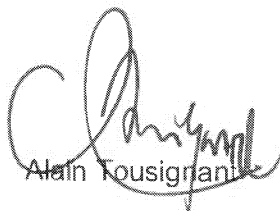
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Veillez trouver ci-joint le cadre de gestion du risque intégré pour les décisions ci-dessus.



Alain Tousignant

Att. / p.j.: Integrated Risk Management Framework - Version 2 /  
Cadre de gestion du risque intégré - Version 2

cc: Sector Heads/Responsables de secteur

**CORRECTIONAL SERVICE CANADA**

CHANGING LIVES. PROTECTING CANADIANS.



**SERVICE CORRECTIONNEL CANADA**

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

## **COVID-19: Recommendations for CSC Staff Returning Home After a Shift**

June 15, 2020

While infection prevention and control (IPC) measures are imperative in the workplace to protect staff and inmates, the same emphasis should be placed on the importance of IPC measures upon returning to the home environment. This document is not a directive, however it outlines recommended key measures that staff can choose to follow to protect loved ones after coming home from a shift in a CSC institution (see Appendix A for full list of recommended measures):

- Properly doff PPE and wash hands upon leaving the site.
- Process for changing into and out of work clothing:
  - Staff will bring their own work clothing into the institution and will change once on site;
  - At the end of shift, work clothing will be placed into a plastic bag to take home to launder; and
  - Launder used work clothing at home in regular wash hot water cycle and tumble dry.
- Use dedicated footwear for work. Once home, leave work shoes in a designated place such as the garage or trunk of the car.
- Shower and wash hair immediately upon returning home from each shift.
- Disinfect any items brought into the site (watch, phone, keys, bag, etc.) and any items touched from the journey from the car into the house (doorknobs, gates, steering wheel, etc.).
- Perform hand hygiene.

## Appendix A

### IPC Measures for Returning Home After a Shift\*

1. At the end of your shift, properly doff your mask (avoid touching the front of the mask and clean your hands after doffing).
  - Perform hand hygiene.
  - Detach the top and bottom ties or remove straps from ears.
  - Pull mask forward, avoiding touching the front.
  - Dispose of mask in the appropriate container.
    - CSC is currently providing staff with disposable non-medical masks. If staff are wearing their own fabric/non-medical masks, it is their responsibility to ensure proper storage and laundering.
  - Perform hand hygiene.
2. Change out of work clothing/uniform at the site, place directly into a designated plastic bag. Perform hand hygiene.
3. Stage storage bins or bags in the back of your vehicle to store your workbag and other work items until you are able to complete a full decontamination at home.
4. Once you arrive home, remove your work shoes in the garage or leave in the trunk of your car. If shoes are not work-specific, remove at the entrance to your residence and place in a plastic bin.
5. While in the entryway, remove all items in your pockets. Place these, along with your phone, car keys and any other items you took to work in another storage bin.
6. Immediately upon entering your home and emptying your pockets, walk to the bathroom and shower. Have a clean change of clothes ready in the bathroom. Do not physically greet your pet or your family.
7. After showering and changing into clean clothes, take your dirty clothes to the washing machine immediately. Try not to touch these clothes as you place them in the washing machine.
8. If shoes are in the entryway of your residence: spray a diluted bleach solution or use an approved cleaning solution on your shoes, remembering not to touch them.
  - If normally used disinfectant is not available, use a 10:1 water-to-bleach solution.
9. Disinfect all items removed from your pockets, as well as your phone and car keys.
10. Retrace your steps to your car. Wipe down any surfaces you may have touched, including door handles, car handles and gates.
11. Clean the remainder of your work items. Wash bags and reusable food containers and wipe down any other equipment (e.g. watch).
12. At the end of your decontamination process, wash your hands one final time.

\*Modified for CSC from a checklist for First Responders (*How can I protect my family from COVID-19? By Emily Pearce, BS, EMT-P, FAWM, DiMM*)

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# REUSING EYE PROTECTION

Extended use of eye protection is the practice of wearing the same eye protection for an extended period of time or for repeated close contact encounters with several different patients. Extended use of eye protection can be applied to disposable and reusable devices, and requires proper techniques for reprocessing. Reprocessing refers to the steps performed to prepare a used device for reuse (e.g. cleaning and disinfection).

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through or when you are removing it and planning to store it for later use.
  - If a disposable face shield is reprocessed, it should be dedicated to one employee/contractor and reprocessed whenever it is visibly soiled or removed.
- Eye protection should be discarded if damaged (e.g., if face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Staff/contractors should make efforts to not to touch their eye protection. If necessary to adjust, they should perform hand hygiene before and after touching their eye protection.

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# INSTRUCTIONS

## **Adhere to recommended manufacturer instructions for cleaning and disinfection.**

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider the following.

1. Assess eye protection for the ability to reprocess (assess items for cracks, damage, or pieces that might not be able to be cleaned, such as a foam or fabric).
2. If leaving a room requiring droplet precautions, follow all doffing procedure steps.
3. Place eye protection that is to be cleaned and reprocessed on a designated surface in preparation to be cleaned (e.g. on a paper towel that will be discarded or a surface to be cleaned immediately after the reprocessing procedure).
4. Perform hand hygiene<sup>1</sup>.
5. To remove any soil, wash the eye protection with soap and water and continue with the remaining steps for disinfection. Alternatively, if using hospital-grade cleaning and disinfectant products, use one wipe to clean and a second wipe to disinfect, as follows.
6. Carefully wipe the inside of the face shield or goggles first, moving from 'clean' to 'dirty', using an Accel wipe or Ultra Swipe (or approved alternate product).
7. Carefully wipe the outside of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product). Ensure all surfaces are covered.
8. Allow the eye protection to air dry ensuring contact times for the cleaning product are followed, according to manufacturer's instructions.
9. Place on a clean, dry surface and perform hand hygiene.
10. If there is a residue from the disinfectant, wipe the outside of face shield or goggles with clean water to remove (only after the disinfection process is complete).
11. Ensure that all surfaces of the eye protection are dry before donning again. Perform hand hygiene before donning the eye protection again.
12. Ensure any all contaminated surfaces in which soiled eye protection have touched have been cleaned and disinfected.
13. If storing for future use, store in a designated clean area.

<sup>1</sup> Use gloves if the cleaning product manufacturer recommends or if hands are sensitive to the cleaning product. Always perform hand hygiene after removing gloves.

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- Eye protection should be discarded if damaged (e.g., if face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Staff/contractors should make efforts to not to touch their eye protection. If necessary to adjust, they should perform hand hygiene before and after touching their eye protection.

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2. If leaving a room requiring droplet precautions, follow all doffing procedure steps.
3. Place eye protection that is to be cleaned and reprocessed on a designated surface in preparation to be cleaned (e.g. on a paper towel that will be discarded or a surface to be cleaned immediately after the reprocessing procedure).
4. Perform hand hygiene and don clean gloves.
5. To remove any soil, wash the eye protection with soap and water and continue with the remaining steps for disinfection. Alternatively, if using hospital-grade cleaning and disinfectant products, use one wipe to clean and a second wipe to disinfect, as follows.
6. While wearing gloves, carefully wipe the inside of the face shield or goggles first, moving from 'clean' to 'dirty', using an Accel wipe or Ultra Swipe (or approved alternate product).
7. Carefully wipe the outside of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product). Ensure all surfaces are covered.
8. Allow the eye protection to air dry ensuring contact times for the cleaning product are followed, according to manufacturer's instructions.
9. Place on a clean, dry surface and doff gloves and perform hand hygiene.
10. If there is a residue from the disinfectant, wipe the outside of face shield or goggles with clean water to remove (only after the disinfection process is complete).
11. Ensure that all surfaces of the eye protection are dry before donning again. Perform hand hygiene before donning the eye protection again.
12. Ensure any all contaminated surfaces in which soiled eye protection have touched have been cleaned and disinfected.
13. If storing for future use, store in a designated clean area.

## Symptomatic Employee/Contractor Guide

### Contact Tracing for COVID-19

April 17, 2020

COVID-19 is a highly transmittable virus. There is evidence that asymptomatic transmission is occurring, therefore CSC has adopted a vigorous, adaptive approach to preventing the spread of this virus. Contact tracing is a strategy for breaking transmission chains and controlling the spread of virus. It involves identifying infected persons, taking steps to prevent an infected person from further spreading infection, identifying those with whom the infected person may have been in close contact with while infectious, and locating and testing close contacts.

#### **If you develop symptoms or are diagnosed with COVID-19, contact your manager immediately.**

You will be provided the following information and instructions:

1. Your manager will discuss with you your symptoms, when they began, and any close contacts you may have (see Appendix A for definition of close contact).
2. With the help of your manager, compile a list of potential work close contacts to facilitate the contact tracing process. See definition of close contacts in box below for further information.
  - For example, those you shared an enclosed space for more than 2 hours or had more than 15 minutes face-to-face conversation within 2m.
3. The contact tracing process will then be initiated, which involves contact tracing teams reaching out all work contacts from the 48hr period prior to symptom onset.
  - This will help contain the spread of COVID-19.
  - Specific symptoms and testing results will not be disclosed in this process. Work contacts will only be notified that you are experiencing symptoms.
4. You will be instructed to call Public Health (PH) for testing
  - It is important that you notify PH that you are an essential worker with priority testing.
  - If you are denied testing, notify management for assistance immediately.
5. Your manager will inform you of your date to return to work.
  - If your local PH advises a different return to work, report to manager and contact tracing lead<sup>1</sup>.
  - The most stringent of the two policies will be followed. Report your actual date back to work to contact tracing team leads by email

If you require support in these unprecedented times, you are encouraged to reach out to an EAP referral agent. Lists of agents are available on the hub (EAP Referral Agents and Regional Contacts page) or by contacting [EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA](mailto:EAP-CISM/PAE-GSIC.GEN@CSC-SCC.GC.CA). You may also contact the Employee Assistance Services at 1-800-268-7708. It is available 24/7.

**Contact your manager for any further information or assistance.**

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<sup>1</sup> **Regional Contact Tracing Leads**

ATL: [Renée Gagnon](#) (506) 851-236 ONT: [Allison Storrington](#) (613) 545-8159 QUE: [Marie-Helene Dufresne](#) (438) 988-5082 and [Simon Bégin](#) (418) 284-5285 PRA: [Shannon Harriman-Gerard](#) (306) 220-5142 PAC: [Kuljeet Randhawa](#) (604) 851-3224 and [Clarence Turgeon](#) (343) 548-9024

## Appendix A

### Close Contact Definition

#### Close contact of a case:

- a. An individual who has greater than 15 minutes face-to-face (<2 meters distance) contact with a case/symptomatic individual, in any setting (this may be cumulative, ie. multiple interactions).
- b. Healthcare workers who have not worn appropriate PPE or had a breach in PPE during the following exposures to the case/symptomatic individual:
  - o Health care workers performing assessments, vital signs, etc.
  - o Direct contact with the case/symptomatic individual, their body fluids or their laboratory specimen
  - o Present in the same room, without appropriate PPE, when an aerosol generating procedure is undertaken on the case/symptomatic individual.
- c. Individuals in the same accommodations as a case/symptomatic individual sharing kitchen, bathroom facilities, living area.
  - o Inmates sharing a range, house or cell
- d. Correctional officers who had prolonged close contact for more than 15 minutes (within 2 metres) with a case/symptomatic individual who have not worn appropriate PPE or had a breach in PPE during the following exposures to the case/symptomatic individual while
  - o Performing physical searches, pat downs, finger printing, interviewing, home visits, etc.)
  - o Direct contact with the case/symptomatic individual, their body fluids
- e. Contacts who have shared a closed space with a case/symptomatic individual for longer than two hours, taking into consideration the size of the room, ventilation and the distance from the case/symptomatic individual.

# Donning Personal Protective Equipment (PPE)

## Preparation

- Ensure that PPE is not damaged and is the right size
- Remove all jewellery and tie back long hair
- **WASH HANDS**

## 1 Gown

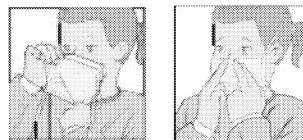
- Put on gown, tie at neck and waist



## 2 Mask or N95

### Mask

- Cover nose, mouth, and chin with surgical/procedural mask, tie or secure straps around ears
- Shape the mask to your nose



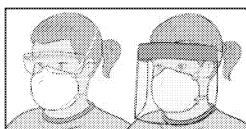
### N95

- Hold the N95 in the palm of your hand, with the straps hanging on either side
- Place mask over your chin and then nose
- Secure the upper strap on the top of the head first, then bring the lower strap over the first strap and secure at neck/under hair
- Shape the mask to your nose and check for a good seal with fingers



## 3 Face Shield

- Cover eyes with protective glasses or face shield



## 4 Gloves

- Insert hands into gloves
- Extend to cover the wrist of the gown



# Doffing Personal Protective Equipment (PPE)

## 1 Gloves

- Grasp the outer surface of palm area of one glove and peel off
- Rumples glove into a ball and hold in the gloved hand
- Slide the bare fingers under the band of the other glove without touching the outside and peel off
- Dispose of the gloves in the appropriate container



Perform hand hygiene

## 2 Gown

- Unfasten ties without contamination
- Touching only the inside of the gown, pull the gown forward
- With one hand grasp the inside of the opposite sleeve, slide it forward without turning it over to release the hand
- With your free hand, proceed in the same way to remove the other hand
- Turn gown inside out and roll into a bundle
- Dispose of the gown in the appropriate container



Perform hand hygiene

## 3 Face Shield

- Handle the face shield or protective goggles from the sides or back, avoid touching the front
- Dispose of the face shield or goggles in the appropriate container



Perform hand hygiene

## 4 Mask or N95

### Mask

- Detach the top and bottom ties or remove straps from ears
- Pull mask forward avoiding touching the front
- Dispose of mask in the appropriate container



Perform hand hygiene

### N95

- Tilt head slightly forward, pass the lower strap over the head and then the top strap, avoiding touching the filter
- Bring respirator away from face
- Dispose of N95 in the appropriate container



Perform hand hygiene

# COVID-19 Contact Tracing

April 17, 2020

COVID-19 is a highly transmittable virus. There is now evidence that asymptomatic transmission is possible and likely occurring, therefore CSC has adopted a comprehensive approach to preventing the spread of this disease.

## What is contact tracing?

Contact tracing is a strategy for breaking transmission chains and controlling the spread of disease.

It involves:

- Identifying infected persons
- Taking steps to prevent an infected person from further spreading infection
- Identifying those with whom the infected person may have been in close contact with while infectious

**As part of the process, you may receive a phone call from a member of CSC's contact tracing team.**

You may be asked questions about the nature and length of interactions with employees/contractors/inmates who have developed symptoms.

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**If you develop symptoms or are diagnosed with COVID-19, contact your manager immediately.**

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If you have any questions or concerns, please contact your manager.

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## CORONAVIRUS DISEASE (COVID-19)

### Cleaning and Disinfecting Cells and Public Spaces

INSTITUTIONAL CLEANER GUIDE (REVISED APRIL 19 2020)

#### What you should know

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

#### Products and steps for cleaning

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

#### How often should I clean?

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

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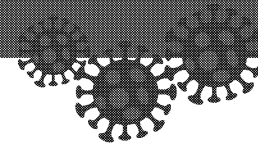
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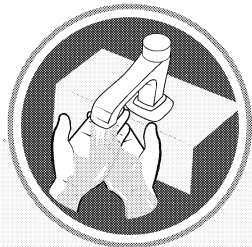
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# REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



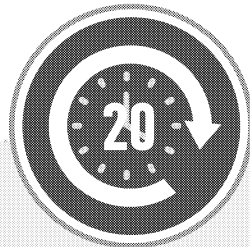
1

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

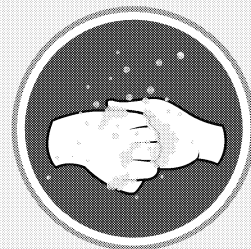
Turn off tap using  
paper towel



palm and back  
of each hand



between fingers



under nails



thumbs

1-833-784-4397

@ [canada.ca/coronavirus](https://www.canada.ca/coronavirus)



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada

## Infection Prevention and Control Sub Assessment: Mask-Wearing

<b>Institution:</b> _____
<b>Location in institution:</b> _____
<b>Date Completed:</b> _____
<b>Reviewer Name, Title:</b> _____
<b>Reviewer Contact Information:</b> _____

Institution self-assessment       External audit

**Instructions:**

This sub-assessment should be conducted in accordance with the Infection Prevention and Control Evaluation Guidelines. In total, five locations should be evaluated in the institution – a separate form should be used for each location. Each location should be evaluated for approximately 45 minutes during peak traffic times. The front entrance should not be a location.

MASK-WEARING		
INDICATOR	STAFF	INMATES
Q1. Total number of individuals observed.	Total: _____	Total: _____
Q2. Number individuals wearing masks.	Total: _____	Total: _____
Q3. Number of individuals using proper mask wearing technique. Refer to the <a href="#">Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a> .	Total: _____	Total: _____